

Natural Gas Exploration & Production (NGE&P) Health and Community Impacts Survey

Manual Version

Introduction and Confidentiality

Thank you for taking the time to participate in our Survey. As you complete this Survey, you will be asked a series of questions designed to capture information from your area related to Natural Gas Exploration and Production (referred to as "NGE&P activities"). Because your privacy is important to us, the first item is your confidentiality agreement. The first box must be checked in order to take the Survey. Be sure to sign and date after checking the box(es).

Would you like to [submit your Survey with others as a group?](#)¹ That's the best way to document the big picture of the impacts of NGE&P in your community! If you want to submit with others in your community, choose a Group Name/ Identifier "Multi-Household Group Identifier" before starting. For easy instructions on how to choose a Group Identifier, see the next page. If you need help with your Group Identifier or for any other questions, contact us by email at Survey@DamascusCitizensATSDR.org, by phone at (845) 252-6677 or write to us at DCS, P.O. Box 147, Milanville, PA 18443. We're happy to help!

While taking the Survey, if you run out of space in any of the comment spaces, use the back of the page. If the back of the Survey page does not provide ample space, you can continue on a fresh sheet of paper, but **be sure your extended answer page shows the number of the question you're referencing.**

Abbreviations used in the Survey - see the last page.

Confidentiality Agreement

Damascus Citizens for Sustainability respects your privacy. We will not share your personal information or survey answers without your express permission.

Cautionary note:

- If you have signed a [Non-Disclosure Agreement \(NDA\)](#) related to NGE&P, consult an attorney before taking this survey. If you've signed an NDA, that contract may state that you are prohibited from even the acknowledgment of its existence, so be careful! No matter how firmly you believe in the urgent need for health assessments and national databases, do not put yourself at legal risk.
- If you are involved in legal action related to NGE&P, consult with your attorney before taking this survey. Your attorney is invited to contact DCS to learn more about the Survey.

Confidentiality Agreement

[Damascus Citizens for Sustainability](#) (DCS) will not share your personal information or survey answers without your express permission.

The Agency for Toxic Substances and Disease Registry (ATSDR) is a federal agency charged with the protection of human health. In the course of its work, ATSDR may forward your survey answers and personal information to the [Environmental Protection Agency](#), your state environmental and health departments and the [US Coast Guard's National Response Center](#).

Please check the boxes, sign and date. (required) *

I have read and understand [DCS' Confidentiality Agreement](#).

I want both DCS and ATSDR to have my Survey Responses.

signature _____ date _____

¹ http://www.damascuscitizensatsdr.org/wp-content/uploads/2012/11/survey_FAQs.pdf (FAQ #14)

Household and NGE&P Information, Supporting Documents

Information for Completing Question #1

A **Household** can consist of just one person, or many people - living full-time (four+ days per week and six+ months per year) in a single home or residential unit, whether or not they are members of the same family. (For example, if seven unrelated college students live in an off-campus apartment, they would be considered a "Household.") A Household may rent or own the residence. If you are in your home less than four days per week, but consider yourself to be residing there full-time, please contact DCS.

Your Head of Household is the person (male or female, 18 years or older) in your Household who will fill out the Survey, submit it, and will, if necessary, communicate with DCS and ATSDR.

Your **"Survey Impact Area"**, also referred to throughout the Survey as "SIA", is the area around your Household (or, if you are working as a group, Households) that you want to report as being impacted by NGE&P activities. Your report (in the form of this Survey) of the impacts you have experienced, is what ATSDR needs in order to trigger a Health Consultation or Public Health Assessment in your area.

You can take the Survey even if you do not live within the Survey Impact Area of your concern. If you live outside the SIA, complete the Survey as if you were a head of Household in the SIA.

Each Household, (even if it submits its survey with other Households as a Multi-Household Group), will complete its own, separate household Survey and will have its own unique (different from all other Households') **"Household Identifier"** (HID). If you are taking the Survey online, this HID will be automatically generated for you. If you are taking the Survey manually, you'll need to create one. To create your Household Identifier. Take your surname and add your head of Household's birth year and your Household's 5-digit ZIP Code. Example: (Johnston + 1983 + 12723). The unique HID in this instance would be "Johnston198312723".

Location of NGE&P activities: Some examples of oil or gas fields are Barnett, Marcellus, Haynesville and Green River Basin.

If you are submitting with other Households as a Multi-Household Group, in addition to your HID, your group will create a **Multi-Household Identifier** (MHID) and enter it in the "Multi-Household Group Information" section of Question #1. (If you're not submitting as part of a group, skip the "Multi-Household Group Information" section.)

To create a Multi-Household Group Identifier (MHID), take the approximate **location** of your Multi-Household group (for example: Fort Worth) and add your group's primary **ZIP Code** (first 5 digits only) and the **date** your group was formed (for example, May 3, 2013 would be 5313). So if your group is located in Fort Worth Texas, has a ZIP Code of 76108 and was formed on May 3, 2013, your MHID would be: **FortWorth761085313**.

