**QUESTIONAIRE – EHS project by Dariusz Leszczynski**

Project funded by: **Finnish Electrosensitive Foundation**, Helsinki, Finland

1. First name and surname (only initials will be used in the research article).

2. Where do you live – country, city or countryside, and some statement about neighborhood/area

3. In what kind of building do you live, e.g. a single-family home, an apartment building or something else.

4. Are there any base stations on the building or in a distance (how far) and do you know number of antennas and what kind of antennas.

5. Are there close by any electric powerlines or transformer facilities, how close by.

6. Do you know radiation levels in and out of the building and, if so, who and how measured radiation.

7. How did you learn about the Electromagnetic Hyper Sensitivity (EHS) – have you heard of EHS before you experienced health symptoms or did you experience health symptoms first and only then you did search for information on what might cause your health symptoms

8. What is, in your opinion, causing your own EHS symptoms, what kind(s) of exposure

9. Do you know, from your own experience, ways and means how to prevent or alleviate your own EHS symptoms

10. How did you establish that you suffer of EHS – by self-diagnosis or by physician-diagnosis

11. Did you contact physician with your health problem and, if you did contact physician, was physician understanding an helpful or was physician trivializing your symptoms or was physician confused by your health problem

12. Did physician diagnose you or had problem to decide your diagnosis – do you know the reason for it

13. Are your EHS symptoms occurring immediately or with a delay after the radiation exposure

14. Are there any factors (weather, pollen, UV etc.) that make your EHS symptoms stronger or easier to be triggered

15. If physician has made diagnosis – I need to contact this physician to get his/her opinion on how the diagnosis was made – please provide contact info, preferred e-mail (it will be kept confidential)

16. If physician has diagnosed your EHS – what was the basis of the diagnosis – solely your verbal description of symptoms or did physician perform any examination and clinical tests

17. If physician made diagnosis using clinical tests – what tests were done and what results or changes were observed

18. Did you receive any advice, from physician, how to prevent or alleviate your symptom