

Symptoms Survey

Your survey is complete. Thank you for participating in the Survey.

[Print your completed survey](#)

Demographics

* Age

40-49 years old ▾

* Gender

☐ Male ☒ Female

Highest level of education completed

Masters degree ▾

Marital status

Married or domestic partnership ▾

Are you an identical twin?

☒ No ☐ Yes

Are you a fraternal twin?

☒ No ☐ Yes

Residence type

Apartment ▾

Urban or rural location

Urban area (50,000 or more) ▾

* What country do you currently live-in?

United States ▾

What state or province do you currently live in?

Oregon ▾

What city do you currently live in?

Portland

What is your zip/postal code? (please try to specify 9-digits for U.S. addresses)

97213

* Are you a citizen of the United States (U.S.)?

☐ No ☒ Yes

If you are not a U.S. citizen what country are you a citizen of?

Please select ▾

Have you lived overseas (in a country different from your country of citizenship)?

☐ No ☒ Yes

Professional or Employment Status

Unemployed ▾

State your primary occupation even if currently unemployed

I was a website front-er

If you are not working at your primary occupation state your current occupation

Have you served in the armed forces?

☒ No ☐ Yes

If you served in the armed forces which branch did you serve with?

Please select ▾

If you served in the armed forces, what countries other than the United States did you serve in?

Please separate each country with a semicolon (;)

Have you worked for a government entity other than the armed forces?

☒ No ☐ Yes

If you worked for a government entity other than the armed forces which government entity / entities did you work for?

Please separate each entity with a semicolon (;)

If you worked for a government entity other than the armed forces what countries other than the U.S. did you serve in?

Please separate each country with a semicolon (;)

Did you work for a government contractor?

☒ No ☐ Yes

Did anyone at any of your jobs have a government security clearance?

☒ No ☐ Yes

Have you served time in prison (even if innocent)?

☒ No ☐ Yes

* required field

Environment

Do you have a smart meter that measures electricity usage?

Don't Know ▾

See en.wikipedia.org/wiki/Smart_meter

Do you have a smart meter that measures water usage?

Don't Know ▾

Do you have a smart meter that measures gas usage?

Don't Know ▾

Do you live within 1000 feet (305 meters) of a power line?

Yes ▾

Is your power line underground?

Don't Know

Do you live within 1 mile of a power tower?

Yes

How close to a power substation(s) do you live?

within 1 mile (1.6 km)

How close to a microwave tower(s) do you live?

Don't know

How close to a cell tower(s) do you live?

Don't know

How many towers do you have within 4 miles (6.4 km) of you?

more than 10

See wireless2.fcc.gov/UlsApp/AsrSearch/asrRegistrationSearch.jsp

How close to a chemical plant(s) do you live?

within 5 miles (8 km)

See usaactions.greenpeace.org/chemicals/map/

Mental Health

If you experienced a forced hospitalization what year were you hospitalized?

2014

Are you being treated by a psychiatrist or psychologist?

☒ No ☐ Yes

Medical

Please be as specific as possible, including details such as dates and institutions:

Are you being treated by a medical doctor (family doctor, internist or general practitioner)? ☐ No ☒ Yes

Please describe any issues with the medical system, medical staff or medical records

2,660 characters remaining

pain management, and that it had many side effects including suicide. Because my pain is episodic, because I am not depressed, and because anti-depressants have many side effects, I have no interest in taking an antidepressant such as Cymbalta.

Symptoms - Medically Diagnosed

Please check each medical condition, disease or syndrome you were medically diagnosed with:

- | | | |
|--|--|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Cancer | <input checked="" type="checkbox"/> Chronic Pain | <input type="checkbox"/> Crohn's Disease |
| <input type="checkbox"/> Dental Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> EMF Sensitivity |
| <input type="checkbox"/> Eye Disease | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Gynecological Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> High Cholesterol >= LDL |
| <input type="checkbox"/> High Triglycerides | <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Hyperthyroidism |
| <input type="checkbox"/> Gallbladder Disease | <input type="checkbox"/> Gastrointestinal Issue | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Malabsorption |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Neuralgia | <input type="checkbox"/> Pancreatitis |
| <input type="checkbox"/> Pulmonary Disease | <input type="checkbox"/> Renal/Kidney Disease | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Sleep Disorder | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Ulcer | <input type="checkbox"/> Urinary Issue | |

