Initials of interviewer_____ Date of interview: ________

Complaint Form: Human Health and Exposure to Farm Odors or Emissions

To report adverse health effects that you think are related to exposure to farm odors or emissions, please answer the following questions to the best of your ability.

A. Basic information

First Name		Last Name		DOB/Age
____		____		____
Street Address		Telephone		Area Code
____		____		____
City	County	State	Zip Code	Sex
____	____	____	____	____

How long have you lived at this address? _____ years

Other household members? (Provide names & date of birth)	Name	DOB
	1. _____	_____
	2. _____	_____
	3. _____	_____
	4.	_____

B. Exposure to Farm Odors or Emissions

B1.0. Have you ever been exposed to farm odors or emissions? ☐ No ☐ Yes
If No, Go to END.
If Yes, Go to B2.0.

Past exposure
B2.0. How many times in the past year have you been exposed to farm odors or emissions?_____

B2.1. When was the last time you were exposed to farm odors or emissions? _____ mm/dd/yyyy

B2.1.1 What was the duration of this last exposure? _____ hours/days/weeks (circle one)

B2.2. The last time you were exposed to farm odors or emissions, did you experience any of the following symptoms that you attribute to farm odor/emission exposure?

Signs and Symptoms			
Eye Irritation	☐ No ☐ Yes	Headaches	☐ No ☐ Yes
Nasal Passage Irritation	☐ No ☐ Yes	Bronchitis	☐ No ☐ Yes
Throat Irritation	☐ No ☐ Yes	Coughing	☐ No ☐ Yes
Dizziness	☐ No ☐ Yes	Wheezing	☐ No ☐ Yes
Nausea	☐ No ☐ Yes	Shortness of Breath	☐ No ☐ Yes
Blurred Vision	☐ No ☐ Yes	Confusion	☐ No ☐ Yes
Sinus irritation	☐ No ☐ Yes	Fatigue	☐ No ☐ Yes
Other Symptoms:	____		

B2.3. How long did these symptoms last? _____ hours/days/weeks (circle one)

B2.4. The last time you were exposed to farm odors or emissions, which of your symptoms bothered you the most (i.e., your chief complaint)? ____

Initials of interviewer_____ Date of interview: ________

Current exposure

B3.0. Are you currently exposed to farm odors or emissions? ☐ No ☐ Yes If No, Go to B4.0

B3.0.1 When did this current exposure begin? _____ mm/dd/yyyy

B3.1. Are you currently experiencing any of the following symptoms that you attribute to the farm odor exposure?

Signs & Symptoms			
Eye Irritation	☐ No ☐ Yes	Headaches	☐ No ☐ Yes
Nasal Passage Irritation	☐ No ☐ Yes	Bronchitis	☐ No ☐ Yes
Throat Irritation	☐ No ☐ Yes	Coughing	☐ No ☐ Yes
Dizziness	☐ No ☐ Yes	Wheezing	☐ No ☐ Yes
Nausea	☐ No ☐ Yes	Shortness of Breath	☐ No ☐ Yes
Blurred Vision	☐ No ☐ Yes	Confusion	☐ No ☐ Yes
Sinus irritation	☐ No ☐ Yes	Fatigue	☐ No ☐ Yes
Other Symptoms:	_____		

B3.2. How long have you had these current symptoms? _____ hours/days/weeks (circle one)

B3.3. Which of your current symptoms bothers you the most (i.e., your chief complaint)? _____

Emergency Department Visits

B4.0. Have you ever visited the emergency department for treatment of these symptoms that you attribute to farm odors or emissions? ☐ No ☐ Yes If No, Go to B5.0.

B4.1. How many times in the past year did you visit the emergency department for treatment of symptoms you attribute to farm odors or emissions? _____ times

B4.2. When was the last time you visited the emergency department for treatment of symptoms you attribute to farm odors or emissions? _____ mm/dd/yyyy

Physician Visits

B5.0. Have you ever seen your primary care physician about the symptoms that you attribute to farm odor or emissions? ☐ No ☐ Yes If No, Go to B6.0.

