

A lawyer has been retained to investigate the possibility of a Class Action law suit with respect to Electrosensitivity. A very small group of people are working with the law firm to gather research, resources and information about people who have developed sensitivities to their environment. If you would be interested in participating in the suit, please read the following questions and return this survey to Lakeshore Coalition, 7613 Chester Trail, Port Franks ON N0M 2L0. Your contact information and all answers will be treated with confidentiality as with any Solicitor/Client privilege.

1. Do you have any of these symptoms? Yes No

Symptoms May Include:

- Memory, poor concentration, difficulty making decisions
- Headache, or pressure in the head
- Tinnitus (buzzing/ringing in the ears/high pitched noise)
- Difficulty sleeping, low quality of sleep, melatonin reduction
- Increased thirst and/or Dehydration
- Fatigue
- Nausea
- Digestive problems (constipation, etc.)
- Tingling sensations, Feeling of skin crawling or tremors
- Adrenal fatigue, thyroid problems
- Hormone changes, menopause-like symptoms
- Multiple Chemical Sensitivity
- Dizziness, or vertigo
- Heart Palpitations, low or high blood pressure
- Numbness, or pain in joints, muscles (fibromyalgia)
- Eye irritation, deteriorating vision, eyes drying out
- Red skin blotches, eczema, body swelling
- Depression, anxiety
- Poor blood sugar regulation
- Immune abnormalities
- Asthma, or shortness of breath
- Seizures

2. Have you been seen by a specialist in Environmental Medicine or Occupational Health Practitioner?
Yes No

3. If Yes, Who? _____ Address: _____

4. If No, are you able/ willing to attend a doctor who is a specialist in the field of Environmental medicine? Yes No

5. Have you been identified as having a more serious disease attributed to your environmental exposure?
Yes No If Yes, what illness(es)? _____

6. To what do you attribute your symptoms? Check each that apply:

Cell Phone use <input type="checkbox"/>	Cell Tower/Antenna <input type="checkbox"/>
Wi-fi <input type="checkbox"/>	Digitally Enhanced Cordless (DECT) Phone <input type="checkbox"/>
Wind Turbines <input type="checkbox"/>	Smart Utility Meter <input type="checkbox"/>
Dirty Electricity <input type="checkbox"/>	Radar <input type="checkbox"/>

8. Have you advised your politicians of your condition/concern? Yes No

9. Please indicate your level of ability to do the following:

Activity	Can't do at all	Extremely difficult	Mildly Difficult	Doesn't affect at all
Drive a car				
Avoid driving near Cell Towers/ Wind Turbines/ Smart Meters				
Able to Work Outside your home				
Able to Work at all				
Grocery Shopping				
Use a Computer				
Use a cell Phone				
Enter a Hospital				
Attend your Doctor's office				
Attend School				
Attend Dentist				
Enjoy a Healthy Social Life				
Participate at Community Events				
Attend Church				
Sleep with Electric Power ON				

Activity	Yes	No
Live in your own home Full Time		
Move to Avoid Cell Towers/ Wind Turbines/ Smart Meters		
Can Tolerate use of Hydro Electricity		
Applied Shielding to Home		
Wear RF Protective clothing		

10. Have you been told by your doctor that you have Electrosensitivity or Electro-hypersensitivity?
 Yes No

11. Please complete the following if you are interested in joining a Class Action. Please note that completing this portion of the Survey implies granting permission to be contacted.

Name (Print)	
Street Address	
City, Province	
Postal Code	
Phone	
Email	
Signature	