

THE GREEN AUDIT

Community Health Assessment

THE GREEN AUDIT: Health Questionnaire	Code:				
Please complete this questionnaire and return it to:	P.O. Box 117, Marshfield, VT, 05658	office use only	by:		

INSTRUCTIONS: This health questionnaire has 10 questions. You will be invited to complete this questionnaire twice: once now and again within the next few months. The purpose of the questionnaire is to determine any changes in your health status during this period. While the results will be published your identify will remain confidential. We ask you to identify yourself (with initials) only so we can compare your first and second questionnaire responses. If you are a business location, please feel free to copy questionnaire for all employees willing to participate.

1 Gender: male <input type="checkbox"/> female <input type="checkbox"/>	2 Birth: month <input type="text"/> year <input type="text"/>
3 Check as many as apply: I sleep <input type="checkbox"/> work <input type="checkbox"/> at the location this questionnaire was delivered.	

4 Document the frequency and severity of any of the following during the past month.

	frequency			severity			Symptoms are . . . than normal.		
	rare	sometimes	often	mild	moderate	severe	better	same	worse
headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
poor short-term memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
tremors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
blurred vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
difficulty sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
fatigue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
chronic pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

5 Do you currently have any of the following medical conditions and have symptoms changed during the past month?

	6 During the past month symptoms are . . . than normal.	
	no	yes
Amyotrophic Lateral Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart Ailment	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Immune System Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Other? Please specify	<input type="checkbox"/>	<input type="checkbox"/>

if "yes" indicate type

type:

type:

type:

type:

7 Check which of these electronic devices you use in your home and/or at work and the frequency of use.

	at home			at work		
	never	sometimes	often	never	sometimes	often
cellular phone	<input type="checkbox"/>					
cordless phone	<input type="checkbox"/>					
wireless computer network	<input type="checkbox"/>					
baby monitor	<input type="checkbox"/>					
other wireless devices (speakers, etc.)	<input type="checkbox"/>					

type:

type:

8 Please provide your initials (or pseudo initials) in the box to the right so that your answers to the first and second questionnaire can be compared.

9 Today's Date:

10 (Optional): Additional comments about your health can be provided on the back of this questionnaire.

EMF Experts is participating in research to help more accurately assess the nature of the biological impact of EMF and the numbers of people experiencing it to one degree or another.

The community health questionnaire called the **Green Audit** is designed for “before and after” use, as a means to determine EMF impact today and compare it to impact as future EMF exposure levels increase.

So as to avoid influencing the results, it is important when administering the **Green Audit** that you work with someone with an understanding of epidemiology (pattern recognition of health conditions in populations), and also not disclose why you are administering the questionnaire.

While the survey is helpful for determining electro-sensitivity in the general population at current levels of EMF exposure, we recommend conducting a ‘before and after’ Green Audit community health survey:

- 1) If a **new cell phone tower, WiFi tower or antenna** is scheduled to go up in your neighborhood,
- 2) If your utility company implements **Broadband Over Power** technology carrying RF fields onto the electrical wiring in buildings, or
- 3) **Growing levels of EMF are of Epidemiological concern worldwide** and the USA in particular with ‘involuntary’ **24/7 Wi-Max Radiation, ConnectED** (highspeed wireless in all schools), **ConnectAll**, and the **5G deployment** reported to be rolling out across America with the explicit FCC-stated goal to blanket the entire USA as quickly as possible. These are joint ventures reported to include: Sprint (NYSE: [S](#)), Clearwire (NYSE: [CLWR](#)), Intel Capital (NASDAQ: [INTC](#)), Time Warner Cable (NYSE: [TWC](#)), Brighthouse Networks, Google (NASDAQ: [GOOG](#)) and Comcast (NASDAQ: [CMCSA](#), [CMCSK](#)).

You might conduct the **Green Audit Health** survey now, and again 3, 6 and 12 months after an EMF awareness-raising event, a wireless or power installation, a change in one of the conditions.

Please report your results to the EMR Policy Institute so we can help to publicize their work; mail copies of your audits collected, and any data analysis, abstract or summary when completed, to the **EMR Policy Institute, PO Box 117, Marshfield, VT 05658.**

And:
ElectromagneticHealth.org
3908 Broadway #103-104
Boulder Colorado, 80304

We’d also appreciate your keeping us apprised of your results at admin@emf-experts.com