**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 YesDust or fibers No YesChemicals No YesFumes No Yes Radiation No YesLoud noise No YesVibration No YesExtreme heat or cold No YesBiologic Agents No Yes1. 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 Yes1. 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 Yes1. Are you exposed to second-hand tobacco smoke

 at the workplace? No Yes at home? No Yes1. Do you eat at the workplace? No Yes
2. Do you know of any co-workers experiencing similar

or unusual symptoms? No Yes1. 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 Yes1. Has anything about your job changed in recent months (such

As duties, procedures, overtime)? No Yes1. 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 YesIf you answered ***yes*** to any of the questions, please explain: |

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

**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 YesIf 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 ofEmployment | Job title andDescription of work | Exposures\* | ProtectiveEquipment |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*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 Yes1. Have you ever been advised to change jobs or work assignments

 Because of any health problems or injury? No Yes1. 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 Yes1. 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 Yes1. 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 Yes1. 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 Yes1. Approximately in what year was your home built? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

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

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