Environmental, Mold & Toxicant Exposure Screening Questionnaire

Have you had a possible exposure to any of the following?

☐ Visible mold
☐ Musty or damp building
☐ Water-damaged building
☐ Flooding or repeated water leaks
☐ Pesticides or herbicides
☐ Solvents or industrial chemicals
☐ Smoke or combustion fumes
☐ Metals such as lead, mercury, or arsenic
☐ Construction dust or materials
☐ Contaminated water
☐ Occupational exposure
☐ Unknown or uncertain exposure

Which symptoms appear to be associated with the exposure?

☐ Nasal congestion or sneezing
☐ Eye irritation
☐ Cough
☐ Wheezing
☐ Shortness of breath
☐ Skin irritation or rash
☐ Headaches
☐ Fatigue
☐ Difficulty concentrating
☐ Other: _____

Do your symptoms improve when you leave the suspected environment?

☐ Yes
☐ No
☐ Unsure

Briefly describe the suspected exposure.

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