Introduction

The Strasburg Clinic for Special Children is an independent, non-profit organization that is committed to improving the health of children who suffer from genetic disorders through science and clinical medicine. They have asked us to help them better understand the health needs of the Lancaster Plain communities. We invite you to participate in this.

The survey below asks a series of questions ranging from environmental exposures that may affect health, to whether you have any children with genetic disorders. The survey will take approximately 10-15 minutes to complete. If you are willing to help us, please complete the survey and mail it back in the pre-paid envelope enclosed.

Please note that all responses will be kept strictly anonymous and confidential.

Thank you, in advance, for your participation in this survey.
Q1. Where does your drinking water at home come from?
- Private Well
- Buy from Store
- City Water Supply
- Do not know

*Answer this question only if you answered “Private Well” to Q1*

Q2. Is the pipe from the well made of lead?
- Yes
- No
- Do not know

Q3. When was your home built?
- Before 1975
- Between 1975-1990
- After 1990
- Do not know

Q4. Do you now live on a farm or ranch?
- Yes
- No

Q5. Have you or a member of your household used any of the following chemicals in the past 12 months?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crop Herbicides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crop Insecticides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grain-bin Fumigants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fertilizers, like anhydrous ammonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livestock Insecticides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q6. In a typical WEEK, how often do you eat/drink…

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>1-2 times</th>
<th>3-4 times</th>
<th>5-6 times</th>
<th>Once a day</th>
<th>More than once a day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit (not counting juice)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green Salad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vegetables (not counting carrots, potatoes, or salad)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raw Milk (milk that has never been pasteurized)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q7. In general, would you say your health is...
- Excellent
- Very good
- Good
- Fair
- Poor
Q8. Have you ever been diagnosed with asthma by a physician or other healthcare provider?

- Yes
- No

Q9. Has a doctor or other health care professional ever told you that you have any of the following health conditions?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| ○   | ○  | Hypertension or high blood pressure
| ○   | ○  | High cholesterol
| ○   | ○  | Coronary artery disease, heart attack, or chest pain (angina)
| ○   | ○  | A stroke
| ○   | ○  | Blood clot
| ○   | ○  | Epilepsy or seizure disorder
| ○   | ○  | Arthritis or rheumatoid arthritis
| ○   | ○  | Obesity or overweight
| ○   | ○  | Endometriosis
| ○   | ○  | Bacterial vaginosis
| ○   | ○  | Vaginal yeast infection
| ○   | ○  | Pelvic inflammatory disease
| ○   | ○  | Cancer (if yes, please specify the type):

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
| ○   | ○  | Anemia, low blood count, or low iron
| ○   | ○  | Anxiety, depression, or bipolar disorder
| ○   | ○  | Chronic obstructive pulmonary disease, chronic bronchitis, or emphysema
| ○   | ○  | Thyroid problems
| ○   | ○  | Chlamydia
| ○   | ○  | Herpes
| ○   | ○  | Gonorrhea
| ○   | ○  | Syphilis
| ○   | ○  | Diabetes (other than during pregnancy)
| ○   | ○  | Anxiety, depression, or bipolar disorder
| ○   | ○  | Cervical cancer or precancerous cervix
| ○   | ○  | Complications during pregnancy
| ○   | ○  | Urinary tract infection, kidney infection, or bladder infection

Q10. Do you ever...

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cough or wheeze with exercise?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Cough or wheeze when you are not sick?</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Use inhalers (prescription and/or over the counter) to aid in breathing problems, such as coughing, wheezing or shortness of breath?</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Q11. When was the last time you had your blood cholesterol checked?

- Less than a year ago
- More than a year ago
- Never

Q12. During the past 4 WEEKS, how much of the time have you accomplished less than you would like as a result of...

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your physical health?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Emotional problems (such as feeling depressed or anxious)?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>
Q13. Do you have a regular doctor or other health professional you usually go to when you are sick or want medical advice?

