

## Survey of Patients for Potential Exposure Related to Shale Gas Drilling Activities (self-reported during office visit)

1. Do you currently live near any of the gas drilling activities listed below?

Pipeline	<input type="radio"/> No <input type="radio"/> Yes	Impoundment pond	<input type="radio"/> No <input type="radio"/> Yes
Well pad	<input type="radio"/> No <input type="radio"/> Yes	Compressor station	<input type="radio"/> No <input type="radio"/> Yes
Processing Plant	<input type="radio"/> No <input type="radio"/> Yes	Other _____	

2. Have there been shale gas drilling incidents such as spills or explosions that have occurred near your home?  
 No  Yes

3. Have you noticed a change in taste or odor in the water source at your home?  No  Yes

4. Have you noticed any unusual smell or cloudiness in the air near your home?  No  Yes

5. Have you experienced any of the following symptoms during or after gas drilling activity near your home?

Sore or irritated throat	<input type="radio"/> No <input type="radio"/> Yes	Sinus symptoms	<input type="radio"/> No <input type="radio"/> Yes
Cough	<input type="radio"/> No <input type="radio"/> Yes	Shortness of breath	<input type="radio"/> No <input type="radio"/> Yes
Wheezing	<input type="radio"/> No <input type="radio"/> Yes	Nosebleeds	<input type="radio"/> No <input type="radio"/> Yes
Headache	<input type="radio"/> No <input type="radio"/> Yes	Dizziness	<input type="radio"/> No <input type="radio"/> Yes
Sleep disturbance	<input type="radio"/> No <input type="radio"/> Yes	Anxiety	<input type="radio"/> No <input type="radio"/> Yes
Fatigue	<input type="radio"/> No <input type="radio"/> Yes	Rash	<input type="radio"/> No <input type="radio"/> Yes
Itching of skin	<input type="radio"/> No <input type="radio"/> Yes	Burning of eyes	<input type="radio"/> No <input type="radio"/> Yes
Itching of eyes	<input type="radio"/> No <input type="radio"/> Yes	Nausea	<input type="radio"/> No <input type="radio"/> Yes
Abdominal pain	<input type="radio"/> No <input type="radio"/> Yes	Weight loss	<input type="radio"/> No <input type="radio"/> Yes
Irritability/mood swings	<input type="radio"/> No <input type="radio"/> Yes		

**Southwest Pennsylvania Environmental Health Project (EHP) is a non-profit organization that is responsive to individuals' and communities' need for access to accurate, timely, and trusted public health information and health services associated with natural gas extraction. As a result of our work, we offer the following information that may be helpful to your healthcare provider in caring for you. This information is kept confidential by your provider.**

If you have experienced symptoms other than those noted above, please list them on the reverse side of the form.

**Notes**

Lined writing area consisting of 20 horizontal lines.