**HEALTH QUESTIONNAIRE**

RESIDENTS LIVING AROUND CELLPHONE TOWERS ARE REQUIRED TO COMPLETE THIS QUESTIONAIRE. THE OBJECT OF THE QUESTIONAIRE IS TO ANALYSE THIS DATA AND HIGHLIGHT THE HEALTH ASPECTS AFFECTING RESIDENTS LIVING NEAR THE CELLPHONE TOWERS.

Please copy and paste the questionnaire below with your answers and email it to: [anti-cell-masts@googlegroups.com](mailto:anti-cell-masts@googlegroups.com)

**QUESTIONS:**

**Please mark all relevant boxes with an “X”**

**SECTION A – PERSONAL DETAILS**

1. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. E-mail Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B – TOWER INFORMATION**

1. Address of closest cell tower : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Estimated distance of cell tower

from your house : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have more than one cell YES

tower within 500 meters of your

home? NO

1. How many? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many sets of antennae are

on the pole mast : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_

**SECTION C – HEALTH**

1. Have you begun to display any of the following symptoms? Please describe the severity (severe, mild, non‐existent):

SEVERE MILD NON-EXISTENT

Sleeplessness

Headaches

Muscle pain

Memory loss

Unexplained weight gain

Skin disturbances

(a feeling like sunburn)

Mental exhaustion

Confusion and anxiety

Depression

Tissue bleeding

(such as nosebleeds or

gums bleeding)

1. When did these symptoms start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When was the nearest cell mast \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

erected? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have these symptoms been YES

reported to a medical NO

professional?

1. Do you have a formal medical YES

report in this regard? NO

1. Will you be prepared to swear YES

to these facts in an affidavit NO

if it should be necessary? NO

1. There are numerous studies available to show the effects of the radiation. Would you like to receive information and be kept updated on the latest activities?

YES BY SMS E-MAIL NO

**Thank you for your participation.**