1) Household and Group Identification and Contact Information

Portions of your answers to this question will be entered into your [Petition letter](#).

Head of Household's First Name *: _____

Head of Household's Last Name *: _____

Household Mailing Street Address: _____

Mailing PO Box or Apartment No.: _____

Mailing City: _____

Mailing State: _____ Mailing ZIP *: _____

Household Physical Address (only necessary if different from mailing address)

Best Email Address: _____

Best Phone Number: _____

Number of persons currently in your Household : _____

Oil or Gas Field in Your Area (Example: Barnett, Marcellus, etc.): _____

Do you reside outside the area you are reporting on? *(required)** Yes _____ No _____

Please indicate your interest in the area (such as “I live here” or family or personal connection to the area, work as a health professional with information about the area, and/or environmental information you wish to provide).

Household Identifier (required) * _____ (See page 2 for easy instructions on how to create your Household Identifier)

Multi-Household Group Identifier _____

If there are other Survey respondents in your area, you will become part of a “Multi-Household Group” (MHG). Your Survey Coordinator, if you have one, will create your Multi-Household Group ID. If you don’t have a Survey Coordinator and don’t know your Multi-Household Group ID, leave the above line blank.

2) How many miles do you live from an urban center whose population is greater than 50,000? *

By identifying the distance between your household and the nearest urban center with a population greater than 50,000, we are distinguishing between Survey Areas that are predominantly rural and those that are predominantly urban. If you live in an urban center whose population is greater than 50,000, please enter a "0" in the space provided. (You are zero miles from an urban center whose population is greater than 50,000.)

3) Location of NGE&P Activities, Supporting Documents and your Petition Letter to ATSDR.

For each NGE&P company and activity you believe has impacted the members of your Household, try to provide the site name, the operating company's name and a description of the location. Sites and activities can include gas wells, compressor stations, spills and accidents, etc. If you have more than 5, or any comments or other details, use the back of the page or an additional sheet of paper.

Name/Location of NGE&P activity #1: _____

Name/Location of NGE&P activity #2: _____

Name/Location of NGE&P activity #3: _____

Name/Location of NGE&P activity #4: _____

Name/Location of NGE&P activity #5: _____

Supporting Documents *(This portion of Question #3 is **required** *)*

On behalf of my Household, I am submitting to ATSDR copies of the supporting documents I've checked off here.

- | | |
|--|--|
| <input type="checkbox"/> Diaries and/or narratives | <input type="checkbox"/> Air Test Reports (Before NGE&P) |
| <input type="checkbox"/> Lab Reports | <input type="checkbox"/> Air Tests (After NGE&P) |
| <input type="checkbox"/> Letter(s) from Specialist(s) | <input type="checkbox"/> Water Tests (Before NGE&P) |
| <input type="checkbox"/> Diagnoses/Treatment Plan | <input type="checkbox"/> Water Tests (After NGE&P) |
| <input type="checkbox"/> Veterinary Records | <input type="checkbox"/> Soil Tests (Before NGE&P) |
| <input type="checkbox"/> Photographs | <input type="checkbox"/> Soil Tests (After NGE&P) |
| <input type="checkbox"/> Affidavits | <input type="checkbox"/> Other |
| <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> No testing has been done |
| <input type="checkbox"/> Letter from Primary Physician | <input type="checkbox"/> Testing has been done but results are unavailable |
| <input type="checkbox"/> Self-conducted Tests | <input type="checkbox"/> I have no supporting documents |

Use this comment space for additional details

My Petition Letter to ATSDR

Your Household's Petition Letter to ATSDR follows on the next page. **Although all information from your Survey will be considered by ATSDR, certain portions are necessary for the official Petition document which is essential for triggering a Public Health Assessment in your area.**

Be sure to sign your Petition Letter!

PETITION LETTER TO ATSDR

**Petition Administrator
Division of Health Assessment and Consultation
Agency for Toxic Substances and Disease Registry (ATSDR)
4770 Buford Highway NE, (MS F-59),
Atlanta, GA 30341**

Unique Household ID: _____

Unique Multi-Household ID (if any): _____

**Dear ATSDR Petition Administrator,
Based on my household’s experience, we are concerned about impacts Natural Gas Exploration and Production (NGE&P) companies, events and/or sites detailed in Question #3, may have had (or are having) on our health, home and ecosystem. I authorize this list in Question #3 (and any others I submit) to be incorporated into this Petition.**

In accord with your Public Health Assessment process, I am sending you this Petition Letter, my household’s completed “NGE&P Health & Community Impacts Survey,” and any supporting documents I may have. Please treat these documents, and any others I may submit subsequently, as my household’s Petition that ATSDR:

1. Conduct in conjunction with a Community Assistance Panel, or other effective vehicle for public participation, a Public Health Assessment of our Survey Area;
2. Include my anonymous data in a National Registry of NGE&P incidents, accidents, exposures and health impacts; and
3. If I have included a Unique Multi-Household ID No. above, treat my individual Household Survey in light of all other petitions or Surveys submitted from my Survey Area.

