

KINGSTON PROJECT SURVEILLANCE PROGRAM (KPSP) QUESTIONNAIRE

Today's Date ___/___/____ (MM/DD/YYYY)

SECTION A: DEMOGRAPHIC INFORMATION

1. Name (Last, First, MI) _____
2. Gender (circle) Male Female
3. Date of Birth ___/___/____ (MM/DD/YYYY)
4. Phone Number (____)____-_____
5. Current Residential Address _____

6. *If this questionnaire is being filled out by a person other than the patient it applies to, please list the name of the person completing the questionnaire and their relationship to the patient (e.g. spouse, parent, friend, etc):*

Name of person completing form _____
 Relationship to patient _____

7. Recent Residential Address History: Please list all addresses you have lived at **since the Coal Ash Spill on December 22, 2008** (even if you only lived there for a week):

Residential Address	Approximate Dates

8. Past Residential Address History: Please list all addresses you have lived at **before December 22, 2008**:

Residential Address	Approximate Dates

9. Where were you when the spill occurred (home, work, friend’s house, etc.). If you were not at one of the addresses listed above, please provide the address where you were. If you were somewhere that has no address (fishing, hiking, etc.) please describe in the best detail possible your location at the time of the spill.

SECTION B: COAL ASH EXPOSURE QUESTIONS

1. Did visible amounts of coal ash deposit on any of the residences or other locations you listed in the previous section? If yes, please describe the location and the appearance of the coal ash you saw.

2. If you were exposed to coal ash, over what time frame were you exposed? Please list first and last date you were in contact with the coal ash.

3. Have you been involved in the removal or clean-up of coal ash at home, at work or any other location? If yes, please describe the circumstances, the dates, and the length of time.

4. Have you had coal ash from the spill come in contact with your clothes or shoes? If yes, please describe the circumstances, the dates, and the length of time.

5. Has your skin come in contact with the coal ash from the spill at any time? If yes, please describe the circumstances, the dates, and the length of time.

6. Have you been exposed to increased road or quarry dust from truck traffic since the coal ash spill on December 22, 2008? If yes, please describe the situation.

7. *For young children only (to be answered by an adult):* Have you seen the child eating dirt since the spill on December 22, 2008? If yes, when was the last time you saw him/her eating the dirt? How much dirt did he/she eat (bottle cap size, eraser size, etc.)?

SECTION C: MEDICAL HISTORY

1. Has a health care provider ever treated you for any of the following conditions? Please check the appropriate boxes.

Condition	No	Yes	Don't know	If yes, what is the period of time that you have had the condition?	Comments
Hay fever					
Eczema					
Other Skin conditions (describe)					

Chronic sinus infection					
Condition	No	Yes	Don't know	If yes, what is the period of time that you have had the condition?	Comments
Asthma					
Emphysema					
Chronic bronchitis					
Tuberculosis					
Asbestosis					
Silicosis					
Pneumonia					
Lung cancer					
Any chest injuries or chest surgeries					
Any other lung disease (describe)					
Angina					
High blood pressure					
Heart attack					
Heart arrhythmia					
Heart failure					
Any other heart disease (describe)					
Stroke					
Seizures					
Parkinson's Disease					
Any nerve problem					
Diabetes					
Gall bladder disease					
Ulcer					
Hepatitis					
Other liver disease					
Kidney Disease (Describe)					

Anemia					
Other blood disorder					
Condition	No	Yes	Don't know	If yes, what is the period of time that you have had the condition?	Comments
Thyroid disease (describe)					
Bone or Joint Conditions					
Cancer (describe)					
Depression					
Memory problems					
Other medical problem not listed					

2. Are you currently taking any prescription medications? If yes, please list.

3. Are you taking any herbal remedies or supplements? If yes, please list.

4. Have you had any surgeries? If yes, please list and give approximate year.

5. Have you ever been admitted to a hospital or health treatment facility? If yes, please list when, where and for what.

6. Have you ever been denied employment or military service for a medical condition? If yes, for what and when?

7. Are you currently medically disabled? If yes, for what and how long?

8. Do you have any allergies (medications or environmental allergens)? If yes, list and describe reaction.

9. **WOMEN ONLY:** Have you been pregnant in the past 12 months? If yes, when did the pregnancy begin? What was the outcome, or are you still pregnant?

SECTION D: CURRENT MEDICAL SYMPTOMS OR COMPLAINTS

1. Please indicate if you have had any of the following symptoms and when they began:

Symptom	Check If Yes	First Date You Had It	Date It Stopped	Still Experiencing?	Did You See A Doctor For This?
Shortness of breath					
Cough that produces phlegm					
Wheezing					
Shortness of breath when walking fast on level ground or a slight incline					
Chest pain during physical activity					
Irregular heartbeat					
Eye irritation					
Runny nose or sinus congestion					
Sore throat					
Earache					
Skin Rash					
Abdominal (stomach) pain					
Nausea					
Vomiting					
Recurring diarrhea					
Heartburn or acid reflux					
Recurrent headache					
Burning pain in hands or feet					
Tremor (shaking)					
Persistent numbness in hands or feet					
Weakness in hands or feet					
Dizziness					
Other symptoms					

(list and describe):					
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2. Has anyone in your home had similar symptoms? If yes, whom? What were the symptoms?