☐ Yes
☐ No

*Answer this question only if you answered “Yes” to Q13*

Q14. What is the specialty of this doctor or health professional?

☐ Family medicine
☐ Internist
☐ Doctor of Osteopathy
☐ Pediatrician
☐ Nurse practitioner
☐ Craniosacral
☐ Midwife
☐ Obstetrician-gynecologist

☐ Physician assistant
☐ Chiropractic
☐ Faith healer
☐ Naturopathy
☐ Homeopathy
☐ Herbal
☐ Other (Please specify): ____________________

Q15. There are many reasons why people delay getting medical care. Have you delayed getting care in the past 12 months for any of the following reasons?

Yes ☐ No ☐
☐ It is too expensive
☐ You were not sure where to go for healthcare
☐ You could not make an appointment soon enough
☐ The office or clinic was not open when you could go
☐ You did not have transportation
☐ The office or clinic was too far away
☐ You did not have childcare
☐ You do not like how you’re treated when you go for care

Q16. If you have children, have they been vaccinated?

☐ Yes
☐ No

Q17. In the past 12 MONTHS, have you received any of the following health services?

Yes ☐ No ☐
☐ A regular physical checkup
☐ Blood pressure check
☐ Blood cholesterol test
☐ Test for diabetes
☐ Flu shot
☐ Test for bacterial vaginosis

Yes ☐ No ☐
☐ Dental exam
☐ A pelvic exam
☐ Pap smear or pap test
☐ Physical breast exam by a healthcare professional
☐ Mammogram
☐ Prostate exam or PSA test

Q18. How many of your permanent teeth have been removed because of tooth decay or gum disease? (Do not include teeth lost for other reasons, such as injury or orthodontics.)

Number of teeth: ______

Q19. Have you ever had any CAVITIES filled?

☐ Yes
☐ No

Q20. How many FILLED CAVITIES do you have?

Number of filled cavities: ______
Q21. During the past 3 YEARS, have you been to the dentist for routine check-ups or cleanings?
   ☐ Yes
   ☐ No

Q22. In the past 5 YEARS, has a dentist ever told you that you have periodontal or GUM DISEASE?
   ☐ Yes
   ☐ No

Q23. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
   Number of days: 

Q24. Are you taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?
   ☐ Yes
   ☐ No

Q25. Below is a list of ways you might have felt or behaved recently. How many of these ways have you felt during the past WEEK?
   ☐ ☐ I felt depressed
   ☐ ☐ My sleep was restless
   ☐ ☐ I enjoyed life
   ☐ ☐ I had crying spells
   ☐ ☐ I felt sad
   ☐ ☐ I felt that people disliked me

Q26. Has there ever been a period of time when you were not your usual self and…
   | Yes | No |
   |---------------------------------|
   | You were so irritable that you shouted at people or started fights or arguments? | ☐ | ☐ |
   | Thoughts raced through your head or you couldn’t slow your mind down? | ☐ | ☐ |
   | You were so easily distracted by things around you that you had trouble concentrating or staying on track? | ☐ | ☐ |

Q27. Do you agree or disagree with the following statements…
   | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
   |---------------------------------|
   | People with a mental illness are a burden. | ☐ | ☐ | ☐ | ☐ | ☐ |
   | A person would be foolish to marry someone who suffered from mental illness, even though he or she seems fully recovered. | ☐ | ☐ | ☐ | ☐ | ☐ |
   | Virtually anyone can become mentally ill. | ☐ | ☐ | ☐ | ☐ | ☐ |
   | The best therapy for many people with a mental illness is to be part of a normal community. | ☐ | ☐ | ☐ | ☐ | ☐ |
   | Mental illness is an illness like any other. | ☐ | ☐ | ☐ | ☐ | ☐ |
   | Medication can be an effective treatment for people with mental health problems. | ☐ | ☐ | ☐ | ☐ | ☐ |
Q28. If you felt that you had a mental problem, how likely would you be to go to a doctor for help?
   - Very Likely
   - Likely
   - Neutral
   - Unlikely
   - Very Unlikely