I authorize my documents listed in question #3 (types of supporting documents, including health and veterinary records, environmental test results, diaries, etc., which I am sending with my Survey) to be incorporated into this Petition.

My Name (Please Print): _____

My Best Email: _____

My Best Phone Number: _____

I authorize my additional responses to Questions #1, #2, and #3 to be incorporated into this Petition to ATSDR.

Signature: _____

Household Member and Distance Information

4) Additional Household information

4A. This section of Question 4 is a short summary of more detailed questions that will come later. Enter the number in the space provided.

_____ How many lived in your Household before NGE&P activities began in your SIA (Survey Impact Area)?

_____ How many have left the Household due to the impacts of NGE&P activities in your SIA?

_____ How many former Household members who have been away from NGE&P activities in your SIA have noticed changes in landscape, air, water (or other) when they returned for a visit or other reason?

_____ How many current or former Household members have noted changes in their physical or mental health since NGE&P activities began in your SIA?

Use this comment space to provide details for Question #4A

4B. We have invited people who may live outside the SIA of their concern (for example, a person with ties to the community, an elected official, health professional or other person with information) to fill out a Survey, as they can sometimes provide important information about NGE&P impacts. **Whether you live inside or outside the SIA of your concern, check the box if:**

Any of your Household members are elected officials.

Any of your Household members are enforcement officials (police, environmental or other).

Any of your Household members provide health services and/or programs, or are health professionals.

Any of your Household members are local leaders or organizers in your community.

Are any of your Household members Gas or Oil Workers.

Use this comment space to provide details for Question #4B

5) Household Members' Gender, Age, Pregnancies

Where appropriate, enter a "0" or "N/A" (not applicable). Where you are asked to list ages, please separate them with commas. We ask you to include pregnancy information from both male and female parents, as some chemicals can have consequences for offspring even when only the father has been exposed. Number of persons includes those who have moved out since the start of NGE&P activities and current household members.

_____ Number of Household members concerned about the impacts of NGE&P activities/events in your SIA?

_____ Total number of females in your Household

_____ List the Ages of females in your Household (youngest to oldest)

_____ List the Ages of Females in your Household who became pregnant since NGE&P activities began

_____ Total number of Males in your Household

_____ List the ages of males in your Household

_____ List the ages of males in your Household who partnered in a pregnancy since NGE&P activities began in your SIA

6) Distance of your Residence from NGE&P Sites or Activities

How far is your household's residence from NGE&P activities? If there are multiple NGE&P sites or activities in or near your Survey Impact Area, you may need to select more than one. **Be sure that NGE&P sites and activities identified here were included in your location list at Question #3.**

Within 1/2 mile of NGE&P sites or activities

Between 1/2 and 3 miles of NGE&P sites or activities

Greater than 3 miles from NGE&P sites or activities.

Use this comment space to provide details for Question #6. Use an additional sheet for extended answers and details.

7) Distance between your children's activity centers and NGE&P sites or activities.

Choose the distances between all NGE&P sites and activities, and locations regularly frequented by the children in your Household. These locations may include childcare centers, nursery schools, elementary, middle or high schools, youth centers, shopping centers, playgrounds, athletic fields and other community centers. "Children" are those 18 years of age or younger or attending high school through their senior year. If there are multiple NGE&P sites or activities or your children regularly attend multiple community centers, check more than one. **Be sure that NGE&P sites and activities identified here were included in your location list at Question #3.**

Within 1/2 mile of NGE&P sites or activities

Greater than 3 miles from NGE&P sites or activities.

Between 1/2 and 3 miles of NGE&P sites or activities

There are no children in my Household

8) Distance between adult activity centers and NGE&P sites or activities.

How far are NGE&P sites or activities from locations regularly visited by the adult members of your Household?

Adult-focused community centers may include colleges, places of employment, shopping centers, adult care centers, athletic fields or other locations. If there are multiple NGE&P sites or activities, or if adult members visit a variety of locations, check more than one. **Be sure that NGE&P sites and activities identified here are included in your location list at Question #3.**

Within 1/2 mile of NGE&P sites or activities

Between 1/2 and 3 miles of NGE&P sites or activities

Greater than 3 miles from NGE&P sites or activities.

Use this comment space to provide details for Questions #6,7&8. Use an additional sheet for extended answers and details.

Lifestyle Change and Property Information

9) Lifestyle changes made by Household Members.

Place a check mark if any current or former Household members have made changes to the following since NGE&P activities began in your area: Provide details in the comment space below.

_____ Where they attend K-12 Schools

_____ Where they attend Entertainment Events

_____ Where they attend Post-Secondary Schools

_____ Their Private Water Source

_____ Where they attend Houses of Worship

_____ Their Public Water Source

_____ Where they work

_____ Where and/or how their food is obtained

_____ Where they live

Other _____

10) Property Status: Ownership, Assessments, Values, NGE&P Leasing

Use the comment space that follows the questions for further details or comments.

