## Three Mile Island Alert - Survivor's Health Survey

Where did you go?

The thyroid is known to be susceptible to damage by

radiation exposure. Do you have a thyroid condition?

NO

YES

(Circle one)

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

SPOUSE

How many?

MOTHER

CHILDREN, SIBLINGS, or OTHERS

**FATHER** 

How long were you away?  Rate your overall health prior to March 28, 197 and have experienced adverse health effects you believe are attributable to the accident or TMI's continued operation, please complete this survey.  How long were you away?  Rate your overall health prior to March 28, 197 and 1 = Excellent 2 = Very Good 3 = Go  Your Name (optional):  Address (if willing to be contacted):  Rate your overall health today:  1 = Excellent 2 = Very Good 3 = Go  Rate your overall health today:  1 = Excellent 2 = Very Good 3 = Go  4 = Fair 5 = Poor  Required)  Please circle any of the health conditions you hexperienced:  Insomnia Cardiovascular problems Ar Heart Disease Hypertension  Metallic taste Metallic or iodine-like odor Watery or irritated eyes Rash Headache Gastro-intestinal disorder Face flushing	researchers, please provide your contact information and sign the separtate Privacy Notice. Also note, whether anonymous or known, we need your town and state.	Outside 25 mile radius from plant?  Outside of PA?
Rate your overall health prior to March 28, 197  TMI's continued operation, please complete this survey.  Your Name (optional):  Address (if willing to be contacted):  Street  The excellent contacted in the service 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  Rate your overall health prior to March 28, 197  1 = Excellent conditions of the self the prior to March 28, 197  1 = Excellent conditions of the self the prior to March 28, 197  1 = Excellent conditions of the self the self through conditions of the self through conditions	Pennsylvania at the time of the TMI accident, March 28, 1979, and have experienced adverse health effects you believe are attributable to the accident	
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Address (if willing to be contacted):  Street  Rate your overall health today:  1 = Excellent 2 = Very Good 3 = Go  4 = Fair 5 = Poor  Please circle any of the health conditions you be experienced:  Insomnia Cardiovascular problems Are the problems and 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  Rate your overall health today:  1 = Excellent 2 = Very Good 3 = Go  4 = Fair 5 = Poor  Please circle any of the health conditions you be experienced:  Insomnia Cardiovascular problems Are Headaches Other Mental Health Issued Were you treated or hospitalized for any of the conditions? If so, please list:  YES NO  Did other members of your household evacuate with you?  YES NO	·	1 = Excellent 2 = Very Good 3 = Good
Municipality State Zip  Municipality (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  The Excellent 2 = Very Good 3 = Go  4 = Fair 5 = Poor  Please circle any of the health conditions you hexperienced:  Insomnia Cardiovascular problems Ar  Heart Disease Hypertension  Gastrointestinal problems Depression  Headaches Other Mental Health Issued on hospitalized for any of the conditions? If so, please list:  YES NO  Did other members of your household evacuate with you?  YES NO		4 = Fair 5 = Poor
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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  Headaches Other Mental Health Issued for any of the conditions? If so, please list:  Yes NO  Yes NO	experience any of the following (circle):	Heart Disease Hypertension
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Did other members of your household evacuate with you?  YES  NO	•	Were you treated or hospitalized for any of these conditions? If so, please list:
you? YES NO	YES NO	
YES NO		
If YES, please circle as appropriate:		
	f YES, please circle as appropriate:	

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

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

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

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

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

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

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?

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

TMI Alert Health Study 315 Peffer Street Harrisburg, PA 17102

What was the outcome of the pregnancy?

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

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:

