CHEMICAL EXPOSURE QUESTIONNAIRE

NAME________________________________________DATE_________________

1. Do you dislike the taste of tap water or feel that it causes symptoms?  Yes  No
2. Do you react to wood burning, fireplaces, or kerosene heaters?  Yes  No
3. Do you react when entering fabric, carpet, or department stores?  Yes  No
4. Do you react or dislike the odor of perfume, soap, detergents, colognes, or other solvents such as fingernail polish remover, paint remover, model airplane glue, etc.?  Yes  No
5. Do you dislike or react to disinfectants, insecticides, sprays, ammonia, or moth balls?  Yes  No
6. Do you react of dislike the odor of Christmas trees or other indoor evergreen decorations, odor from sanding or woodworking, odor of a cedar closet or pine-scented household deodorants, shampoos, or turpentine based paints?  Yes  No
7. Do you react to or dislike the odor of exhaust fumes, jet airplane exhausts, oil or gas fumes, or diesel fumes from trucks and buses?  Yes  No
8. Do you feel that you react to your working environment, either continuously or depending upon the area of the workplace that you are in?  Yes  No
9. Do you have hobbies that involve exposure to smells, odors, chemicals, paints, ceramics, or dusty, moldy, or chemically contaminated areas?  Yes  No
10. Do you have a tendency to have unpleasant feelings or reactions to all medicines taken by mouth regardless of what condition they are given for? Yes No

11. Do you take large amounts of over-the-counter medications, such as vitamins, headache pills, sinus pills, etc.? Yes No

12. Do you react to other people’s use of tobacco smoke? Yes No

13. Do you react to all types of fresh fruit and vegetables and improve if the substances are cooked and peeled? Yes No

14. Do you react foods that are commercially prepared while not reacting to the same foods that are eaten fresh or prepared at home? Yes No

15. Do you have difficulty eating in restaurants, but are able to eat the same foods when prepared at home? Yes No

16. Do you feel that you perform or feel better in natural lighting compared to fluorescent lighting? Yes No

17. Do you react to newsprint or other printed materials? Yes No