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**For Office Use Only**

SURVEY ID: \_\_\_\_\_

## COMMUNITY ENVIRONMENTAL HEALTH SURVEY Uranium and Radon in Monroe County, Georgia

Please contact the Georgia Department of Public Health, Chemical Hazards Program at 404-657-6534 if you have questions or health concerns about uranium and/or radon.

**SURVEY DUE DATE: March 23, 2012**

In fall 2011, the Georgia Department of Public Health (GDPH) received sampling data results showing elevated levels of naturally-occurring uranium in well water and radon in homes in Monroe County, Georgia. In response, GDPH is working with residents to help address their environmental and health concerns about exposure to uranium and radon. This survey is designed to assist in identifying health concerns so that appropriate public health programs are provided.

**GOALS:** To assess residents' concerns about environmental exposures that may cause specific adverse health outcomes and conduct public health interventions that address those concerns.

**OBJECTIVES:**

1. To achieve a 70% return rate of surveys distributed to area residents during March 2012.
2. To analyze all survey results during April 2012.
3. To develop and implement a health education program based on survey results during summer 2012.
4. To evaluate education program outcomes during fall 2012.

**CONFIDENTIALITY STATEMENT: SURVEY RESULTS WILL BE CODED THEN STORED SEPARATELY FROM FIRST PAGE WITH PERSONAL IDENTIFIERS. ALL REPORTS CREATED USING SURVEY RESULTS WILL NOT CONTAIN ANY PERSONAL IDENTIFIERS SUCH AS NAME OR ADDRESS. THESE REPORTS WILL CONTAIN GROUPED INFORMATION ONLY.**

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ (required—NO P.O. BOXES PLEASE) ZIP CODE: \_\_\_\_\_ (required)

**THIS SURVEY MAY BE COPIED**

Please return completed survey(s) **by March 23, 2012** to:

Chemical Hazards Program  
Environmental Health Branch  
Georgia Department of Public Health  
2 Peachtree Street, NW 13<sup>th</sup> Floor  
Atlanta, Georgia 30303  
**404-657-6533 (fax)**

**Instructions: Please complete one survey for each household member. Circle the correct answer or write in the answer as requested. You can refuse to answer any question.**

1. **What is your main source of drinking water?**      Private well water      City/county water      Other

1a. **For private well water users: Have you tested your water for uranium?**      Yes      No

If yes, what were the uranium test results? \_\_\_\_\_

1b. **Are you concerned about uranium in your well water?**      Yes      No

1c. **Have you taken steps to reduce uranium in your water?**      Yes      No

If yes, please describe: \_\_\_\_\_

2a. **Have you tested your indoor air for radon?**      Yes      No

If yes, what were the radon test results? \_\_\_\_\_

2h. **Are you concerned about radon in your home?**      Yes      No

2c. **Have you taken steps to reduce radon in your home?**      Yes      No

If yes, please describe: \_\_\_\_\_

3. **How many people live in your home?**      \_\_\_\_\_ # Adults (17 years or older)      \_\_\_\_\_ # Children (under 17 years old)

4. **What year was your home built?** \_\_\_\_\_      Don't know

5. **Is your home:**      Single family      Multi-family      Apartment/condo      Other

6. **Do you own or rent your home?**      Own      Rent      Other

7. **How long have you lived at your current address?** \_\_\_\_\_ Number of years

8a. **What was your previous address?** \_\_\_\_\_  
**County**      **State**

8b. **Number of years at previous address** \_\_\_\_\_

9. **Are you currently employed (including volunteering) outside the home?**      Full time      Part time      No

**What is Uranium?**

Uranium is a naturally occurring radioactive metal found in rocks, soils, and water. While exposure to elevated levels of uranium in drinking water for a short period of time is not an immediate health concern, uranium may pose a health risk when the water is used for drinking and cooking over many years. Exposure to elevated levels of uranium over a long period of time can damage your kidneys. This is from the toxic effect of the uranium metal, not radiation. The amount of uranium in well water will vary greatly from place to place. Testing is the only way to determine if water contains uranium.

