

TOXIC EXPOSURE QUESTIONNAIRE

Patient Name _____ Date _____

Please answer the following questions. Use the back of the page to elaborate if needed.

1. _____ Do you experience symptoms more often in any particular location? _____
Home Work Specific room Specific area
2. _____ Do you experience symptoms more at certain times of year? _____
3. _____ Is your home ventilated? _____ Is your workplace ventilated? _____
4. _____ Do you live or work in a structure that has been flooded in the past?
5. _____ Can you smell or see mold in any of the areas where you live or work?
6. _____ Has any remodeling been done at home or work in the last year?
7. _____ Have you been exposed to new carpets or furniture in the last year?
8. _____ Is your house partly _____ or mostly _____ carpeted?
9. _____ Have you lived or worked in freshly-painted rooms in the last six months?
10. _____ Do you use plastic containers or plastic wrap when you microwave food?
11. _____ Has your home or workplace been treated chemically for pests in the last year?
12. _____ Have you been exposed to other chemicals or fumes at home or work in the last year?
13. _____ When did you last check/clean the filters for your furnace and air conditioner? _____
14. _____ How often do you clean/check these filters? _____
15. _____ Do you run a humidifier during the dry months? _____ How often do you clean/change the filters? _____
16. _____ When was your house last checked for carbon monoxide? _____
When was your workplace last checked? _____
17. _____ Do you use typical household cleaners, _____ or do you buy organic, non-toxic cleaning products? _____
18. _____ Do you use household air fresheners or plug-ins?
19. _____ Do you use scented laundry detergent? _____ Scented fabric softeners?
20. _____ Do you spray your shower walls with shower cleaners after showering?

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21. _____ Are you regularly exposed to cigarette smoking?
 _____ Do you smoke? How much? _____
22. _____ Are you exposed to wood-finishing chemicals? _____ Glues? _____ Solvents?
 _____ Adhesives? Gasoline? Other? _____
23. _____ Is your lawn treated chemically? How often? _____
24. _____ Do you use pesticides, herbicides or other garden chemicals?
25. _____ Do you have mercury amalgam dental fillings (silver fillings)? How many? _____
 How old are they? _____
26. _____ Do you have any root canals? How many? _____ How old are they? _____
27. _____ Have you worked in a dental office? What type? _____
 Doing what? _____
28. _____ Have you had your mercury amalgams removed? How many? _____ When? _____
 Were precautions used? _____
29. _____ Do you do any of the following types of work: _____ Auto body work? _____ Welding?
 _____ Automotive mechanic? _____ Landscaping? _____ Hairdressing? _____ Nail salon?
 _____ Dry cleaning? _____ Carpet installation? _____ Building construction? _____ Painting?
 _____ Printing shop? _____ Commercial farming?
30. _____ Do you live _____ in the city, _____ in farming country, _____ near busy streets,
 _____ near a golf course, _____ near a source of air/water pollution?
 What type? _____
31. _____ Do you live or have you lived near a source of any type of pollution? What? _____
32. _____ Do you live or work near any high-powered electrical wires or transformers?
33. _____ Any other types of exposure to chemicals? What? _____
34. _____ Do you drink city tap water?
35. _____ How often do you eat "fast foods"? _____
36. _____ Have you had the usual childhood vaccinations? Any additional (military, overseas travel
 vaccinations)? _____
37. _____ Anything else you can think of that is or may have been a toxic exposure?

