

**WESTERN UPPER PENINSULA
DISTRICT HEALTH DEPARTMENT**

HEALTH SURVEY

(For Existing Private Wells)

1. Your name (optional): _____

2. Your address: _____

3. About you and your family:

	Age	Sex	How long have you lived at this location?	
			Yrs.	Months
You:	_____	_____	_____	_____
Household members:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

4. Has this well served your household for the entire time you have lived in this location? Yes ___ No ___
If not, how long have you had this well? _____

5. Do you use the water from this well as your primary source of drinking water? Yes ___ No ___
If not, where do you get your drinking water? _____

6. Have you or any household member(s) ever been told you have a kidney problem? Yes ___ No ___
If yes, Who? _____
When? _____
By Whom? _____
What kind of problem (be as specific as you can)? _____

7. Have you or any household member(s), living or deceased, ever had cancer? Yes ___ No ___
If yes, Who? _____
When? _____
What Kind? _____

8. Are there any other health problems that seem to run in your family (be as specific as you can)?

9. If we have questions about your answers, can we call you for more information? Yes ___ No ___
Phone number: _____

THE INFORMATION YOU HAVE GIVEN IS
STRICTLY CONFIDENTIAL