

**EHS (electrohypersensitivity) Questionnaire , online versie te vinden via deze link:**

<http://files.constantcontact.com/7d83326b601/5ead8766-d18c-4359-8602-3d55ec52a00b.pdf>

## **EHS (ELECTROHYPERSENSITIVITY) QUESTIONNAIRE**

(Link to study questionnaire at bottom of page 2 of this cover letter.)

Hello and thank you for participating in our EHS study. You must have EHS or be the parent or guardian of a person with EHS filling this out on their behalf in order to participate in this study.

The study/s that will be produced from your answers to this questionnaire are from the same team that recently decimated the myth that EHS is a psychological problem by producing the ground breaking study showing EHS in pictures on an fMRI, finally making the invisible visible!

You may notice the questions have a broad range. This is because we plan on publishing multiple papers from the information gathered from this one questionnaire. Whether or not the paper/s are ever published, it is important to know that your name will never be published in any of the paper/s and any and all information will be kept strictly confidential.

You may also notice many of the questions in the beginning are focused on the brain. This is because our lead scientist Gunnar Heuser, MD, has over 50 years experience in neurotoxicology, with special focus on exposure to chemicals and now electromagnetic fields. Although our first paper from this questionnaire may be focused on the brain or heart, there will be other forthcoming studies regarding other organs and EHS based on your answers to this questionnaire, as well as public health information to help guide governmental bodies in terms of special needs for current EHS people (such as housing, finances, etc.) and the possible dismantling of government funded programs involving wireless radiation and the public in the future.

Because of formatting issues with Constant Contact (our email platform) this cover letter must be presented separately from the survey, so the link to the actual survey is below at the bottom of this cover letter, just scroll down.

It may take an hour or so to complete the questionnaire, depending. There are 54 questions total, but the system will take you right back to where you left off should you run out of time and need to come back later.

Our aim is to make this as large a study as possible, so please pass this email on to anyone you might know who has EHS and please print this cover letter along with

the questionnaire and mail to any EHS who may wish to participate but cannot because they are too sensitive to use the computer. Numbers count in studies, so we are aiming as high as possible in terms of participants. Your help with this is much needed and greatly appreciated.

If your EHS is too severe to use a computer and you are filling this out by hand, please make sure all copies sent to us be extremely legible, in dark ink and good enough quality to be able to be uploaded to a computer and still be legible. Illegible questionnaires will have to be re-written by the person filling them out, or will unfortunately have to be discarded and we do not want to have to do that, so please make sure it is really legible if filling out by hand.

Parents of children with EHS are encouraged to participate in this questionnaire.

Mailing address for EHS unable to use a computer is:

**Attn: Study Peoples Initiative Foundation 101 S. Topanga Cyn. Blvd. #586 Topanga, CA 90290 USA**

EHS is an international epidemic, so please participate regardless of what country you live in.

Thank you so much for your help and for mailing hard copies to your EHS friends who are too sensitive to use a computer.

## EHS (electrohypersensitivity) Questionnaire

If you have EHS please enter the information indicated below. We are technically not allowed to make this a mandatory question per ICAN internet laws, but we cannot include anonymous questionnaire answers in our paper/s, so for the purposes of filling out this survey please include the identification information indicated below.

If you are the parent of a child or children with EHS please fill out separate surveys for each child and please be sure and let us know you are the parent by putting your child's name first and then both your name and the word PARENT in parenthesis after your child's name.

### **If Filling Out Survey Online**

This survey platform limits each Comment box to 1,000 characters, but some are even more limited to 500 characters. If you need more room than what the Comment boxes provide for, please substitute sending an attachment containing your additional info with just sending an email with your name and the words Additional Info for Survey in the subject line and put the additional info directly into the body of your email. No attachments will be opened due to possible virus risk so please do not send your extra info in an attachment. Please be sure and indicate the number of the question you are continuing to answer along with a), b), c), etc., if those letters are included in the multiple choice questions and your answers.

### **If Filling Out Survey Via Hard Copy and Mailing To Us**

If you cannot legibly fit your answers into the Comment boxes provided in the questions, rather than writing very small to squeeze them in, please just attach a sheet/s to your questionnaire containing your additional info and please put your name at the top of the sheet and the number of the question you are continuing on the attached sheet along with a), b), c), etc., if those letters are included in some of the some of the multiple choice questions and your answers.