_____ Are mineral rights on your residential property "leased" or "not leased" by an NGE&P company?

_____ Do you live on BLM land? (BLM is Bureau of Land Management - these lands are in the western U.S.)

_____ Does your household "rent" or "own" the property where it resides?

_____ Is your Household's residence "mortgaged" or "not mortgaged."

_____ How many Household members relied on a public supply for their residential water before the start of NGE&P?

_____ How many Household members relied on a private supply for their residential water before the start of NGE&P?

_____ How many Household members have noticed changes in the amount or quality of their residential water since activities began in your Survey Impact Area (SIA).

_____ How many Household members no longer use residential water for bathing since NGE&P activities came to the area?

_____ How many Household members no longer use residential water for drinking or cooking since NGE&P activities came to the area?

_____ How many Household Members are (or have been) dependent on a "water buffalo" or other replacement source since NGE&P activities came to the area?

If your property has been assessed or appraised since NGE&P activities came to the area has:

_____ it lost value? _____ it gained value ? _____ the value remained unchanged?

Who was the assessment or appraisal done by? _____

_____ How many Household members have changed their primary residence since NGE&P activities came to the area?

_____ How many Household members live on properties that are "for sale"?

_____ How many Household members live on properties that were listed for sale before NGE&P activities began?

_____ How many Household members live on properties that were listed for sale after NGE&P activities began?

_____ How many Household members reside in properties that have been for sale longer than 12 months?

_____ How many Household members reside in properties that have been for sale longer than 24 months?

_____ How many Household members changed their primary residence since neighboring properties were leased for NGE&P activities?

Use this comment space to provide details for Question #10. Use an additional sheet for extended answers and details.

NGE&P Exposure Details

11) NGE&P Activity and Impacts Timeline

Your timeline of NGE&P activities and impacts begins with the date your household first learned that NGE&P activities might be coming to your area and concludes with the date when members last noted NGE&P activities or impacts (which could be up to present date). Enter dates in **mm/yyyy** format. (*Example: June, 2013 = 06/2013*)

_____ What is the earliest date your Household learned that NGE&P activities might be coming to your area?

_____ What is the earliest date your Household cites as the "start of NGE&P activities" in your area?

_____ What is the last date NGE&P activities were noted in your SIA by your household members?

_____ If NGE&P activities are ongoing, please enter today's date.

Use this comment space to provide details for Question #11. Use an additional sheet for extended answers and details.

12) Exposures: Frequency

The following questions ask about your experiences with various exposures and how often they have occurred (frequency).

1. Since NGE&P activities began, has your Household experienced unusual odors? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

2. Since NGE&P activities began, has your Household experienced exposure to air pollution (includes dust and motor exhaust)? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

3. Since NGE&P activities began, has your Household experienced problems with domestic water (drinking, cooking or bathing)? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

4. Since NGE&P activities began, has your Household experienced food (grown, raised or produced near NGE&P activities) that appears to be the cause of problems? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

5. Since NGE&P activities began, has your Household experienced noise pollution related to NGE&P? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

6. Since NGE&P activities began, has your Household experienced light pollution related to NGE&P? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

Impacts Experienced During or Due to NGE&P Activities

The following questions ask about your experiences during specific NGE&P activities.

7. Since NGE&P activities began, has your Household experienced negative impacts during drilling activities?

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

8. Since NGE&P activities began, has your Household experienced negative impacts during hydrofracturing? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

9. Since NGE&P activities began, has your Household experienced negative impacts during processing? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

10. Since NGE&P activities began, has your Household experienced negative impacts during flaring or venting? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

11. Since NGE&P activities began, has your Household experienced negative impacts during compressor activities? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

12. Since NGE&P began, has your Household experienced spills (other than clean water) related to NGE&P activities?

12a. If Yes, how many? _____

Comments _____

13. Since NGE&P activities began, has your Household experienced negative impacts during waste storage or removal activities? (impoundments, pits, such as frack pits, or other) _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

14. Since NGE&P began, has your Household experienced negative impacts during pipeline construction? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

15. Since NGE&P began, has your Household experienced negative impacts during gas storage activities? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

16. Since NGE&P activities began, has your Household experienced negative impacts due to truck traffic? _____

this occurs/occurred occasionally _____ this occurs/occurred frequently _____

Comments _____

17. Since NGE&P activities began, has your Household experienced gas in the domestic water supply? _____

Comments _____

Symptoms and Medical Information

13) Signs and Symptoms

Since NGE&P activities began in your area, has a Household member (or members) experienced any of the signs and symptoms listed below? Check all that apply. Household members includes those who have moved out since the start of NGE&P. If you have test results, be sure you've checked them off at Question #3.

- | | |
|--|---|
| <input type="checkbox"/> Rashes, Blisters, Other Skin Changes | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Eye, Nose & Throat Irritations | <input type="checkbox"/> Weight Gain |
| <input type="checkbox"/> Burning Sensation in Chest | <input type="checkbox"/> Sleep Disturbances |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Hair Loss |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Behavioral Changes |
| <input type="checkbox"/> Irregular Heartbeat | <input type="checkbox"/> Mood Changes (depression, anger, anxiety etc.) |
| <input type="checkbox"/> Dizziness, Fainting, etc. | <input type="checkbox"/> Sensory Impairment (hearing/sight/taste/touch/smell) |
| <input type="checkbox"/> Lethargy (listlessness) | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Muscle Weakness | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Involuntary movements (e.g. tics, etc.) | Other: _____ |

Use this comment space to provide details for Question #13. Use an additional sheet for extended answers and details.