Q29. During the past MONTH, how often have you…

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been upset because of something that happened unexpectedly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt you were unable to control the important things in your life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt nervous and stressed?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt confident about your ability to handle your personal problems?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt that things were going your way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Found that you could not cope with all the things that you had to do?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been able to control irritations in your life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt that you were on top of things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been angered because of things that were outside of your control?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Felt difficulties were piling up so high that you could not overcome them?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q30. How often do you get the social and emotional support you need?
   - Always
   - Usually
   - Sometimes
   - Rarely
   - Never

Q31. In general, how satisfied are you with your life?
   - Very satisfied
   - Satisfied
   - Neutral
   - Dissatisfied
   - Very dissatisfied

Q32. About how many close friends and relatives do you have whom you feel at ease with and can talk to about what is on your mind?
   Number of friends/relatives:
Q33. How often are each of the following kinds of support available to you if you need it?

<table>
<thead>
<tr>
<th>Support</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone to take you to the doctor if you need it</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Someone who shows you love and affection</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Someone to confide in or talk to about yourself or your problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Someone to help with daily chores if you were sick</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Q34. Are you aware of any common diseases in your community that have a genetic cause?
- ☐ No
- ☐ Yes

If yes, please specify: ____________________

Q35. If you found out that you were a carrier for a genetic disease, would you want your spouse to be tested for it?
- ☐ Yes
- ☐ No

Q36. Would you want to know if your child was going to be affected with a particular genetic disease before he or she was born if a test that could tell you this?
- ☐ Yes
- ☐ No

*Answer this question only if you answered “Yes” to Q36*

Q37. Are you willing to pay $50 for this test?
- ☐ Yes
- ☐ No

Q38. During your last pregnancy, did you have any prenatal or genetic testing to check on your baby?
- ☐ Yes
- ☐ No
- ☐ N/A

*Answer this question only if you answered “Yes” to Q38*

Q39. After your baby was born, did he or she receive a newborn screening test?
- ☐ Yes
- ☐ No
Q40. Do you agree or disagree with the following statements…

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>If someone is meant to get a serious disease, they will get it no matter what they do.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>If someone is meant to have a serious disease, they will get that disease.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>If someone is meant to have a serious disease, it doesn’t matter what doctors and nurses tell them to do, they will get the disease anyway.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>My health is determined by fate.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Q41. What is your gender?
- ○ Male
- ○ Female

Q42. What is your age?
Age (in years): □

Q43. What is your height?
Feet: □ Inches: □

Q44. Is anyone in your family a patient of the Clinic for Special Children?
- ○ Yes
- ○ No

Q45. What is your weight?
Pounds: □

Q46. What is your marital status?
- ○ Married
- ○ Single, Never Married
- ○ Widowed
- ○ Divorced
- ○ Separated

Q47. How many children do you have?
Number of children: □

Q48. Please select the church or conference that you belong to.

**Old Order Amish**
- ○ Lancaster Amish
- ○ Byler Amish (Big Valley)
- ○ Hostetler Amish (Big Valley)
- ○ Nebraska Amish (Big Valley)
- ○ Renno Amish (Big Valley)
- ○ Somerset Amish
- ○ Punxsutawney Amish

**Old Order Mennonite**
- ○ Groffdale Mennonite (Wenger)
- ○ Weaverland Mennonite (Horning)
- ○ Stauffer Mennonite (Pike)
- ○ Reidenbach Mennonite (35ers)
- ○ Reformed Mennonite

- ○ Conservative Mennonite
- ○ Amish Mennonite
- ○ Brethren

**Free Space**
This space is available for you to write in anything else related to the questions above that you would like us to read or know. You do not need to write anything in the space if you do not wish to.