### **1.**

By entering my personal information, I consent to receive email communications from the survey author's organization based on the information collected.

- First Name:
- Last Name:
- Job Title:
- Work Phone:
- Home Phone:
- Email Address:
- Address 1:
- Address 2:
- City:
- Postal Code:
- Country:

**2.**

How old are you and what is your date of birth?

**3.**

Are there significant others to be interviewed? (If the person filling out this form has cognitive function problems, confusion or brain damage, a friend, family member, or care taker may better describe symptoms and background info.) 1000 characters

**4.**

Have you ever had a head injury? (We consider becoming sensitive to wireless radiation via the head and/or developing a neurological illness via the use of wireless devices and/or exposure to wireless infrastructure, to be a head injury.)

Yes/No/Other Comment: 500 characters

**5.**

If so what kind of head injury?

Concussion loss of consciousness/ Concussion without loss of consciousness/ No concussion, just head injury (please briefly explain in Comment box)/ Other

Comment: 500 characters.

**6.**

If so at what age? (You can list multiple ages for more than one head injury/multiple EMF exposures which caused your head injury/s.) 1000 characters.

**7.**

What do you believe caused or contributed to your head injury?

- Blunt force strike or repeated blunt force strike (such as with football, car accident, boxing, etc.)
- CAT (CT) scan
- PET scan
- SPECT scan
- MRI scan
- Excessive dental or head xrays
- EEG
- Chemical exposure (please briefly explain in Comment box)
- Toxic mold exposure
- Cell phone usage
- Cordless phone usage
- Blue tooth attached to ear
- WIFI exposure
- Wireless baby monitor exposure (this question for children with EHS or parents of children with EHS who are too young to fill this out by themselves)

- Cell tower/cell antenna infrastructure exposure (In this instance cell antenna means singular structure holding one cellular antenna for infrastructure purposes as opposed to the cell antenna of a wireless device like a phone.)
- Smart meter exposure (Meaning AMI meter, AMR meter or any wireless digital meter regardless of the terminology used to describe a meter that is not a hard wired, analog meter.)
- Any exposure to a wireless radiation emitting device or infrastructure we did not mention here? (please briefly explain in Comment box)
- fMRI scan
- Ipad
- Other

Comment: 500 characters.

### **8.**

If you checked the box for cell phone usage from question 7, please answer the below questions, but please be sure and put a), b) and c), prior to each answer.

- a) At what age did you begin usage?
- b) Approx. how many hours per day?
- c) Approx. how many years of usage?

Comment 1000 characters.

### **9.**

If you checked the box for cordless phone usage from question 7, please answer the below questions, but please be sure and put a), b), and c), prior to each answer.

- a) At what age did you begin usage?
- b) Approx. how many hours per day?
- c) Approx. how many years of usage?

Comment 1000 characters.

### **10.**

If you checked the box for blue tooth usage from question 7, please answer the below questions, but please be sure and put a), b) and c), prior to each answer.

- a) At what age did you begin usage?
- b) Approx. how many hours per day?
- c) Approx. how many years of usage?

Comment 1000 characters.

### **11.**

If you checked the box for WIFI usage from question 7, please answer the below questions, but please be sure and put a), b) and c), prior to each answer.

- a) At what age did you begin usage?
- b) Approx. how many hours per day?
- c) Approx. how many years of exposure?

Comment 1000 characters.

**12.**

If you checked the box for baby monitor usage from question 7, please answer the below questions, but please be sure and put a), b) and c), prior to each answer. If you checked the box for baby monitor usage from question 7, please answer the below questions, but please be sure and put a), b) and c), prior to each answer. If you are the parent of a child with EHS please be sure and let us know in question 1.

- a) At what age did you begin usage?
- b) Approx. how many hours per day?
- c) Approx. how many years of exposure?

Comment 1000 characters.

**13.**

If you checked the box for cell tower/cell antenna infrastructure from question 7, please answer the below questions, but please be sure and put a), b) and c), prior to each answer.

- a) At what age did your exposure begin?
- b) Approx. how many hours of exposure per day?
- c) Approx. how many years of exposure?

Comment 1000 characters.