14) Pregnancies, Births, Neonatal, Childhood

Unless otherwise indicated, the timeline for all items is **since the beginning of NGE&P activities** in your area. "Children" are those eighteen years of age or younger. Number of persons includes those who have moved out since the start of NGE&P. If you have documents that help support your concerns, please be sure you've checked them off at Question #3.

(Question #14 continued on next page)

- _____ Number of pregnancies experienced by Household members since NGE&P activities began
- _____ Number of pregnant women in your Household older than 45
- _____ Number of pregnant women in your Household younger than 18
- _____ Number of women in your Household who have tried but been unable to conceive since the advent of NGE&P
- _____ Of women unable to conceive since the advent of NGE&P, how many had previous pregnancies?
- _____ Number of men in your Household who have tried but been unable to inseminate since the advent of NGE&P
- _____ Of men unable to inseminate since the advent of NGE&P, how many partnered in previous pregnancies?
- _____ Number of normal pregnancies

Births and Newborns Enter the number in the spaces provided.

- | | |
|---|--|
| _____ Number of births since NGE&P activities began | _____ Number of multiple births. (Twins, triplets, etc.) |
| _____ Number of "uneventful" births | _____ Newborns diagnosed with low birth weights |
| _____ Number of miscarriages | _____ Newborns with APGAR scores less than 5 |
| _____ Number of pre-term births | _____ Newborns that required emergency care |
| _____ Number of stillbirths | _____ Newborns diagnosed with birth anomalies |

Childhood/Pediatrics

- _____ How many children aged 1-5 were in your Household when NGE&P activities began?
- _____ How many children aged 6-11 were in your Household when NGE&P activities began?
- _____ How many children aged 12-15 were in your Household when NGE&P activities began?
- _____ How many children aged 16-18 were in your Household when NGE&P activities began?
- _____ How many children aged 1-5 are in your Household now?
- _____ How many children aged 6-11 are in your Household now?
- _____ How many children aged 12-15 are in your Household now?
- _____ How many children aged 16-18 are in your Household now?
- _____ Number of children diagnosed with cancer(s)
- _____ Number of children diagnosed with developmental disabilities
- _____ Number of children diagnosed with learning disabilities
- _____ Number of children diagnosed with behavioral disabilities
- _____ Number of children diagnosed with sensory disabilities
- _____ Number of children diagnosed with chromosomal irregularities
- _____ Number of children diagnosed with neurological disorders
- _____ Number of children diagnosed with endocrine disorders
- _____ Number of children diagnosed with digestive/elimination disorders
- _____ Number of children diagnosed with respiratory disorders
- _____ Number of children diagnosed with skin disorders

Use this comment space to provide details for Question #14. Use an additional sheet for extended answers and details.

15) Medical Diagnoses

How many Household members have been diagnosed with new or worsened medical and/or mental health conditions since NGE&P activities began in your area? Use the comment space to give details of respiratory and other conditions diagnosed before NGE&P activities began, that have worsened since the start of NGE&P activities in your area. Number of persons includes those who have moved out since the start of NGE&P. If you have supporting documents, please be sure you've checked them off at Question #3.

_____ Number of Household Members diagnosed with new or worsened medical or mental health conditions

16) Hospitalizations

Since NGE&P activities began in your area, how many of your current or former Household members have visited an emergency room or been admitted to a hospital? Note: An emergency room visit followed by a same day hospital admission counts as a single admission. If you have test results or other supporting documents for this question, be sure you've checked them off at Question #3. If members of your Household wanted or needed medical care but were unable to access it, use the comment space to explain.

_____ 0 times _____ 1-3 times _____ 4-6 times _____ 6+ times

17) Household Members - Impacts

Do you have concerns that a Household member's illness was caused by NGE&P-related activities?

_____ Yes _____ No

Use this comment space to provide details for Question #17. (This can include information on deaths possibly caused by NGE&P.) Use an additional sheet for extended answers and details.

Pets, Livestock, Crops, Wildlife, Plants and Environment

18) Pets - Impacts

Do you have concerns that a pet's illness or death was caused by NGE&P-related activities? To provide context, enter the total number of pets (currently living or deceased) owned by Household members since NGE&P activities began in your area. (This question pertains to pets only - livestock are covered in following questions.) Enter the number in the first answer space. Enter "Yes" or "No" in the second answer space and use the comment space to provide the age of the pet(s) and how long you have (or had) owned them. (Question #20 will ask about the specific conditions exhibited by your pets.)

_____ Total number of pets owned by your Household Members

_____ Do you have concerns that a pet (or pets') death or illness was caused by NGE&P-related activities?

Use this comment space to provide details for Question #18. Use an additional sheet for extended answers and details.

