

## **PFAS Questionnaire**

### **Injured Party Information**

Name: Jane Doe Test  
Date of birth: 01/01/1960  
Gender: male  
Marital status: married  
Social Security Number: 0000  
Phone: (408) 111-1111  
Email: prashanth@demandlane.com  
Address: street address, Boston, MA, 50001

#### **Fiduciary:**

Name: Fiduciary Name  
Phone: (001) 010-1010  
Relationship to Injured Party: spouse  
Date of birth: 01/01/1964  
Social Security Number: 11111111

#### **Emergency Contact:**

Name: -  
Phone: -  
Relationship to Injured Party: -

#### **Is claimant deceased?**

No

### **PFAS Information**

#### **Did you live on a military base for at least 1 year after 1960?**

Yes

#### **Do you know the name of the utility where your water is from?**

Yes

### **Military Base Exposure Information**

#### **1.**

Exposure period: 01/01/1965 - 01/01/1969  
Exposure base name: Alabama, Anniston Army Depot  
Exposure address: AL  
Exposure role: Member of Armed Forces

### **Utility Exposure Information**

#### **1.**

Exposure period: 01/01/1965 - 01/01/1967  
Exposure utility name: Alabama, Arab Water Works Board  
Exposure address: Alabama  
Exposure type: Work

#### **Were you diagnosed with any cancers or serious diseases after PFAS exposure?**

Yes

### **Diagnosis Information**

#### **1.**

Diagnosis: Breast Cancer  
Diagnosis date: 01/01/1985  
Diagnosis age: 25  
Doctor: Doc Name  
Facility: Facility Name  
Facility phone: (000) 001-0011  
Facility address: Facility Address  
Treatment: Surgery  
Treatment period: 01/01/1985, 01/01/1987  
Facility: Facility Name  
Facility phone: (000) 001-0011

Facility address: Facility Address

**When did you realized PFAS could be the reason for the injury/injuries?**

-

**How did you realized that PFAS could be the cause for your injury/injuries? (Ex: Tv Ads)**

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**Military background information**

Service: 01/01/1984 - 01/01/1989

Service number: 12345

Service branch: U.S. Army (USA)

Service position: Enlisted

Service status: Reserve

**Comments:**

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