

The following questions can help you to understand if the symptoms a patient/client is experiencing may be attributable to environmental exposures from shale gas development (SGD).

**1. Do you currently live near any SGD facilities, such as the ones listed below? (Check all that apply)**

Well Pad	
Truck Traffic	
Processing/Cryogenic/Fractionation Plant	
Pipeline	
Landfill accepting shale gas waste	
Injection Well accepting shale gas waste	

Impoundment Pond	
Metering Station	
Compressor Station	
Pigging Station	
Wastewater Treatment Plant (WWTP) accepting shale gas waste	
Petrochemical Plant	

**2. Have there been incidents such as spills, leaks, or explosions that have occurred near your home, school, or place of work?    No    Yes    Unsure**

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

**4. Have you noticed any unusual smells or changes in appearance in the air near your home?    No    Yes**

**5. Have you noticed any unusual dust, film, or residue on the outside of your home or car?    No    Yes**

**6. Have you experienced any of the following symptoms during or after activities near your home (that wouldn't necessarily be explained by an ongoing condition)? (Select all that apply)**

Sore or irritated throat	
Cough or wheezing	
Itching of skin or rash	
Shortness of breath	
Headache	
Dizziness	
Sleep disturbance	
Fatigue	
Other:	

Sinus symptoms (runny nose/postnasal drip, etc.)	
Itchy/burning eyes	
Nosebleeds	
Abdominal pain/discomfort	
Significant weight loss/gain	
Nausea	
Anxiety	
Irritability/mood swings	
Other:	

