# Exposure History Form

## Part 1. Exposure Survey

*Please circle the appropriate answer.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
<th>Circle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you currently exposed to any of the following?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>metals</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>dust or fibers</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>chemicals</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>fumes</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>radiation</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>biologic agents</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>loud noise, vibration, extreme heat or cold</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>2. Have you been exposed to any of the above in the past?</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>3. Do any household members have contact with metals,</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>dust, fibers, chemicals, fumes, radiation, or biologic agents?</td>
<td></td>
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</tr>
</tbody>
</table>

If you answered yes to any of the items above, describe your exposure in detail—how you were exposed, to what you were exposed. If you need more space, please use a separate sheet of paper.

4. Do you know the names of the metals, dusts, fibers, chemicals, fumes, or radiation that you are/were exposed to?  
   - no  
   - yes

5. Do you get the material on your skin or clothing?  
   - no  
   - yes

6. Are your work clothes laundered at home?  
   - no  
   - yes

7. Do you shower at work?  
   - no  
   - yes

8. Can you smell the chemical or material you are working with?  
   - no  
   - yes

9. Do you use protective equipment such as gloves, masks, respirator, or hearing protectors?  
   - no  
   - yes

10. Have you been advised to use protective equipment?  
    - no  
    - yes

11. Have you been instructed in the use of protective equipment?  
    - no  
    - yes

If yes, list them below

If yes, list the protective equipment used

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Developed by ATSDR in cooperation with NIOSH, 1992
### Part 1. Exposure Survey (cont’d)

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Do you wash your hands with solvents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Do you smoke at the workplace?</td>
<td></td>
<td></td>
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<tr>
<td>14</td>
<td>Do you eat at the workplace?</td>
<td></td>
<td></td>
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<tr>
<td>15</td>
<td>Do you know of any co-workers experiencing similar or unusual symptoms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Are family members experiencing similar or unusual symptoms?</td>
<td></td>
<td></td>
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<tr>
<td>17</td>
<td>Has there been a change in the health or behavior of family pets?</td>
<td></td>
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<tr>
<td>18</td>
<td>Do your symptoms seem to be aggravated by a specific activity?</td>
<td></td>
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<tr>
<td>19</td>
<td>Do your symptoms get either worse or better at work?</td>
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<tr>
<td></td>
<td>at home?</td>
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<td></td>
<td>on weekends?</td>
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<td></td>
<td>on vacation?</td>
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<td></td>
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<tr>
<td>20</td>
<td>Has anything about your job changed in recent months (such as duties, procedures, overtime)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Do you use any traditional or alternative medicines?</td>
<td></td>
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</tbody>
</table>

If you answered yes to any of the questions, please explain.
Part 2. Work History

A. Occupational Profile

The following questions refer to your current or most recent job:

Job title: _____________________________________________________________________

Type of industry: _____________________________________________________________________

Name of employer: _____________________________________________________________________

Date job began: _____________________________________________________________________

Are you still working in this job? yes   no _____________________________________________________________________

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 if necessary.

<table>
<thead>
<tr>
<th>Dates of Employment</th>
<th>Job Title and Description of Work</th>
<th>Exposures*</th>
<th>Protective Equipment</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

*List the chemicals, dusts, fibers, fumes, radiation, biologic agents (i.e., molds or viruses) and physical agents (i.e., extreme heat, cold, vibration, or 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 box beside the name.

- ○ Acids
- ○ Alcohols (industrial)
- ○ Alkalis
- ○ Ammonia
- ○ Arsenic
- ○ Asbestos
- ○ Benzene
- ○ Beryllium
- ○ Cadmium
- ○ Carbon tetrachloride
- ○ Chlorinated naphthalenes
- ○ Chloroform
- ○ Chloroprene
- ○ Chromates
- ○ Coal dust
- ○ Dichlorobenzene
- ○ Ethylene dibromide
- ○ Ethylene dichloride
- ○ Fiberglass
- ○ Halothane
- ○ Isocyanates
- ○ Ketones
- ○ Lead
- ○ Mercury
- ○ Methylene chloride
- ○ Nickel
- ○ PBBs
- ○ PCBs
- ○ Perchloroethylene
- ○ Pesticides
- ○ Phenol
- ○ Phosgene
- ○ Radiation
- ○ Rock dust
- ○ Silica powder
- ○ Solvents
- ○ Styrene
- ○ Talc
- ○ Toluene
- ○ TDI or MDI
- ○ Trichloroethylene
- ○ Trinitrotoluene
- ○ Vinyl chloride
- ○ Welding fumes
- ○ X-rays
- ○ Other (specify)
### B. Occupational Exposure Inventory

**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

2. Have you ever been advised to change jobs or work assignments because of any health problems or injuries?   
   - no  
   - yes

3. Has your work routine changed recently?   
   - no  
   - yes

4. 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 nonresidential property?       
   - no  
   - yes

2. Which of the following do you have in your home?  
   **Please circle those that apply.**
   - Air conditioner  
   - Air purifier  
   - Central heating (gas or oil?)  
   - Gas stove  
   - Electric stove  
   - Fireplace  
   - Wood stove  
   - Humidifier

3. Have you recently acquired new furniture or carpet, refinished furniture, or remodeled your home?   
   - no  
   - yes

4. Have you weatherized your home recently?   
   - no  
   - yes

5. Are pesticides or herbicides (bug or weed killers; flea and tick sprays, collars, powders, or shampoos) used in your home or garden, or on pets?   
   - no  
   - yes

6. Do you (or any household member) have a hobby or craft?   
   - no  
   - yes

7. Do you work on your car?   
   - no  
   - yes

8. Have you ever changed your residence because of a health problem?   
   - no  
   - yes

9. Does your drinking water come from a private well, city water supply, or grocery store?   
   - no  
   - yes

10. Approximately what year was your home built? ____________

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