**14.**

If you checked the box from question 7 for smart meter exposure (meaning AMI meter, AMR meter or any wireless digital meter regardless of the terminology used to describe a meter that is not a hard wired, analog meter), please answer the below questions, but please be sure and put a), b), and c), prior to each answer.

- a) At what age did your exposure begin?
- b) Approx. how many hours of exposure per day?
- c) Approx. how many years of exposure?

Comment 1000 characters.

**15.**

If you checked the box from question 7 for "Any exposure to a wireless radiation emitting device or infrastructure we did not mention here?", please briefly explain in Comment box below and please be sure and put a), b) and c), prior to each answer.

- a) At what age did your exposure begin?

b) Approx. how many hours of exposure per day?

c) Approx. how many years of exposure?

Comment 1000 characters.

**16.**

If you checked the box for Other from question 7, or if there is any exposure to something else you think we should know about, please explain briefly in Comment box below and please be sure and put a), b) and c), prior to each answer.

a) At what age did your exposure begin?

b) Approx. how many hours of exposure per day?

c) Approx. how many years of exposure?

Comment 1000 characters.

**17.**

Have you been diagnosed with a brain tumor? Please answer in Comment box below. Please put a), b), c), d), e), f), g), before each answer, for example:

a) yes, b) no, c) 1 year ago, etc.

a) If so was it a malignant brain tumor?

b) If so was it a benign brain tumor?

c) If so how many years or months ago were you diagnosed with the tumor/s?

d) If so was this diagnosis before or after you developed EHS?

e) If the brain tumor diagnosis was after you developed EHS, how long after?

f) What is the name of the tumor/s you have been diagnosed with?

g) I have not been diagnosed with a brain tumor.

Comment 1000 characters.

**18.**

Any problems with the following after the head injury?

- Vision
- Hearing
- Memory
- Breathing
- Gastro Intestinal
- Pregnancy
- Periods
- Sex drive
- Other

Comment: 500 characters.

**19.**

Any other symptoms related to the head injury? If so please briefly describe in the Comment box below.

Comment 1000 characters.

**20.**

What kind of tests were done to evaluate your head injury?

- CAT (CT)
- PET
- SPECT
- MRI
- fMRI
- xrays
- EEG
- Neuropsychological
- Other

Comment: 500 characters.

**21.**

Have you had any treatments for any of your ailments regarding head injury? If so please briefly describe in the Comment box below.1000 characters.

**22.**

Any other medical problems or tests/scans you believe are unrelated to the head injury? If so please list. Head injury can cause problems in other systems in the body, so we are wanting to be all inclusive rather than exclusive. Comment 1000 characters.

**23.**

When did your first EHS symptoms appear and how old were you? Please briefly explain in Comment box below.1000 characters.

**24.**

Do you correlate your first EHS symptoms to any particular event or exposure? If so what was it? Please briefly explain in Comment box below. 1000 characters.

**25.**

What kind of tests were done to evaluate your EHS? If you had any blood test/s, skin tests or any other tests other than the below listed scans to evaluate your EHS, please briefly tell us what exactly the tests covered in Comment box below, but please be sure and use the separate paper or email if the Comment box is too small as this information is of special interest to us. Please list any and all tests you had to evaluate your EHS.

- fMRI
- MRI
- CAT (CT)
- PET

- SPECT
- EEG
- Blood Tests (please explain in Comment box below)
- Neuropsychological
- Skin Tests (please explain in Comment box below)
- Other

Comment: 500 characters.

**26.**

Were the tests you had to evaluate your EHS considered diagnostic? (In this instance, we use diagnostic as a noun, meaning "successful" In other words did you test "positive" for EHS with them or did they give a "negative" for EHS outcome?)

Comment 1000 characters.

**27.**

Have you had any heart problems, including but not limited to palpitations, chest pain, shortness of breath, heart attack? If so please describe in Comment box below.1000 characters.

**28.**

Have you been seen by a cardiologist and if so is there a report available should we need it? Please answer in Comment box below.1000 characters.

**29.**

Any pre-existing conditions (hereditary or otherwise) prior to you developing EHS? If so please list below. 1000 characters.

**30.**

If you are a child with EHS or the parent of a child with EHS, was the child (or you if you are the child filling this out) believe you were or your child was born with EHS?

Yes/No/Other

Comment: 500 characters.