19) Livestock - Impacts

Do you have concerns that livestock illness or death was caused by NGE&P-related activities? To provide context, enter the total number of livestock (currently living or deceased) owned by the Household since NGE&P activities began in your area. Enter the number in the first answer space. Enter "Yes" or "No" in the second answer space and use the comment space to provide the age of the livestock and how long you have (or had) owned them. (Question #21 will ask about the specific conditions exhibited by your livestock.)

_____ Total number of livestock owned by Household members

_____ Do you have concerns that livestock death or illness was caused by NGE&P-related activities?

Use the comment space on the next page to provide details for Question #19. Use an additional sheet for extended answers and details.

20) Pet Conditions

Since NGE&P activities came to the area, how many of the Household's pets have exhibited the conditions listed below? If you have veterinary records, or other substantiating records/documents, be sure they were noted at Question #3.

A useful detail could be describing the animal before NGE&P activities and then after. For example: if a cat's fur was long and thick before NGE&P activities, but thin or patchy after NGE&P activities began, that's an important change and should be noted.

- | | |
|--|---|
| _____ Rashes, blisters and other skin conditions | _____ Weight loss |
| _____ Loss of appetite | _____ Hair loss |
| _____ Difficulty breathing | _____ Behavioral changes |
| _____ Lethargy (listlessness) | _____ Sensory impairment (hearing, sight, touch, vocal) |
| _____ fatigue | _____ Increased mortality (deaths) |
| _____ Involuntary/Abnormal movements | _____ Reproductive Changes and/or Disturbances |
| _____ Vomiting | _____ Other (Please explain) |
| _____ Diarrhea | |

21) Livestock Conditions

Since NGE&P activities began in your Survey Impact Area, how many of your Household's livestock have exhibited the conditions we've listed below? Enter the number in the space provided.

A useful detail could be describing the animal before NGE&P activities and then after. If your cattle reproduced normally before the advent of NGE&P activities in your [Survey Impact Area](#) but ceased to reproduce after, that's an important change and should be noted. If you have farm, veterinary records or other substantiating documents, please be sure you've checked them off at Question #3.

- | | |
|--|---|
| _____ Rashes, blisters and other skin conditions | _____ Weight loss |
| _____ Loss of appetite | _____ Hair loss |
| _____ Difficulty breathing | _____ Behavioral changes |
| _____ Lethargy (listlessness) | _____ Sensory impairment (hearing, sight, touch, vocal) |
| _____ Restlessness | _____ Increased mortality (deaths) |
| _____ Involuntary/Abnormal movements | _____ Reproductive Changes and/or Disturbances |
| _____ Vomiting | _____ Other (Please explain) |
| _____ Diarrhea | |

For comments or details for questions #20 & 21, use the comments space provided at the top of the next page.

22) Pet and Livestock Diagnoses

How many Household pets or livestock have been diagnosed with new or worsened medical or behavioral conditions since NGE&P activities began in your SIA? Use the comment space below to detail new diagnoses and any resultant financial costs or losses sustained by your Household. If you have farm or veterinary records or other substantiating documents (photos, videos, etc.), be sure you've noted them at Question #3.

_____ Number of Household pets diagnosed with new or worsened medical conditions

_____ Number of Household pets diagnosed with new behavioral conditions

_____ Number of Household livestock diagnosed with new or worsened medical conditions

_____ Number of Household livestock diagnosed with new behavioral conditions

23) Crops

Tell us about the crops (including gardens) your Household grows for animal and/or human consumption including crops grown for both domestic and commercial uses. Check all that apply. If you have agricultural records or other substantiating documents such as photos or video, be sure you've checked them off at Question #3.

(Question 23 continued on next page)

- Our household grows crops for human or animal consumption
- Since NGE&P activities first came to our area, Household members have noticed changes in plants and/or produce grown by the Household.
- Before NGE&P activities first came to our area, Household members ate crops grown by the Household
- Since NGE&P activities first came to our area, Household members continued to eat crops grown by the Household
- Before NGE&P activities first came to our area, Household-owned livestock ate crops grown by the Household
- Since NGE&P activities first came to our area Household-owned livestock continued to eat crops grown by the Household
- Before NGE&P activities first came to our area, Household members benefited from the sale of crops grown by the Household.
- Since NGE&P activities first came to our area, Household members benefitted from increased income from the sale of crops grown by the Household.
- Since NGE&P activities first came to our area, Household members suffered a decrease in income from the sale of crops grown by the Household.
- Since NGE&P activities first came to our area, Household's production area has been reduced.

Use this comment space to provide details for Question #23. Use an additional sheet for extended answers and details.

24) Changes in Crops and Produce

For Households whose adult members noted crop or produce changes at Question #23, list the changes in this comment space. Use an additional sheet of paper for extended answers and details.

