Three Mile Island Alert - Survivor's Health Survey

Note: Participation in this survey is voluntary. You may complete the form anonymously. However, if you are willing to be contacted by other medical or academic researchers, please provide your contact information and sign the separtate Privacy Notice. Also note, whether anonymous or known, we need your town and state.

Is this survey for you? If you lived in Central Pennsylvania at the time of the TMI accident, March 28, 1979, and have experienced adverse health effects you believe are attributable to the accident or TMI's continued operation, please complete this survey.

Your Name (optional): _____

Address (if willing to be contacted):

_____

Street

_____

Municipality State Zip
(Required)

_____

Email (if willing to be contacted)

During the early days of the accident did you experience any of the following (circle):

Metallic taste Metallic or iodine-like odor
Watery or irritated eyes Rash Headache
Gastro-intestinal disorder Face flushing

Were you among the thousands who evacuated Central Pennsylvania at the time of the accident?

YES NO

Did other members of your household evacuate with you?

YES NO

If YES, please circle as appropriate:

SPOUSE MOTHER FATHER

CHILDREN, SIBLINGS, or OTHERS

How many? _____

Where did you go?
(Circle one)

Outside 25 mile radius from plant?

Outside of PA?

How long were you away? _____

Rate your overall health prior to March 28, 1979:

1 = Excellent 2 = Very Good 3 = Good

4 = Fair 5 = Poor

Rate your overall health today:

1 = Excellent 2 = Very Good 3 = Good

4 = Fair 5 = Poor

Please circle any of the health conditions you have experienced:

Insomnia Cardiovascular problems Anxiety

Heart Disease Hypertension

Gastrointestinal problems Depression

Headaches Other Mental Health Issues

Were you treated or hospitalized for any of these conditions? If so, please list:

The thyroid is known to be susceptible to damage by radiation exposure. Do you have a thyroid condition?

YES NO

Did you have thyroid or any other form of cancer? If so, please list:

Did you have any other medical conditions that you attribute to the effects of radiation from TMI? If so, please list:

If there are intergenerational diseases in your family, please list those in which the onset was after the TMI accident:

If you were pregnant at the time of the TMI accident, how far along was your pregnancy at the time of the accident?

Were there any problems with your pregnancy?

What was the outcome of the pregnancy?

Have you experienced sterility or difficulty conceiving since the TMI event? If yes, please explain?

Do you have any chronic health problems diagnosed by an MD? If so, please explain:

Do you attribute any of these problems, or the degree of the problem to the TMI event? If so, please explain:

Do you suffer from any immune deficiency diseases you might attribute to the TMI accident? If so, please explain:

Anything we didn't ask about that you'd like to add?

Please return completed survey, privacy form, and any attachments to:

TMI Alert Health Study
315 Peffer Street
Harrisburg, PA 17102

Note, you may attach additional sheets if necessary to provide details about your health issues. Thanks.

1977 - 2019

THREE MILE ISLAND

TMI ALERT

Four Decades of Vigilance