

ACE Preliminary Household Health Survey

***** PLEASE INCLUDE DATA FOR FAMILY MEMBERS WHO HAVE MOVED OR DIED SINCE 1980*****

Mail completed forms to: ACE, P. O. Box 3063, Stowe, PA 19464 Questions? Phone: 610-326-6433

General	Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5
Where were you born?					
How long have you lived in this area?					
Where did you live previously?					
What is your gender? Male or female					
What is your age? Or date deceased?					
Cancer					
Ever diagnosed w/cancer? Yes or no					
If yes: Type of cancer					
Age at & date of diagnosis					
Leukemia					
Ever diagnosed w/leukemia? Yes or no					
If yes: Type of leukemia					
Age at & date of diagnosis					
Tumors					
Ever diagnosed w/tumors? Yes or no					
If yes: Type & location on body					
Age at & date of diagnosis					
Kidney/Bladder Problems					
Ever diagnosed? Yes or no					
If yes: Type of problem					
Age at & date of diagnosis					
Liver Problems/Disease					
Ever diagnosed? Yes or no					
If yes, please describe					
Age at & date of diagnosis					
Birth Defects- Type of defect					
Low Birth Weight/Infant Mortality					
Miscarriages					
Number of miscarriages					
Endometriosis/Infertility					
Please describe					

Continued...

ACE Preliminary Household Health Survey (Continued)

	Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5
Compromised Immune System					
Lupus, Parkinsons, MS					
Fibromyalgia/Chronic Fatigue					
Epilepsy / Seizures					
ALS (Lou Gehrig's Disease)					
Chronic Skin Rashes/Skin Cancer					
Thyroid Problems					
Learning Disabilities					
ADD/ADHD					
Neurological Disorders					
Asthma & Other Respiratory Problems					
Severe/Chronic Headache/Sinus					

Please detail any additional health related problems experienced in your household: _____

Please detail cancers & other health problems listed in this survey experienced by family members not living in your household or by neighbors or friends in this area. Use additional sheets of paper, if required. _____

Do your pets have tumors, cancer, seizures, epilepsy or other disabilities? _____

Age of pet when diagnosed? _____

This survey will be more effective if you would provide your name and address*

Name: _____

Street: _____

City, State, Zip: _____

Phone: _____ email: _____

Can we contact you if we have questions? Yes No

* This survey can be completed anonymously. It can be completed on line at <http://www.acereport.org/survey.html>. There will be instructions for emailing it to ace@acereport.org. The survey can be downloaded and completed by anyone who wishes to participate but did not receive a copy by mail.