25) Wildlife Changes

Describe any changes in appearance or behavior your Household members have noticed in wildlife since NGE&P activities first came to your area, by providing details in the comment space. (Examples: Rashes, blisters, loss of appetite, difficulty breathing, lethargy, restlessness, abnormal movements, vomiting, diarrhea, weight loss, sleep disturbances, hair loss or fur changes, behavioral, reproductive changes or increased mortality.) **If you have records or other supporting documents such as photos or video, be sure you've checked them off at Question #3.**

26) Local Flora and Other Environmental Changes

Describe any changes Household Members have noticed in trees, shrubs, grasslands, air, soil, water resources and other plants and resources since NGE&P activities first came to your area. Provide details in the comment space. (Example: Color changes, leaves falling out of season, dying foliage, dead buds on fruit trees, foul- or sweet-smelling air or water, fish deaths, etc.) **If you have photos, environmental reports or other reports, be sure you've checked them off at Question #3.**

Additional Information

27) Household Satisfaction with Medical/Mental Health Providers and Insurance Carriers

Do members of your Household have access to medical and mental health practitioners and insurance carriers who are well-informed about NGE&P activity impacts on human health? Enter the number of Household members.

_____ How many Household members have sought medical care since NGE&P activities came to the area?

_____ How many Household members are satisfied with the familiarity with NGE&P shown by their insurance carriers?

_____ How many Household members have been denied insurance claims since NGE&P activities came to the area?

_____ How many Household members are satisfied with the NGE&P knowledge shown by medical providers?

_____ How many of Household members have sought mental health care since the advent of NGE&P activities in your Survey Impact Area?

_____ How many Household members are satisfied with the NGE&P knowledge shown by mental health practitioners?

Use this comment space to provide details for Question #27. Use an additional sheet for extended answers and details.

28) Community Concerns - Quality of Life

ATSDR wants input about how NGE&P activities have affected a community's quality of life. This includes impacts to public health, community cohesion and the ability to engage in recreational and commercial enterprises. **Check all items on the list that have affected your Household's quality of life since NGE&P activities began in your area.**

- | | |
|---|---|
| <input type="checkbox"/> Lack of available housing | <input type="checkbox"/> Impacts on Parks and Recreational Areas (including lakes, streams and public waterfront areas) |
| <input type="checkbox"/> Increased Rents | <input type="checkbox"/> Impacts to Historical/Archeological Sites |
| <input type="checkbox"/> Increased Crime | <input type="checkbox"/> Community dissension and division |
| <input type="checkbox"/> Water Pollution | <input type="checkbox"/> Change of area's distinctive nature or character |
| <input type="checkbox"/> Air Pollution | <input type="checkbox"/> Catastrophic Accidents (including blowouts, explosions or vehicle accidents) |
| <input type="checkbox"/> Noise Pollution | <input type="checkbox"/> Spills of Hazardous Materials |
| <input type="checkbox"/> Light Pollution (such as bright lights at night) | <input type="checkbox"/> Stress on Volunteer First Responders (fire department, ambulance services and others) |
| <input type="checkbox"/> Traffic Congestion | <input type="checkbox"/> Increased Taxes |
| <input type="checkbox"/> Deterioration of Roads | <input type="checkbox"/> Decreased Taxes |
| <input type="checkbox"/> Brine-Spreading on Roads (for dust or ice) | <input type="checkbox"/> Other (provide details below) |
| <input type="checkbox"/> Diminished Tourism | |
| <input type="checkbox"/> Loss of Green Space or Open Space | |

Use the comment space at the top of the next page to provide details for Question #28. Use an additional sheet for extended answers and details.

29) Community-at-Large: General

Please provide ATSDR with a context for your Survey responses and your SIA. In addition to the personal impacts of NGE&P on your Household members and their regular activities, the agency seeks information as to how NGE&P activities have impacted your Community-at-Large. Your Community-at-Large encompasses areas where you work, shop, recreate, and engage in community activities. It's the place where your children go to school, engage in community activities and play with their friends. (Note: Your Survey Impact Area usually lies within the Community-at-Large.) In the space below, give a short description of your Community-at-Large and its location.

30) Community-at-Large: Community Locations within 1/2 Mile of NGE&P sites and Activities

Which of the following Community-at-Large locations are within 1/2 mile of NGE&P activities? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Residence(s) | <input type="checkbox"/> House(s) of worship |
| <input type="checkbox"/> Farm(s) | <input type="checkbox"/> Natural resources (lakes, recreation lands, rivers, etc.) |
| <input type="checkbox"/> School(s) | <input type="checkbox"/> Tribal reservation, tribal land or resources |
| <input type="checkbox"/> Hospital(s) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Elder and/or Youth activity center(s) | <input type="checkbox"/> None |
| <input type="checkbox"/> Elder and/or Youth daycare providers | |
| <input type="checkbox"/> Businesses | |

31) Community-at-Large: Community locations within three miles of NGE&P sites and activities

Which of the following Community-at-Large locations are within three miles of NGE&P activities? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Residence(s) | <input type="checkbox"/> Businesses |
| <input type="checkbox"/> Farm(s) | <input type="checkbox"/> House(s) of worship |
| <input type="checkbox"/> School(s) | <input type="checkbox"/> Natural resources (lakes, recreation lands, rivers, etc.) |
| <input type="checkbox"/> Hospital(s) | <input type="checkbox"/> Tribal reservation, tribal land or resources |
| <input type="checkbox"/> Elder and/or Youth activity center(s) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Elder and/or Youth daycare providers | <input type="checkbox"/> None |

Use the comment space on the next page to provide details for Questions #30 & 31. Use an additional sheet for extended answers and details.