**31.**

Have you had a medical professional diagnose you as having EHS? Please put a), b), c), etc., prior to each answer in the Comment box below. 1000 characters

a) If so when was this diagnosis?

b) If so what kind of medical professional? (i.e. general practitioner, internist, holistic doctor, etc.)

c) If so and you had a head injury, how long after the head injury was your EHS diagnosed or vice versa?

d) If so and you had a head injury, did your doctor correlate your head injury with your EHS or vice versa?

e) If so and you had heart problems, how long after after your heart problem/s was your EHS diagnosed or vice versa?

f) If you had heart problems did your doctor correlate your heart problems with your EHS?

g) If you had other health issues did your doctor correlate them with your EHS or vice versa? If so please list the health problem/s your doctor correlated with your EHS in the Comment box below.

**32.**

If you did not have a medical professional diagnose you, what was the reason? (Please briefly explain in Comment box below.)1000 characters.

**33.**

If you did not have a medical professional diagnose you, is this a self diagnoses of EHS based on your symptoms when you are exposed to wireless radiation? (Please briefly explain in Comment box below.) 1000 characters.

**34.**

What other symptoms are you having that you believe are related to your EHS and has it affected other organs in your body other than or in addition to your brain? Please list organ/s and associated illness or problems with those organs below. We will be doing other studies in the near future based on the information gathered in this questionnaire and may be able to incorporate some of your other symptoms regarding EHS into another study, so your detailed answer to this question is much appreciated. 1000 characters.

**35.**

If you had/have pre-existing health condition/s do you believe they have been exacerbated by your wireless radiation exposure? If so please list in Comment box below what your pre-existing conditions were/are and what the exacerbation was.1000 characters.

**36.**

If you had/have other health condition/s that have been exacerbated by your wireless exposure, did your doctor correlate the exacerbation of your other health problems with your EHS/wireless exposure? Comment: 500 characters.

Yes/No/Other

**37.**

Any other medical problems, tests/scans you believe are unrelated to your EHS including any pre-existing conditions which may have been exacerbated? If so please list. EHS can cause problems in many systems in the body, so we are wanting to be all inclusive rather than exclusive.1000 characters.

**38.**

Have you had any treatment regarding your EHS? (Please briefly describe in Comment box below.) If not just write no.1000 characters.

**39.**

Have you undergone any neuropsychological testing? (Neuropsychological testing would involve testing for psychological function for example - reaction time, memory, mood, etc...this is different than psychological testing which implies psychological problems.) If so please briefly tell us the areas of neuropsychological problems encountered in the tests in Comment box below.1000 characters.

**40.**

What medication have you used or are still using now and for how long? (Please briefly explain/list in Comment box below.)1000 characters.

**41.**

Have your symptoms progressed to a serious diagnosis, such as shortness of breath or heart arrhythmia into heart attack, head ache into brain tumor, blood in stool into colon cancer, etc? (Please briefly explain in Comment box below.) 1000 characters.

**42.**

I am currently most sensitive to the following wireless devices and infrastructures. (We ask this question because EHS is so individualized, some EHS can still use a cell phone but get extremely sick from smart meter pulses while others can still use WIFI but not a cell phone, etc.) Please also include dirty electricity and power lines if you are sensitive to that.1000 characters.

**43.**

I am currently least sensitive to the following wireless devices and infrastructures... 1000 characters.

**44.**

My symptoms begin within...

- seconds of my exposure.
- minutes of my exposure.
- hours of my exposure.
- days of my exposure.
- it varies depending on what type of wireless radiation emitting device/infrastructure I am being exposed to. (Please give brief examples in Comment box below.)
- it varies depending on my cumulative exposure in the days, hours, minutes or seconds, leading up to the current exposure. (Please briefly explain in Comment box below.)
- Other

Comment: 500 characters.

**45.**

My EHS symptoms, including strength and duration depend on the following...

- what kind of wireless device or infrastructure I am being exposed to.
- how close (or far away) I am to the exposure.
- duration of exposure.
- cumulative effect of how much wireless radiation I was exposed to prior to the current exposure.
- all of the above.
- Other

Comment: 500 characters.

**46.**

My symptoms dissipate when I am not exposed to wireless devices and infrastructure...

