

General Questionnaire

Home

1. What is your living situation? (Who lives in your home with you; married, etc.) _____

a. Do you have any family stressors? Yes ___ No ___
If so, please describe the stressor(s). _____

b. On a scale of 0-10 (0 being no stress and 10 being extremely stressful), how would you rate your level of stress at home? _____
2. Have you ever smoked? Yes ___ No ___
a. If so, how many years? _____ (Or age started and stopped)
b. How many packs per day? _____
c. Did one or both parents smoke when you were living in their home? Yes ___ No ___
3. Do you have any pets? Yes ___ No ___
a. If so, are they indoors ___ or outdoors ___?
b. How many do you have? _____
c. What kind of pets do you have?

Work

1. What kind of work do you do? _____
a. Do you enjoy your work? Yes ___ No ___
b. On a scale of 0-10 (0 being no stress and 10 being extremely stressful), how would you rate your work environment? _____?
2. Does your work involve exposure to chemicals or radiation? Yes ___ No ___
a. If so, what type of chemical or radiation? _____

b. How long have you been exposed to these chemicals? (Months, years, etc.) _____
c. If you were exposed in the past, please describe the type of exposure and how long you were exposed.

Medical History

1. Have you ever had any type of surgery? Yes ___ No ___
If so, what was the surgery? (List all surgeries you have ever had and approximately how old you were or the year you had them.) _____

2. Have you ever been hospitalized for anything (other than surgery) overnight? Yes ___ No ___
If so, what were you hospitalized for? (Please list all occurrences.) _____

3. How many amalgams (silver fillings) have you ever had in your life? _____
4. Have you had all childhood immunizations? Yes ___ No ___
If no, what immunization haven't you had? _____
5. Do you receive regular flu and pneumonia immunizations? Yes ___ No ___
6. Do you give blood? Yes ___ No ___
If so, how often do you give? _____

1. Have you ever received a transfusion? Yes ___ No ___
If so, when did you receive the transfusion? _____
2. Have you undergone fertility treatments? Yes ___ No ___
 - a. If so, what were the treatments? _____
 - b. When did the treatments start? _____
 - c. When did the treatments end? _____
3. Do you use any over the counter medications? Yes ___ No ___
 - a. If so, what kind of medications do you use? _____
 - b. How much do you take of these (dosage)? _____
 - c. How often do you use these medications? _____
4. Do you have daily bowel movements? Yes ___ No ___
 - a. If so, what is the character of these? **Circle one:** hard, firm, soft but formed, soft and unformed, loose
 - b. If not, how often do you go? **Circle one:** every other day, every 2 days, every 3 days, every 4 days, every 5 days, every 6, or every 7 days

Chemical and Environmental Exposure

1. Do you have reactions to chemicals or perfumes? Yes ___ No ___
 - a. If so, what chemical or perfume? _____
 - b. What type of reaction occurs? _____
 - c. How long does the reaction last? _____
2. Do you use pesticides in your home or lawn? Yes ___ No ___
 - a. If so, where do you use them? _____
 - b. How often do you use them? _____
3. Have you been exposed to chemicals or other environmental substances at work? Yes ___ No ___
If so, what type of substances were you exposed to? (Examples: paint, solvents, radiation, asbestos, manufacturing chemicals, chemicals used in hairstyling, etc.) _____

4. Have you been exposed to chemicals or other environmental substances at home? Yes ___ No ___
 - a. If so, what type of substances were you exposed to? (Examples: household cleaners, solvents, poisons, outgassing from new carpet or paint, carpet cleaners, etc.) _____

 - b. Do you live (or have you ever lived) near a chemical waste site (a superfund site), a nuclear plant, chemical manufacturing plant, etc.? If so, describe what kind of site you live near: _____

5. Do you have any hobbies that require the use of chemicals? Yes ___ No ___
If so, what are your hobbies and what chemicals or substances are involved? (Examples: paints, varnish, paint strippers, glue, and so on): _____

