

Toxicity – Environmental Exposure Survey

Name _____ Date _____

Sex: ▪ Male ▪ Female

1. Are you very sensitive to fragrance, exhaust fumes, or strong odors? (Reactions may involve dizziness, nausea, headaches, fatigue, difficulty breathing, palpitations, etc.)

- don't know ▪ no ▪ mild ▪ moderate ▪ severe

2. Are you sensitive to second hand smoke?

- don't know ▪ no ▪ mild ▪ moderate ▪ severe

3. Do you have an adverse gastrointestinal or nervous system reaction when you consume foods containing monosodium glutamate (MSG)? (This ingredient is often used in Chinese restaurants.) Reactions may include dizziness, nausea, headaches, fatigue, difficulty breathing, palpitations, etc.)

- don't know ▪ no ▪ mild ▪ moderate ▪ severe

4. Do you have an adverse reaction when you consume sulfite-containing foods such as wine, dried fruit, salad bar vegetables, etc.?

- don't know ▪ no ▪ mild ▪ moderate ▪ severe

5. Are you sensitive to caffeine? (For example, do you feel overly “wired” or experience an increase in arthralgia, myalgia or hypoglycemic symptoms?)

- don't know ▪ no ▪ mild ▪ moderate ▪ severe

6. Do you have a reaction when you consume foods/ beverages containing the preservatives sodium benzoate or potassium benzoate?

- don't know ▪ no ▪ mild ▪ moderate ▪ severe

7. Do you find you are sensitive to red wine?

- don't know ▪ no ▪ mild ▪ moderate ▪ severe

8. Do you find you are sensitive to bananas?

- don't know ▪ no ▪ mild ▪ moderate ▪ severe

9. Do you find you are sensitive to chocolate?
 don't know no mild moderate severe
10. Do you tend to get jaundiced (yellow skin/ yellow whites of eyes), for instance when you fast or do not eat for an extended period of time?
 don't know no mild moderate severe
11. Have you ever been told you have a condition called Gilbert's syndrome?
 don't know no mild moderate severe
12. Are you allergic to antibiotics such as penicillin, sulfa drugs, tetra cyclones, etc.?
 don't know no mild moderate severe
13. Do you have a reaction if you consume aspirin?
 don't know no mild moderate severe
14. Are you sensitive to even small amounts of alcohol?
15. Do you have a personal or family history of: Yes No Don't know
- a. estrogen-related breast cancer
 - b. smoking-induced lung cancer
 - c. prostate problems
 - d. food allergies, sensitive, or intolerances
 - e. environmental sensitive
 - f. Parkinson's, Alzheimer's, or other motorneuron diseases
 - g. Asthma
 - h. Lupus, rhemeumatoid arthritis, multiple sclerosis, ankylosing spondilitis, or other autoimmune diseases
16. Do you feel poorly after consuming grapefruit?
 don't know no mild moderate severe
17. Do you feel ill after eating food with onions and/or garlic in them?
 don't know no mild moderate severe
18. Do you currently or have you recently used tobacco products?
 don't know no mild moderate severe

19. Do you presently consume two or more caffeinated beverages a day?
- don't know
 - no
 - mild
 - moderate
 - severe
20. Do you presently consumer more than two alcoholic beverages per day?
- don't know
 - no
 - mild
 - moderate
 - severe
21. What is your blood type?
- A
 - B
 - AB
 - O
 - don't know
22. Are you presently ingesting any of these drugs on a daily basis:
- a. aspirin
 - b. acetaminophen (Tylenol)
 - c. ibuprofen
 - d. cimetidine (Tagamet)
 - e. famotidine (Pepcid AC)
 - f. hormones – patches, pills
23. Do you have any of these conditions?
- a. ulcers
 - b. colitis or Crohn's disease
 - c. diarrhea, nausea, or dyspepsia
 - d. recurrent headaches
 - e. allergy symptoms
24. (Females only) Have you ever been diagnosed with fibrocystic breast disease or had significant breast tenderness associated with your menstrual period?
- don't know
 - no
 - mild
 - moderate
 - severe