**Agency for Toxic Substances and Disease Registry (ATSDR)**

**Part 1. Exposure Survey**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (circle one): Male Female.

**Please circle the appropriate answer:**

|  |
| --- |
| 1. Are you currently exposed to any of the following?   Metals No Yes  Dust or fibers No Yes  Chemicals No Yes  Fumes No Yes  Radiation No Yes  Loud noise No Yes  Vibration No Yes  Extreme heat or cold No Yes  Biologic Agents No Yes   1. Were you exposed to any of the above in the past? No Yes 2. Do any household members have contact with metals,   dust, fibers, chemicals, fumes, radiation, or  biologic agents? No Yes |
| If you answered ***yes*** to any of the items above, describe your exposure in details –how you were  exposed; to what you were exposed, to what extent (how much) you were exposed if you know.  if you need more space, please use another sheet of paper.   1. Do you know the names of the metals, dusts, fibers, chemicals, fumes or radiation you are/were exposed to? [If yes, list them below] No Yes 2. Do you get the material on your skin or clothing? No Yes 3. Are your work clothes laundered at home? No Yes 4. Do you shower at work before getting home? No Yes 5. Can you smell the chemical/material you are working with? No Yes 6. Do you use protective equipment such as gloves, masks,   Respirators, hearing protectors? [if yes, list the protective  equipment used.] No Yes   1. Have you been advised to use protective equipment? No Yes 2. Have you been instructed in the use of protective equipment? No Yes 3. Do you wash your hands with solvents? No Yes 4. Do you smoke at the workplace? No Yes   at home? No Yes   1. Are you exposed to second-hand tobacco smoke   at the workplace? No Yes  at home? No Yes   1. Do you eat at the workplace? No Yes 2. Do you know of any co-workers experiencing similar   or unusual symptoms? No Yes   1. Are family members experiencing similar or unusual symptoms? No Yes 2. Has there been a change in the health of behavior of family pets? No Yes 3. Do your symptoms seem to be aggravated by a specific activity? No Yes 4. Do your symptoms get either worse or better at work? No Yes   at home? No Yes  on weekends? No Yes  on vacation? No Yes   1. Has anything about your job changed in recent months (such   As duties, procedures, overtime)? No Yes   1. Do you use any traditional or alternative medicine? No Yes 2. Have you or your child ever eaten non-food items such as paint,   Plaster, dirt, clay? No Yes  If you answered ***yes*** to any of the questions, please explain: |

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**Part 2. Work History**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (circle one): Male, Female.

1. **Occupational Profile:**

|  |
| --- |
| The following questions refer to your current or most recent job:  Job title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Describe this job\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of industry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date job began:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you still working on this job? No Yes  If no, when did this job end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Fill in the table below listing all jobs you have worked including short- term, seasonal, part-time employment, and military service. Begin with your most recent job. Use additional paper is necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Dates of  Employment | Job title and  Description of work | Exposures\* | Protective  Equipment |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*List the chemicals, dust, fibers, fumes, radiation, biologic agents (i.e., mold or viruses) and physical agents (i.e., extreme heat, cold, vibration, noise) that you were exposed to at this job.

|  |
| --- |
| Have you ever worked at a job or hobby in which you came in contact with any of the following by breathing, touching, or ingesting (swallowing)? If yes please check the circle beside the name.   * Acids * Alcohol (industrial) * Alkalis * Ammonia * [Arsenic](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=3) * [Asbestos](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=4) * [Benzene](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=4) * [Beryllium](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=33) * [Cadmium](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=15) * [Carbon Tetrachloride](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=35) * [Chlorinated naphthalene](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=43) * [Chloroform](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=16) * Chloroprene * Chromates * Coal dust * Dichlorobenzene * Ethylene dibromide * Ethylene dichloride * Fiberglass * Halothane * Isocyanates * Ketones * [Lead](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=22) * [Mercury](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=24) * [Methylene Chloride](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=42) * [Nickel](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=44) * Polybrominated Biphenyls [PBBs](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=94) * Polychlorinated Biphenyls [PCBs](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=26) * Perchloroethylene * Pesticides * [Phenol](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=27) * [Phosgene](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=182) * Radiation * Rock dust * Silica powder * Solvents * [Styrene](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=74) * Talc * [Toluene](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=29) * TDI or MDI * [Trichloroethylene](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=30) * [Trinitrotoluene](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=125) * [Vinyl Chloride](http://www.atsdr.cdc.gov/substances/toxsubstance.asp?toxid=51) * Welding fumes * X-rays * Other (specify) |

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1. **Occupational Exposure History**

Please circle the appropriate answer.

|  |
| --- |
| 1. Have you ever been off work for more than 1 day because of an   illness related to work? No Yes   1. Have you ever been advised to change jobs or work assignments   Because of any health problems or injury? No Yes   1. Have your work routine changed recently? No Yes 2. Is there poor ventilation in your workplace? No Yes |

**Part 3. Environmental History**

Please circle the appropriate answer.

|  |
| --- |
| 1. Do you live next to or near an industrial plant, commercial business,   dump site, or non-residential property? No Yes   1. Which of the following do you have in your home?   Please circle those that apply.  Air conditioning,  Air purifier,  Central heating (gas or oil?),  Gas stove,  Electric stove,  Fireplace,  Wood,  Humidifier.   1. Have you recently acquired new furniture or carpet, refinish furniture   Or remodeled your home? No Yes   1. Have you weatherized your home recently? No Yes 2. Are pesticides or herbicides(bug or weed killers; flea and tick sprays,   Collars, powder, or shampoos) used in your home, garden or your pets? No Yes   1. Do you (or any household member) have a hobby or craft? No Yes 2. Do you work on your car? No Yes 3. Have you ever changed your residence because of a health problem? No Yes 4. Does your drinking water come from a private well, city water supply,   or grocery store? No Yes   1. Approximately in what year was your home built? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If you answered ***yes*** to any of the questions, please explain.

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