- within seconds.
- within minutes.
- within hours.
- it varies depending on the device or infrastructure I am being exposed to. (Please briefly explain in Comment box below.)
- it varies depending on the cumulative exposure of and how much wireless radiation I was exposed to in previous days, hours, minutes or seconds leading up to the current exposure. (Please briefly explain in Comment box below.)
- all of the above.
- none of the above.
- Other

Comment: 500 characters.

**47.**

My symptoms tend to last...

- seconds.
- minutes.
- hours.
- days.
- weeks.
- months.
- never go away.
- It varies depending on what I am exposed to and duration of exposure.
- Other

Comment: 500 characters.

**48.**

- EHS Symptoms Linear/Non Linear...
- I have the same reaction to all wireless devices and infrastructures in terms of symptoms. (please briefly explain in comment box)
- I have a different reaction to different wireless devices and infrastructure in terms of symptoms. (please briefly explain in Comment box)
- I have the same reaction to all wireless devices and infrastructure in terms of time between initial exposure and onset of symptoms.
- I have different reactions to all wireless devices and infrastructure in terms of time between initial exposure and onset of symptoms.
- Other

Comment: 500 characters.

**49.**

I am sensitive to dirty electricity.

Yes./No./I don't know./ I was never sensitive to dirty electricity but became sensitive to it after smart grid was deployed in my area./Other

Comment: 500 characters.

**50.**

I am sensitive to power lines...

Yes./No./I don't know./Other

Comment: 500 characters.

**51.**

I do have other physical problems but I do not believe they are at all related to my EHS. (Please list below.)1000 characters.

**52.**

The following statement is true...

- EHS affects my ability to hold a job.
- EHS lessens the amount of hours I can work at my job due to exposure, but I still have my job.
- I never had a job while developing EHS as I am supported by a spouse, family member, friend, retirement account or other means of self sufficiency.
- EHS does not affect my ability to hold a job at all because my job does not put me around wireless radiation, dirty electricity or even cable wiring.
- Other

Comment: 500 characters.

**53.**

The following statement is true...

- EHS affects my ability to participate in normal everyday life such as work, school, going to restaurants, coffee shops, driving, walking near wireless devices and infrastructure and having a social life.
- EHS affects my ability to use wireless devices but I am able to participate in all normal everyday life such as work, school, going to restaurants, coffee shops, driving, walking near wireless devices and infrastructure and having a social life.
- EHS affects my life in other ways. (please briefly explain in Comment box below.)
- EHS doesn't really affect my life at all.
- Other

Comment: 500 characters.

**54.**

EHS has cost me in doctors bills, remediation and special housing, law suits, etc...(please replace the word dollar with pound, krona, etc. your own country's word for dollar.)

- nothing.
- hundreds of dollars.

- thousands of dollars.
- tens of thousands of dollars
- hundreds of thousands of dollars
- Other

Comment: 500 characters.

**55.**

I have applied for disability compensation due to my EHS in my job/state/region/country...

- but have been denied based on lack of evidence that EHS is a real illness.
- but have been denied based on lack of evidence that I have EHS.
- have been accepted and am currently receiving compensation. (Please briefly explain in Comment box below who is compensating you - job, state, country, etc.)
- never applied because I can not use a computer or phone but would like to apply.
- never applied because I know in advance they will say no since they don't consider EHS to be real.
- N/A (not applicable)
- Other

Comment: 500 characters.

**56.**

My job or school is...

- aware of my EHS and has accommodated me.
- aware of my EHS but has not accomodated me because I have not asked for any accomodations.
- aware of my EHS but has not accomodated me because they don't believe in EHS.
- aware of my EHS but has not accomodated me because they choose not to even though they believe EHS is real.
- unaware of my EHS because I am afraid to speak with them about it due to stigma or other negative reprecussions..
- Other

Comment: 500 characters.

**57.**

My government has funded programs or past laws (you do not need to know the exact name of the law or program, just a brief description of law or programs outcome, i.e., smart meter program, Telecom Act, removed hard wired Ethernet from school and replaced with WIFI, etc.) which have...

- created my EHS.
- exacerbated my pre-existing EHS.
- created health problems for me related to my wireless radiation or dirty electricity exposure, other than EHS (please list below).
- exacerbated my pre-existing health problems which are not EHS (please list below).
- Other

Comment: 500 characters.