

Mars Hill Experience



Mars Hill Wind Turbine Project Health Effects – Preliminary Findings

Questionnaire Used

Name	Age	Turbine Dist.	Years here	Occupation	Telephone #	email
Information provided by:			Address:			

Pre existing medical conditions or diagnoses:				
Medications prior to WTP:				
New medical conditions or diagnoses since WTP:				
New medications or dose changes since WTP:				

Sign/Symptom	Frequency/Severity	Freq/Sev PRIOR to WTP	Improves when away?	Seen a doc? New Rx or Tx?	Comment
Sleep disturbance:					
Difficulty falling asleep:					
Waking up mid. of night:					
Headaches <input type="checkbox"/>					
Migraines <input type="checkbox"/>					
Dizziness					
Ears ringing					
Balance probs					
Unusual body sensations (specify):					
Weight: gain <input type="checkbox"/> loss <input type="checkbox"/>					
Palpitations					
Changes in appetite (spec):					
Feelings of 'Stress'					
Feelings of 'Anger'					
Feelings of 'hopelessness'					
Feelings of 'anxiety'					
Feelings of 'irritability'					
Feelings of 'Depression'					
Other					

1. Has your quality of life been altered in any way since the wind turbine project went online?
2. How so?
3. Have you considered moving away?
4. Why haven't you moved away?

I understand and consent to this information being collected as part of a medical investigation. I understand no names shall be used in any report generated with this information, and that no patient names will be released at any time. The report or excerpts from the report may be presented to government or to other bodies such as the Maine Medical Association, and may be published in journals or other media.

_____ signature _____ date
 _____ print name



Michael A. Nissenbaum, MD, March 2009