Please provide as much detail as possible, including dates, frequency (how often), duration and discomfort level where applicable:

Please list any other medically diagnosed conditions or events not listed above
For a list of medical symptoms please see en.wikipedia.org/wiki/List_of_medical_symptoms

9,899 characters remain

Episodic severe chronic back pain & spasms has generally been and is currently my only ongoing issue.

Please describe any medical surgeries, procedures and stays in the hospital

9,152 characters remain

nose in 2005. I don't think this is significant. I had a broken tooth ~2014 which required a crown. I believe that there may be an RF chip in the crown.

I was involuntarily hospitalized (5250) in the Sacramento area of California January 28 - Feb 2, 2014. Differential diagnosis was listed variously as "depressions, delusions, psychosis, bipolar, schizophrenia, suicidal ideation, suicide attempt, paranoid ideation, cannabis dependence." It was a max 72 hour hold that they somehow managed to change into 5 days, and at one point, were recommending keeping me for 14 days.

I had done nothing to warrant this hospitalization. At the time it occurred, I was trying to find a lawyer to address surveillance and related issues. I certainly was not a danger to myself or anyone else.

Please describe any dental surgeries, procedures, and whether conscious

9,814 characters remain

novocaine for dental work. As noted, I am suspicious the crown contains an RF chip.

Please use this space to provide additional information about diagnosed medical conditions or events

8,375 characters remain

I have been collecting copies of my medical records over the past several months. Paper copies have been

Symptoms - Undiagnosed

Please check each undiagnosed medical event or symptom you have experienced for an extended period of time:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Back pain | <input type="checkbox"/> Blood in urine | <input type="checkbox"/> Burning/pain on urination |
| <input type="checkbox"/> Change in bowels | <input type="checkbox"/> Change in emotions | <input type="checkbox"/> Change in hair or nails |
| <input type="checkbox"/> Chest pain | <input checked="" type="checkbox"/> Chronic Pain | <input type="checkbox"/> Chronic sinus problems |
| <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Difficulty walking |
| <input type="checkbox"/> Ear aches | <input type="checkbox"/> Excessive dry skin | <input type="checkbox"/> Excessive thirst |
| <input type="checkbox"/> Frequent diarrhea | <input type="checkbox"/> Frequent headaches | <input checked="" type="checkbox"/> Frequent skin lesions |
| <input type="checkbox"/> Frequent urination | <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Heat or cold intolerance |
| <input type="checkbox"/> Joint pain/stiffness | <input checked="" type="checkbox"/> Light-headed or dizziness | <input type="checkbox"/> Lumps or swollen glands |
| <input type="checkbox"/> Memory loss | <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Neck pain/stiffness |
| <input checked="" type="checkbox"/> Nose bleeds | <input checked="" type="checkbox"/> Numbness or tingling | <input type="checkbox"/> Palpitations/fluttering |
| <input type="checkbox"/> Paralysis | <input type="checkbox"/> Rashes or itching | <input type="checkbox"/> Rectal bleeding |
| <input type="checkbox"/> Ringing in ears | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Significant vision change |
| <input type="checkbox"/> Significant weight change | <input type="checkbox"/> Sleep related issues | <input type="checkbox"/> Sore throat or hoarseness |
| <input type="checkbox"/> Stomach pain | <input type="checkbox"/> Swelling in feet or hands | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Tremors | <input checked="" type="checkbox"/> Unusual fatigue/weakness | <input type="checkbox"/> Varicose veins |

Please provide as much detail as possible, including dates, frequency (how often), duration and discomfort level where applicable:

Please list any other undiagnosed symptoms

7,146 characters remaining

more they could potentially aim a beam into our kitchen... but it still is quite amazing.