32) Reports to Government

Have reports or complaints been submitted by your Household to federal, state and/or local agencies about NGE&P sites or activities in your Survey Impact Area? If so, try to provide names for the agencies, their representatives, the dates of your communications and the results obtained in the comment space. If Household members have correspondence, date books, calendars or journals, those documents can provide answers to this question. Be sure you've checked them off at Question #3.

33) NGE&P Citations and Fines

Have NGE&P activities, companies or sites in your Survey Impact Area been subject to enforcement actions such as citations, the levying of fines or closure? If so, try to provide information about the location, the ownership of the sites, the regulatory agency involved, and the dates along with any citations or fines that were imposed. Has any restoration, correction or remediation occurred? ("Remediation" refers to actions taken to remedy or fix sustained harm.)

Yes, enforcement actions have been taken against NGE&P activities in my Household Survey Area.

No, enforcement actions have NOT been taken against NGE&P activities in my Household Survey Area.

Not sure

Other

Use this comment space to provide details for Question #33. Use an additional sheet for extended answers and details.

34) Legal Actions Against NGE&P Companies, Sites and Activities

If you know of any lawsuits or other legal actions brought against NGE&P companies, sites and/or activities within your Household's SIA, try to provide as many details as possible, such as the company's name, the site's location, names of plaintiffs, etc.)

35) Household Compensation

Have you received any financial (or other form of) offer of compensation or remediation related to NGE&P activities?

(“Remediation” refers to actions taken to remedy or fix sustained harm. Relative to NGE&P activities, such remediation might include fixes made to water supplies, property, byways, etc.)

If you've entered into a non-disclosure agreement concerning any such offers, ask your attorney to review this Survey before you complete or submit it.

A member or members of my household received an **offer** of compensation or remediation

A member or members of my household received compensation or remediation

36) Non-disclosure Agreements (NDAs)

Please check all that apply. *If your Household has signed an NGE&P-related NDA, ask your attorney to review this Survey before completing or submitting it.*

We have signed an NGE&P-related NDA.

We are covered by the terms of an NGE&P-related NDA.

We have been approached but refused to sign an NGE&P-related NDA.

Use this comment space to provide details for Question #36. Use an additional sheet for extended answers and details.

37) For office use only. Please leave blank.

38) Laws Related to NGE&P Activities

Check off authorities on our list that have enacted legislation, ordinances, regulations or policy changes related to NGE&P activities that have affected your Survey Impact Area. If you have documents relative to the actions, be sure you've checked them off at Question #3.

- | | |
|---|--|
| <input type="checkbox"/> State Agency or Department | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Town Board | <input type="checkbox"/> Ad Hoc Committee (governing road use or other local guidelines) |
| <input type="checkbox"/> Village Board | <input type="checkbox"/> None |
| <input type="checkbox"/> Zoning or Planning Board | <input type="checkbox"/> Other |
| <input type="checkbox"/> County Legislature | |

Use this comment space for details

39) Submitting your survey and supporting documents

If copying your supporting documents is too costly, DCS is hoping to secure funding to help Households and Multi-Household groups defray the costs of copying and mailing documents. Contact us by email at Survey@DamascusCitizensATSDR.org, by phone at (845) 252-6677, or by mail at: DCS, P.O. Box 147, Milanville, PA 18443.

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#### Send your completed Survey and supporting documents to:

Damascus Citizens for Sustainability  
 PO Box 147  
 Milanville, PA 18443

*DCS will convert your Survey responses into electronic form and submit them, along with your supporting documents, to ATSDR. (Electronic form is the most beneficial way for ATSDR to process, review and analyze your Survey responses and maximizes the potential of triggering a [Public Health Assessment](#) in your community.)*



### List of Abbreviations used in the Survey

ATSDR - Agency for Toxic Substances and Disease Registry  
CAP - Community Assistance Panel  
CEO - Chief Executive Officer  
COPD - Chronic Obstructive Pulmonary Disease  
DCS - Damascus Citizens for Sustainability  
FAQ - Frequently Asked Question  
GPS - Global Positioning System  
HC - Health Consultation  
HID - Household Identifier  
MHID - Multi-Household Identifier  
MHG - Multi-Household Group  
mm/dd/yyyy - month/day/year  
N/A - Not Applicable  
NDA - Non-Disclosure Agreement  
NGE&P - Natural Gas Exploration and Production  
PHA - Public Health Assessment  
QQ - Question-by-Question Instructions  
SIA - Survey Impact Area  
Sub - Submission Instructions  
USEPA - U.S. Environmental Protection Agency