QUESTIONNAIRE

The following questionnaire has been prepared by a student from St. Francis Xavier University to compare water usage patterns in the town of Antigonish. Your co-operation in completing this study by responding to the following questions would be greatly appreciated.

1. On average, I drink (circle an answer for each):

   Tap water -------------- Never 1 2 3 4 5 6 7 8 9 Daily
   Bottled water ------------- Never 1 2 3 4 5 6 7 8 9 Daily
   Filtered water ------------- Never 1 2 3 4 5 6 7 8 9 Daily
   Water directly from spring ---- Never 1 2 3 4 5 6 7 8 9 Daily

2. My main source of water is:

   Tap water ------------------------ I □
   Bottled water --------------------- 2 □
   Filtered water --------------------- 3 □
   Spring water ---------------------- 4 □

If you answered bottled water, please answer the following two questions. If not, please move to question 5.

3. The size of bottle I regularly buy is:

   500ml bottle: Never 1 2 3 4 5 6 7 8 9 Daily
   1L – 2L bottles: Never 1 2 3 4 5 6 7 8 9 Daily
   1 – 5 gallon jugs: Never 1 2 3 4 5 6 7 8 9 Daily
   Over 5 gallon jugs: Never 1 2 3 4 5 6 7 8 9 Daily
   Other (please specify) ______________________

4. On average, my partner holds (please check one):

   500ml bottle --------------No❑ --------- Yes❑
   1L – 2L bottles ------------ No❑ --------- Yes❑
   1 – 5 gallon jugs --------- No❑ --------- Yes❑
   Over 5 gallon jugs--------- No❑ --------- Yes❑
   Other (please specify) ______________________
5. At my workplace, the following water sources are available:

<table>
<thead>
<tr>
<th>Source</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap water</td>
<td>No</td>
</tr>
<tr>
<td>Bottled water</td>
<td>Yes</td>
</tr>
<tr>
<td>Filtered water</td>
<td>Yes</td>
</tr>
<tr>
<td>Spring water</td>
<td>Yes</td>
</tr>
</tbody>
</table>

6. I would prefer the following sources of water to be available at my workplace:

<table>
<thead>
<tr>
<th>Source</th>
<th>Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap water</td>
<td>Yes</td>
</tr>
<tr>
<td>Bottled water</td>
<td>Yes</td>
</tr>
<tr>
<td>Filtered water</td>
<td>Yes</td>
</tr>
<tr>
<td>Spring water</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*For the following questions, please circle one number to indicate the extent to which you agree or disagree with each statement. Please use your main source of drinking water as the indicator.*

7. I believe there is adequate and timely testing of my main source of drinking water.
   - Strongly disagree  1  2  3  4  5  6  7  8  9  Strongly agree

8. I drink my main source of water because it is more convenient than any other source of drinking water.
   - Strongly disagree  1  2  3  4  5  6  7  8  9  Strongly agree

9. I drink my main source of water because it is cheaper than any other source of water.
   - Strongly disagree  1  2  3  4  5  6  7  8  9  Strongly agree

10. I believe that my main source of drinking water is the purest form.
    - Strongly disagree  1  2  3  4  5  6  7  8  9  Strongly agree

11. In my experience, the taste of chlorine indicates:
    - Safe water 1 2 3 4 5 6 7 8 9 Unsafe water

12. I find my main source of drinking water preferable because of its
    - Strong chlorine taster 1 2 3 4 5 6 7 8 9 No chlorine taste
13. I find my main source of drinking water has a:
   Flat aftertaste 1 2 3 4 5 6 7 8 9 Refreshing aftertaste

14. I believe my main source of drinking water is safe for my loved ones to consume.
   Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

15. What is (or was) your occupation?
   Job __________________________________________________________
   Brief Job Description____________________________________________
   __________________________________________________________

16. If you have a partner, what is (or was) his/her occupation?
   Job __________________________________________________________
   Brief Job Description____________________________________________
   __________________________________________________________

17. Between what years were you born?
   1910-1929 --------------------------- 1
   1930-1949 --------------------------- 2
   1950-1969-----------------------------3
   1970-1989-----------------------------4
   Other ____________________________

18. In an average week, how many hours do you spend exercising?
   0 hours-------------------------------0
   1 – 4 hours--------------------------1
   5 – 8 hours -------------------------2
   9 – 12 hours ------------------------3
   13 or more hours -------------------4

19. It is important to drink a lot of water when one exercises.
   Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree
20. Which source of water seems to be most convenient when exercising? (Circle N/A if you do not exercise regularly.)

Tap or fountain water -------- Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree
Bottled water ----------------- Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree
Filtered water ---------------- Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree
Water directly from spring--- Strongly disagree 1 2 3 4 5 6 7 8 9 Strongly agree

21. Would you be willing to participate in an interview concerning your water drinking habits?
   Yes ------------
   No -------------

*If you answered yes, please provide your name and address on the attached sheet.*
INTERVIEW PARTICIPATION

Name: ______________________________

Address: ______________________________________________

Telephone#: _____________________

Times available for an interview:
1. ____________________________________
2. ____________________________________
3. ____________________________________