

Residents Health Survey

Please send the survey back to sharonsweboflife@gmail.com

Residents Name:

Number of people affected in your home, plus workers:

Road Name where you live:

Can you smell the stench at work:

If you can smell the stench from work, street address of work:

Telephone number (Optional) (Only for internal use, if I need to contact you)

Please make a mark (x) if you feel any of these:

	Yes	No
1. The feeling of a weight on your chest?		
2. The feeling of not being able to get enough oxygen?		
The above two are not constant and are present sporadically		
3. Have you had difficulty in breathing and had to go to the doctor for attention?		
4. Have you been hospitalised for breathing issues lately?		
5. Have you had to increase the dosage and strength of your asthma medicine if you asthmatic?		
6. Conjunctivitis or burning eyes?		
7. Burning throat or feelings of the beginning of flu?		
8. Lack of mental clarity, brain fog?		
9. Abnormal fatigue?		
10. Other ocular issues such as sudden deterioration in eyesight?		
11. Very dry eyes?		
12. Skin allergies and itching?		
13. Burning skin?		
14. Hot flushes or body heat that comes and goes for no reason?		
15. Nasal issues, runny nose?		
16. Sinusitis or worsened sinus issues?		
17. Lack of a sense of smell?		
18. Smell of sulphur/ rotten eggs?		
19. Smell of sewage?		
20. Smell of chemical compounds of unknown determination?		
21. Unexplained feelings of general unwellness?		
22. Feelings of Depression?		
23. Do you feel nauseous?		
Symptoms are not constant		
24. Do your animals have conjunctivitis?		
25. Do your animals have respiratory issues?		
26. Do your animals have a runny nose?		
27. Have any of your animals died from respiratory issues, or heart failure?		
28. Are your animals coughing more?		
29. Have you been having a blood nose?		
30. Have you got any gastrointestinal issues?		
31. Have you got any kidney issues or pains in the kidney area?		

Add any other comments: