



This is a voluntary questionnaire designed to look at health issues in communities impacted by PFOA contamination (including Bennington, Hoosick Falls, and Petersburg) and document resident health concerns.

This questionnaire relies on information provided by community residents themselves. The final results (but not names) will be shared with the communities, government officials, and researchers. Individual data will remain confidential, but the overall findings will be made public.

This questionnaire is supported by the project "Understanding PFOA" at Bennington College and has been developed by Dr. Zeke Bernstein and Dr. David Bond of Bennington College, environmental engineer Robert Chinery, physician Dr. Howard Freed, and former Environmental Protection Agency Regional Administrator Judith Enck. In December 2017, Dr. David Carpenter (Director of the Institute for Health and the Environment at SUNY Albany) joined the research team.

If you have questions about filling out this questionnaire, please contact: David Bond at 802.440.4324 or UnderstandingPFOA@bennington.edu.

You may also complete the survey online, at: www.bennington.edu/PFOA

ONE QUESTIONNAIRE PER PERSON

PLEASE COMPLETE QUESTIONNAIRE BY FEBRUARY 28, 2018

1) Please print your name and address. (We will not share your personal information.)

Name:
Address:

2) Including your current residence, in which of the following communities have you lived ? (Check all that apply.)

Bennington, VT

Hoosick Falls, NY

Petersburgh, NY

3) For how many years has your family lived in one of these communities (Bennington, Hoosick Falls, and Petersburg)?

Less than 1 Year

5 to 10 Years

1 to 5 Years

More than 10 Years

4) While residing in this community, please check whether you got your drinking water from a public system or a private well?

Public System

Private Well

5) Please check the approximate level of PFOA in the source of your drinking water. [*"ppt" means parts per trillion*]

non-detect – 19 ppt

401 ppt - 999 ppt +

20 ppt – 69 ppt

1,000 ppt +

70 ppt – 400 ppt

The source of my drinking water has not been tested for PFOA.

6) Has anyone in your household ever worked at a facility that stored or used perfluorinated chemicals like PFOA?

Yes

No

7) Have you been diagnosed with one or more of the following illnesses? If so, please check which one(s). [*The [C8 Science Panel](#) has linked these six illnesses to exposure to PFOA. Please skip this question if it does not apply to you.*]

- | | |
|--|---|
| <input type="checkbox"/> Kidney Cancer | <input type="checkbox"/> Pregnancy Induced Hypertension |
| <input type="checkbox"/> Testicular Cancer | <input type="checkbox"/> High Cholesterol * |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Ulcerative Colitis |

8) Has anyone in your household been diagnosed with one or more of the following illnesses? If so, please check which one(s). [*Please skip this question if it does not apply to you.*]

- | | |
|--|---|
| <input type="checkbox"/> Kidney Cancer | <input type="checkbox"/> Pregnancy Induced Hypertension |
| <input type="checkbox"/> Testicular Cancer | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Ulcerative Colitis |

9) Are there any members of your extended family who are no longer residing in this community that have been diagnosed with one or more of the following illnesses? If so, please check which one(s). [*Extended family includes: grandparents, parents, siblings, and children. Please skip this question if it does not apply to you.*]

- | | |
|--|---|
| <input type="checkbox"/> Kidney Cancer | <input type="checkbox"/> Pregnancy Induced Hypertension |
| <input type="checkbox"/> Testicular Cancer | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Ulcerative Colitis |

10) Are there any members of your extended family who are deceased but who lived in Hoosick Falls, Petersburg, and/or Bennington and were diagnosed with one or more of the following illnesses? If so, please check which one(s). [*Extended family includes: grandparents, parents, siblings, and children. Please skip this question if it does not apply to you.*]

Kidney Cancer

Pregnancy Induced Hypertension

Testicular Cancer

High Cholesterol

Thyroid Disease

Ulcerative Colitis

11) [Optional] If needed, would you allow a member of the research team to contact you in order to confirm your response? If so, please provide the best means of getting in touch with you.

Phone Number

Email

Please complete the questionnaire by February 28, 2018

Thank You!

* Having high cholesterol is very common. There are millions of people who have high cholesterol that were never exposed to PFOA.

Please mail completed surveys back to:

**Understanding PFOA
C/O Prof. David Bond
One College Drive
Bennington, VT 05201**