**What is Radon?**

Radon is a colorless, odorless gas that comes from the decay of uranium. Radon gas goes through radioactive decay and emits particles that can be harmful to the human body, primarily the lungs. It is the leading cause of lung cancer among non-smokers. Radon can be found all over the U.S. in varying amounts. It can get into any building and result in a high indoor radon level.

**FOR MORE INFORMATION ABOUT RADON, PLEASE VISIT [www.UGARadon.com](http://www.UGARadon.com)**

10a. For private well water users: What type of well do you have?      Drilled      Bored      Don't Know\

10b. When was the last time your private well was disinfected/chlorinated? \_\_\_\_\_

11. Do you have any concerns about the water you drink?      Yes      No

If yes, please describe your concerns: \_\_\_\_\_

\_\_\_\_\_

12. Do you have any concerns about the air you breathe?      Yes      No

If yes, please describe your concerns: \_\_\_\_\_

\_\_\_\_\_

13. Do you have any other environmental concerns?      Yes      No

If yes, please describe your concerns: \_\_\_\_\_

\_\_\_\_\_

14a. Do or did you smoke?      Yes      No

14b. How much do/did you smoke per day? \_\_\_\_\_

14c. Do or did you live with someone who smokes?      Yes      No

15. Have you had any of the following symptoms repeatedly or for extended periods of time? (circle all that apply)

1. Allergies/lung problems      Yes      No

Please describe the symptoms: \_\_\_\_\_

How long have you had the symptoms? \_\_\_\_\_

b. Stomach/intestine problems      Yes      No

Please describe the symptoms: \_\_\_\_\_

How long have you had the symptoms? \_\_\_\_\_

c. Nervous system problems      Yes      No

Please describe the symptoms: \_\_\_\_\_

How long have you had the symptoms? \_\_\_\_\_

d. Kidney/bladder problems      Yes      No

Please describe the symptoms: \_\_\_\_\_

How long have you had the symptoms? \_\_\_\_\_

e. Immune system problems      Yes      No

Please describe the symptoms: \_\_\_\_\_

How long have you had the symptoms? \_\_\_\_\_

f. Skin problems      Yes      No

Please describe the symptoms: \_\_\_\_\_

How long have you had the symptoms? \_\_\_\_\_

g. Other      Yes      No

Please describe the symptoms: \_\_\_\_\_

How long have you had the symptoms? \_\_\_\_\_

16. Have you ever been tested for cancer? Yes No

If yes, please describe: \_\_\_\_\_

17. Have you ever been diagnosed with cancer? Yes No

- b. If yes, type of cancer \_\_\_\_\_
- c. Date of diagnosis \_\_\_\_\_ d. Age at diagnosis: \_\_\_\_\_
- e. Second cancer diagnosis: type of cancer \_\_\_\_\_
- f. Date of diagnosis \_\_\_\_\_ g. Age at diagnosis: \_\_\_\_\_

18. Have you been diagnosed by a doctor with any of the following conditions? (circle all that apply)

- |                             |     |     |
|-----------------------------|-----|-----|
| a. Respiratory disease      | Yes | No  |
| b. Heart disease            | Yes | No  |
| c. Kidney disease           | Yes | No  |
| d. Mental health disorders  | Yes | No  |
| e. Blood disorders          | Yes | No  |
| f. Autoimmune disorders     | Yes | No. |
| g. Liver disease            | Yes | No  |
| h. Nervous system disorders | Yes | No  |
| i. Bone disease/arthritis   | Yes | No  |
| j. High blood pressure      | Yes | No  |
| k. Diabetes                 | Yes | No  |
| l. Digestive system disease | Yes | No  |
| m. Other:                   | Yes | No  |

19. In your opinion, what are the best ways to get information to the public regarding possible contamination/pollution in our environment? (circle all that apply)

- |  |                           |
|--|---------------------------|
| a. Fact sheets/brochures delivered to your home      | d. Church                 |
| b. Newspaper ads/articles                            | e. Local community events |
| c. Your doctor or preferred health care professional | f. Internet               |
| g. Other: _____                                      |                           |

The following questions are for statistical purposes only.

20. What is your birth date (month//day/year)? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

21. Are you: a. Male b. Female

22. What is your race/ethnicity (check all that apply)?

- African American      White      Multi-racial      Hispanic      Other

\*\*\*\*\* Thank you for your participation \*\*\*\*\*