Please describe any undiagnosed symptoms you feel are important

9,943 characters remaining

(see previous answer - I think these are all significant)

Please describe your general health

9,919 characters remaining

When I am not experiencing a severe pain episode, I think my health is excellent.

Please describe any significant physical challenges

9,841 characters remaining

My back flare ups, when not properly treated, constitute a significant challenge because they are debilitating and severe for days (sometimes weeks) at a time.

Please describe any significant psychological or cognitive challenges

9,615 characters remaining

I do not believe that most of the psychological diagnoses I have received are correct. I am very concerned about my chronic pain issues being poorly documented, and I am also very concerned about paperwork showing years of incorrect psychological diagnoses. Outside of minor issues like slight ADHD, and natural responses to trauma, I believe that I am a psychologically healthy person.

Implants

Please be as specific as possible, including dates and a detailed description:

Did you knowingly consent to having a device or object implanted as part of a surgical procedure?

☒ No ☐ Yes

Please describe any consensually implanted device(s) or object(s) and whether temporary or permanent

9,909 characters remaining

I had a copper IUD 2005-2010. This is the only device I've ever had consensually implanted.

Did you receive a certified scan for implanted device(s) or object(s) or frequencies or were you thermally imaged?

☒ No ☐ Yes

Please describe any certified scans or thermal imaging

10,000 characters remaining

If you have been scanned or thermally imaged please provide information such as who scanned you, what certification standard was used and provide a link to their website or credentials if possible

10,000 characters remaining

Have you had any implants or sensors removed?

☒ No ☐ Yes

Please describe any removed implants or sensors

10,000 characters remaining

Observations - Home

Please be as specific as possible, including dates and a detailed description:

Please describe any unusual occurrences in, around or above your home and property

6,763 characters remaining

documented. I've had cats I left inside when I left the apartment appear outside when I return. I have had clothing items altered (bra straps hiked all the way up, for example) or moved/hidden. I have had bizarre substances poured into frying pans, and objects, like a dog tag chain, left on my desk. I have had thumb drives and external hard drives go missing, then reappear elsewhere days or weeks later, often with specific files removed (again, they are files that incriminate certain individuals). I have had medical and legal paperwork removed from my home and sometimes, not always, replaced. I've had at least one journal which I was using to document strange events go missing. I

Observations - Vehicle

Please be as specific as possible, including dates and a detailed description:

Please describe any unusual occurrences to your vehicle

1,648 characters remaining

have put something into my water glass. (I've written an affidavit about this.)

Pets

Please be as specific as possible, including dates and a detailed description:

Please describe any unusual issues involving your pets

9,142 characters remaining

In the early months of 2015 I experienced frequent directed energy attacks of a type which caused frequent

Activism

Please be as specific as possible, including dates and a detailed description:

Please describe any whistle blowing or activism you engaged in such as participation in a protest or rally or letter writing

8,712 characters remaining

big pharma may somehow be implicated in some of this.

Legal

Please be as specific as possible, including dates and a detailed description:

Please describe any harassment or discrimination claim you filed

8,401 characters remaining

Title IX Complaint: (OCR Reference No. 10162219)

I took out student loans and began attending the Multimedia Certificate program at (a community college) in January 2013. I attended two terms (Winter & Spring 2013). Fall 2013 I did not return mainly because I was so busy with music and especially with my daughter who was getting ready to graduate high school a choose a college. After all the crazy things that happened to me in late 2013 and early 2014 I finally returned to (the community college) in January 2014. From my first moment back on campus, I experienced harassment and extreme surveillance at (the community college) including surveillance and harassment through the school's computer network, and I believe, video surveillance in gym locker rooms and the women's rest room. One day my gym locker was "broken into" while i was working out, and my papers all moved around. I made several complaints about the surveillance at this school. I made an informal complaint to the Office of Equity and Inclusion in May 2015, and I made a formal detailed Title IX complaint to the U.S. Department of Education in September 2016. I was ultimately told that even though much of the harassment was sexual in nature, it was not a gender-based problem, therefore, it was out of the jurisdiction of Title IX. This college frequently receives large corporate and federal grants. Early 2017 the school received a large federal grant for educating mothers seeking technical training in order to re-enter the workforce, which is what I was doing.