B5.1. What was the diagnosis? _____

B5.2. Are you currently receiving medical treatment for these symptoms? ☐ No ☐ Yes

B5.3. How many times in the past year have you seen your doctor about these symptoms? _____ times

B6.0. List any medications you are currently taking to treat symptoms you attribute to farm odors or emissions (include prescription and over-the-counter medications):

Medication Name ______________________ Dose ______ Times/Day

Medication Name ______________________ Dose ______ Times/Day

Medication Name ______________________ Dose ______ Times/Day

Medication Name ______________________ Dose ______ Times/Day

Initials of interviewer_____ Date of interview: ________

B7.0. Have any other household members had any of the above symptoms that you think are related to farm odor/emission exposure? ☐ No ☐ Yes
(If Yes, complete separate complaint form for each individual with symptoms)

C. Other Medical Conditions

C1.0. Have you ever been told by a doctor that you have asthma? ☐ No ☐ Yes If No, Go to C2.0.

C1.1. How old were you when you were first diagnosed with asthma? Age ____

C1.2. Do you currently have asthma? ☐ No ☐ Yes

C1.3. Are you currently being treated by a physician for asthma? ☐ No ☐ Yes

C2.0. Have you ever been told by a doctor that you have chronic obstructive pulmonary disease (COPD)? ☐ No ☐ Yes If No, Go to C3.0.

C2.1. How old were you when you were first diagnosed with COPD? Age ____

C2.2. Are you currently being treated by a physician for COPD? ☐ No ☐ Yes

C3.0. List any other medical conditions (including allergies) that you have had prior to any of the symptoms listed previously in B2.2 or B3.1:

1. _____
2. _____
3. _____
4. _____

C4.0. List any medications you are currently taking for asthma, COPD, or other pre-existing conditions:

Medication Name ____________________ Dose ______ Times/Day

Medication Name ____________________ Dose ______ Times/Day

Medication Name ____________________ Dose ______ Times/Day

Medication Name ____________________ Dose ______ Times/Day

D. Other Exposures

Drinking Water
D1.0. Is your drinking water provided from a well? ☐ No ☐ Yes If No, Go to D2.0.

D1.1. If Yes, do you have concerns about the drinking quality of your well water? ☐ No ☐ Yes

Basement Flooding
D2.0. Has the basement of your house flooded recently? ☐ No ☐ Yes If No, Go to D3.0

D2.1. If Yes, what was the date of the last flooding? Date ____

D2.2. When your basement flooded, did you notice a 'rotten egg' odor? ☐ No ☐ Yes

D2.3. Comments about the basement flooding ____

Smoking
D3.0. Have you ever smoked? ☐ No ☐ Yes If No, Go to D5.0

D3.1. If Yes, do you currently smoke? ☐ No ☐ Yes If No, Go to D4.0

D3.2. If Yes, how many cigarettes do you smoke a day? ____ /day

D3.3. How long have you smoked? ____ **# years/months (circle one) Go to D5.0**

D4.0. If you smoked in the past but do not currently smoke, for how long did you smoke?
____ **# years/months** (circle one)

D4.1. When did you quit smoking? ____ mm/yyyy

D4.2. How many cigarettes did you smoke a day? ____ /day

Occupation
D5.0. What is your occupation? ____

D5.1. How long have you been in this position? ____ years

E. Proximity to Farm(s)

Living on a Farm
E1.0. Do you live on a farm? ☐ No ☐ Yes If No, Go to E2.0.

E1.1. Do you apply or allow application of animal manure on your property? ☐ No ☐ Yes If No, Go to E2.0.

If Yes to E1.1, please provide the following information:
E1.1.1. Date of last manure application: ____
E1.1.2. Type manure (cow, pig, etc.): ____
E1.1.3. Quantity (gal.) of manure applied: ____
E1.1.4. Area (# acres) to which manure was applied: ____
E1.1.5. Distance from nearest manure application site to your home: ____ miles
E1.1.6. Comments: ____

Living Near a Farm
E2.0. Do you live near a farm? ☐ No ☐ Yes If No, Go to F1.0.

E2.1. Is manure applied on a neighboring farm within a 2-mile radius of your residence? ☐ No ☐ Yes If No, Go to F1.0.

If Yes to E2.1, please provide the following information:
E2.1. Date of last manure application: ____
E2.2. Type manure (cow, pig, etc.): ____
E2.3. Quantity (gal.) of manure applied: ____
E2.4. Area (# acres) to which manure was applied: ____
E2.5. Distance from nearest manure application site to your home: ____ miles
E2.6. Comments: ____

E3.1. How close is your home to this farm? ____ miles

E3.2. What is the name of this farm? ____

F1.0. If we have any further questions, may we contact you again? ☐ No ☐ Yes

END