

Detailed Occupational and Environmental Exposure History Questions

(Items marked in **bold type** are especially important for a pesticide exposure history)

ADULT PATIENT

OCCUPATIONAL EXPOSURE

- **What is your occupation?** (If unemployed, discuss recent employment as appropriate or go to next section)
- **How long have you been doing this job?**
- **Describe your work and the hazards to which you are exposed.** (e.g., **pesticides**, solvents or other chemicals, dust, fumes, metals, fibers, radiation, biologic agents, noise, heat, cold, vibration)
- **Under what circumstances do you use protective equipment?** (e.g., **work clothes, safety glasses, respirator, gloves**, and hearing protection)
- **Do you smoke or eat at the worksite?**
- **List previous jobs in chronological order, include full and part-time, temporary, second jobs, summer jobs and military experience.** (Because this question can take a long time to answer, one option is to ask the patient to fill out a form with this question on it prior to the formal history taking by the clinician. Another option is to take a shorter history by asking the patient to list only the prior jobs that involved the agents of interest. For example, one could ask for all current and past jobs involving pesticide exposure.)

ENVIRONMENTAL EXPOSURE HISTORY

- **Are pesticides** (e.g., **bug or weed killers, flea and tick sprays, collars, powders or shampoos**) used in your home or garden or on your pet?
- **If pesticides are used:**
 - **Who applies the pesticides?**
 - **Is a licensed pesticide applicator involved?**
 - **Where are the pesticides stored?**
- **Do you or any household members have a hobby with exposure to any hazardous materials** (e.g., **pesticides, paints, ceramics, solvents, metals, glues**)?
- **Is food handled properly** (e.g., **washing of raw fruits and vegetables**)?
- **Do you live within 1/4 mile of an agricultural area** (e.g., **field, orchard, greenhouse**) where plants, vegetables or fruits are grown?
- **Did you ever live near a facility which could have contaminated the surrounding area** (e.g., **mine, plant, smelter, dump site**)?
- **Have you ever changed your residence because of a health problem?**
- **Does your drinking water come from a private well, city water supply and/or grocery store?**
- Do you work on your car?
- Which of the following do you have in your home: air conditioner/purifier, central heating (gas or oil), gas stove, electric stove, fireplace, wood stove or humidifier?
- Have you recently acquired new furniture or carpet, or remodeled your home?
- Have you weatherized your home recently?
- Approximately what year was your home built?

SYMPTOMS AND MEDICAL CONDITIONS

- **Does the timing of your symptoms have any relationship to your work hours?** (If unemployed, skip to 3rd bullet)
- **Has anyone else at work suffered the same or similar problems?**
- **Does the timing of your symptoms have any relationship to environmental activities listed above?**
- **Has any other household member or nearby neighbor suffered similar health problems?**

NON-OCCUPATIONAL EXPOSURES POTENTIALLY RELATED TO ILLNESS OR INJURY

- Do you use tobacco? If yes, in what forms (cigarettes, pipe, cigar, chewing tobacco)? About how many do you smoke or how much tobacco do you use per day? At what age did you start using tobacco? Are there other tobacco smokers in the home?

NON-OCCUPATIONAL ADULT EXPOSURES, CONT.

- Do you drink alcohol? How much per day or week? At what age did you start?
- What medications or drugs are you taking? (Include prescription and non-prescription uses)
- **Has anyone in the family worked with hazardous materials that they might have brought home (e.g., pesticides, asbestos, lead)?** (If yes, inquire about household members potentially exposed.)

PEDIATRIC PATIENT*(questions asked of parent or guardian)*

ENVIRONMENTAL EXPOSURE HISTORY (PESTICIDE-RELATED QUESTIONS)

- **Are pesticides (e.g., insect or weed killers, flea and tick sprays, collars, powders, or shampoos) used in your home or garden or on your pet?**
- **Where (e.g., out of reach of children) are pesticides stored? What types of containers are pesticides stored in?**
- **Do you or any household member have a hobby with exposure to any hazardous materials (e.g., pesticides, paints, ceramics, solvents, metals, glues)?**
- **If pesticides are used:**
 - Who applies the pesticides?
 - Do you use a licensed pesticide applicator for treatments?
 - How long do you wait before letting children play on areas recently treated with pesticides?
 - Where are the pesticides stored?
- **Is food handled properly (e.g., washing of raw fruits and vegetables)?**
- **Do you live within 1/4 mile of an agricultural area (e.g., field, orchard, greenhouse) where plants, vegetables or fruits are grown?**

OCCUPATIONAL EXPOSURE

- **What is your occupation and that of other household members?** (If no employed individuals, go to next section)
- **Describe your work and the hazards to which you are exposed.** (e.g., pesticides, solvents or other chemicals, dust, fumes, metals, fibers, radiation, biologic agents, noise, heat, cold, vibration)

ADDITIONAL ENVIRONMENTAL EXPOSURE QUESTIONS

- **Has the child ever lived near a facility that could have contaminated the surrounding area (e.g., mine, plant, smelter, dump site)?**
- **Has the child ever changed residence because of a health problem?**
- **Does the child's drinking water come from a private well, city water supply and/or grocery store?**
- Which of the following are in the child's home: air conditioner/purifier, central heating (gas or oil), gas stove, electric stove, fireplace, wood stove or humidifier?
- Is there recently acquired new furniture or carpet, or recent home remodeling in the patient's home?
- Has the home been weatherized recently?
- Approximately what year was the home built?

SYMPTOMS AND MEDICAL CONDITIONS

- Does the timing of symptoms have any relationship to environmental activities listed above?
- Has any other household member or nearby neighbor suffered similar health problems?

NON-OCCUPATIONAL EXPOSURES POTENTIALLY RELATED TO ILLNESS OR INJURY

- Are there any tobacco users in the home? If yes, in what forms (cigarettes, pipe, cigar, chewing tobacco)?
- What medications or drugs is the child taking? (Include prescription and non-prescription uses)
- **Has anyone in the family worked with hazardous materials that they might have brought home (e.g., pesticides, asbestos, lead)?** (If yes, inquire about household members potentially exposed.)