Please describe any lawsuits
you filed or participated in

10,000 characters remaining

Law Enforcement

Please be as specific as possible, including dates and a detailed description:

Please describe any reports you filed
with law enforcement

5,647 characters remaining

claimed that there was no way anyone was remotely accessing the settings of my Casio Illuminator watch. I asked if he was an expert on these things and he seemed surprised by that question. I said I was really sick of being tracked with my phone (I didn't realize at that time that I probably was also being tracked via a dental implant) and the battery doesn't come out. I mentioned to the agent that I had been psychologically misdiagnosed with anxiety and then he latched onto that and basically said that I was paranoid and my assertions of surveillance were probably the result of my "anxiety." Then he said "I think we're done here." When he left I asked the two guards who were there if they knew anything about this agent named "Bob." They said they had never seen him before. I then called the FBI office in Washington D.C. and asked if it was normal for FBI officers not to give out last names or any identifying information. The woman who had answered the phone said that it all depends on local policies. I said "but you're a federal department." She told me I had to speak with my local office. She sounded exasperated.

Were you the subject of a police
investigation or complaint?

☐ No ☒ Yes

Please describe any incidents with
law enforcement or first responders
such as Firemen or EMTs

9,092 characters remaining

and/or emergency mental health services to claim that I was getting physical with her. This was not the case. Two mental health workers and two police officers showed up, sat in the living room, and did a short intervention. They told my mother that I had the right not to take that medication. I noticed that the police officers were very quiet and often responded with gestures (like a shrug, palms up, when I said that I eventually realized the police would not help me) instead of words. I also noticed this during therapy sessions at behavioral health - I asked a counselor if she believed my story about the surveillance and she silently nodded her head "yes."

Discrimination

Please be as specific as possible, including dates and a detailed description:

Have you been discriminated against?

☐ No ☒ Yes

If you have been discriminated against please describe how

8,682 characters remaining

experienced has to do with the surveillance and imitation of him, his family, his life. In this sense, I know our case is unique from that of other TI's. This is something I can prove, but have refrained from discussing in recent months, because it upsets people who want to keep the symbolism secret.

I was discriminated against at my community college, but usually in vague and subtle ways that are hard to prove. During 2014 and 2015 I had my homework and classwork sabotaged frequently through the computer networks.

I believe my daughter has been subtly discriminated against as well. She is a top scholar, female minority in a STEM field.

Miscellaneous

Please provide as much detail as possible, including dates, frequency (how often), duration and discomfort level where applicable

Please describe yourself

9,821 characters remaining

49 year old female, Masters Degree in Teaching Writing. Artist/Musician/Writer. Raised daughter as a single mother. Worked most of my career as a web site designer and consultant.

Please add any additional information you feel is important

7,191 characters remaining

attacks that I couldn't escape from.

My next door neighbor and my daughter's uncle were both murdered within a day of each other. This happened about March 20, after I had been working for a few days on an affidavit about DEW attacks and I was being attacked harder and harder. I don't know about my neighbor but my daughter's uncle was killed in a "random hate crime."

At the same train station where three men were stabbed here in Portland, about a month before the stabbings, I ran into a strange woman. Her eyes were reddened in the way that energy weapons redden my eyes, and she kept trying to get me not to get on the train.

Death

Will you allow us to associate your survey responses with your name in the event of ☐ No ☒ Yes

your death?

Documentation

If you would like to submit documentation (written, photographic or other) please send to:

via email: globalTISurvey@gmail.com

via mail: P.O. Box 67, Monterey, Ma 01245

Please add your survey number to each page and photo. Please add event time and location to each photo.

Please confirm where and by what method we should send an acknowledgment (email, text message, phone call or mail).

If you are more comfortable doing so, please send your mail via certified mail.

Agreement

* Terms and Conditions: By taking this survey you are agreeing to share all information you provide including HIPPA related information. The data from this survey may be shared or made public.

☒ I Agree to the Terms and Conditions

Please note that we do not ask for your name in this survey.

* required field