3. Has anyone at your place of work had similar symptoms? If yes, please describe.

4. Are your current symptoms keeping you from work or from doing the things you like to do? If yes, please describe.

5. Did you receive any blood or urine testing for heavy metals or other chemicals since the coal ash spill? If yes, what were the results?

6. Have you ever had a chest X-ray? If yes, when was the last time, who ordered it and what was the result?

7. Have you ever had a spirometry test (a breathing test where you exhale rapidly into a tube)? If yes, when was the last time, who ordered it and what was the result?

8. Have you received medical attention for any of the symptoms above since the coal ash spill? If yes, please list the symptom, who saw you and where, what the diagnosis was and what the treatment was.

SECTION E: SOCIAL HISTORY/PERSONAL HABITS

1. Have you smoked at least 100 cigarettes during your life? If yes, please answer the following:
 - a. How old were you when you first started regular cigarette smoking?

 - b. If you stopped smoking cigarettes completely, how old were you when you stopped?

- c. Do you smoke cigarettes now? If yes, how many cigarettes per day do you smoke?
 - d. On average over the entire time you smoked, how many cigarettes did you smoke per day?
 2. Have you ever smoked a pipe on a regular basis (at least 12 oz. of tobacco in your lifetime)? If yes, please answer the following:
 - a. How old were you when you first started to smoke a pipe regularly?
 - b. If you have stopped smoking a pipe completely, how old were you when you stopped?
 - c. Do you smoke a pipe now? If yes, how much pipe tobacco are you smoking in ounces per week (a standard pouch contains 1 ½ ounces of tobacco)?
 - d. On average over the entire time you smoked a pipe, how many ounces of pipe tobacco did you smoke per week?
 - e. Do you or did you inhale the pipe smoke?
 3. Have you ever smoked cigars regularly (more than one cigar per week for a year or more)? If yes, please answer the following:
 - a. How old were you when you started smoking cigars regularly?
 - b. If you have stopped smoking cigars completely, how old were you when you stopped?
 - c. Do you smoke cigars now? If yes, how many cigars per week do you smoke?
 - d. On average over the entire time you smoked cigars, how many cigars did you smoke per week?
 - e. Did you or do you inhale the cigar smoke?
 4. Are you regularly exposed to second-hand smoke (smoke exposure from being in the same room or car as a person who is smoking)? If yes, please describe the circumstances.
 5. Do you drink alcohol? If yes, please list approximately how many drinks do you have per week (a drink is 1 ounce of liquor, 5 ounces of wine or 12 ounces of beer).

6. Over the past 6 months have you gained or lost more than 10 pounds? If yes, what is the reason for the weight change?

7. Is your residence on well water or city water (please circle which one)? If your residence is on well water how long have you used it?
 - a. 0-5 years
 - b. 6-10 years
 - c. 11-15 years
 - d. 16 years or more

8. If your residence is on well water have you ever had it tested? If yes, when was it tested, what were the results, and who did the testing?

9. How often do you eat fish or seafood in a month (circle one)?
 - a. Never
 - b. 1-2 times per month
 - c. 3-4 times per month
 - d. 5 times or more a month

10. Are you married? If yes, how is your spouse's health?

11. Do you have any children? If yes, how many, what are their ages and how is their health?

12. Do you have any pets living inside or outside of your home? If yes, how many, what type and how is their health?

13. Please list your current hobbies or leisure activities (especially those involving any contact with chemicals, metals, dusts, paints, solvents or vapors of any kind):

SECTION F: OCCUPATIONAL HISTORY

1. Where do you currently work (name of employer and address)?

2. Please describe your current job duties.

3. How long have you been employed in your current job?

4. Please list your previous jobs and approximate time of employment:

Previous Job(s)	Brief Description of Duties	Dates of Employment

SECTION G: QUESTIONS ABOUT STRESS AND MOOD

1. In your life, have you ever had any experience that was so frightening or upsetting that in the past month you (*please circle Y or N*):

Have had nightmares about it or thought about it when you did not want to?	Y	N
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	Y	N
Were constantly on guard, watchful or easily startled?	Y	N
Felt numb or detached from others, activities or your surroundings?	Y	N

2. During the past 2 weeks have you experienced (*please check only one box for each row*):

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it is hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				
Little interest or pleasure in doing things				
Feelings of hopelessness				

3. Since the coal ash spill on December 22, 2008, have you consulted with a professional or lay counselor or a clergyman about problems with increase stress or depressed mood? If yes, please describe the outcome.

SECTION H: GENERAL QUESTIONS

1. Overall, since the coal ash spill, how do you think your health has changed (*check one*)?
 Not at all Better Worse Don't know

2. Please describe how you think your health has changed:

3. Are there any diseases or conditions that you are concerned you might develop as a result of your possible exposure to coal ash? If yes, please describe below:

4. Please list any other questions or concerns you have or would like to discuss: