

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?

