CHEMICAL EXPOSURE QUESTIONAIRRE

NA	AMEDATE	DATE					
1.	. Do you dislike the taste of tap water or feel that it causes symptoms? Yes						
2.	Do you react to wood burning, fireplaces, or kerosene heaters?	Υe	. S	No			
3.	Do you react when entering fabric, carpet, or department stores?	Υe	<u> </u>	No			
4.	Do you react or dislike the odor of perfume, soap, detergents, colognes,						
	or other solvents such as fingernail polish remover, paint remover, model						
	airplane glue, etc.?	Υe	e S	No			
5.	Do you dislike or react to disinfectants, insecticides, sprays, ammonia, or						
	moth balls?	Υe	e S	No			
6.	Do you react of dislike the odor of Christmas trees or other indoor evergreen						
	decorations, odor from sanding or woodworking, odor of a cedar closet or						
	pine-scented household deodorants, shampoos, or turpentine based						
	paints?	Υ	es	No			
7.	Do you react to or dislike the odor of exhaust fumes, jet airplane exhausts,						
	oil or gas fumes, or diesel fumes from trucks and buses?	Y	es	No			
8.	Do you feel that you react to your working environment, either cont	inι	lous	y			
	or depending upon the area of the workplace that your are in?	`	Yes	No			
9.	Do you have hobbies that involve exposure to smells, odors, chemicals,						
	paints, ceramics, or dusty, moldy, or chemically contaminated areas	;?	Yes	No			

:	10. Do you have a tendency to have unpleasant feelings or reactions to all					
		medicines taken by mouth regardless of what condition they are given				
		for?	Yes	No		
	11.	Do you take large amounts of over-the-counter medications, such as				
		vitamins, headache pills, sinus pills, etc.?	Yes	No		
:	12.	Do you react to other people's use of tobacco smoke?	Yes	No		
:	13.	3. Do you react to all types of fresh fruit and vegetables and improve if the				
		substances are cooked and peeled?	Yes	No		
:	14.	Do you react foods that are commercially prepared while no	ot reacting to	0		
		the same foods that are eaten fresh or prepared at home?	Yes	No		
:	15.	Do you have difficulty eating in restaurants, but are able to	eat the sam	e		
		foods when prepared at home?	Yes	No		
	16.	Do you feel that you perform or feel better in natural lighting	ng compared	l		
		to fluorescent lighting?	Yes	No		
:	17.	Do you react to newsprint or other printed materials?	Yes	No		