



Toxin Exposure Questionnaire

Patient Name _____ Date _____

Please check the best response for each of the following questions. Your provider will discuss your answers with you.

FOOD & WATER	YES	SOMETIMES	IN THE PAST	NO
1. Do you consume conventionally-farmed (non-organic) or genetically-modified fruits and vegetables?				
2. Do you consume conventionally-raised (non-organic) animal products (i.e., meat, poultry, dairy, eggs)?				
3. Do you consume canned or farmed fish and seafood?				
4. Do you consume processed foods (i.e., foods with added artificial colors, flavors, preservatives, or sweeteners), deep-fried, or fast foods?				
5. Do you drink water from a well, spring, or cistern, or from plumbing pipes or fixtures installed before 1986?				
6. Do you drink sodas, juices, or other beverages with natural or refined sweeteners (i.e., high-fructose corn syrup, cane sugar, agave nectar, Stevia, undiluted fruit juice, etc.) or artificial sweeteners (i.e., NutraSweet/Equal/aspartame, Sweet 'N Low/saccharine, Splenda/sucralose, Sunett/Sweet One/acesulfame K, neotame)?				

HOME & WORK ENVIRONMENT	YES	SOMETIMES	IN THE PAST	NO
1. Do you live in an apartment or home built before 1978, or in a mobile home, boat, or RV?				
2. Does your home or workplace contain new construction materials or furniture (i.e., paint, laminate flooring, particle board, new carpeting, bedding, furniture, etc.)?				
3. Does your home or workplace show signs of mold or water damage (i.e., cracking paint, ceiling leaks, decaying insulation or foam, visible mold, or damp windows, basement, or crawlspaces, etc.)?				
4. Are you exposed to toxic substances (i.e., treated lumber, lead paint, paint chips or dust, broken mercury thermometers or fluorescent bulbs, etc.) at home or work?				
5. Are you exposed to conventional cleaning chemicals, disinfectants, hand sanitizers, air fresheners, scented candles, or other scented products at home or work?				
6. Do you live or work near an industrial pollution source (i.e., highway, factory, incinerator, gas station, power plant, etc.)?				
7. Do you live or work near a source of electromagnetic radiation (i.e., cell phone tower, high-voltage power lines, or other known source)?				
8. Do you live or work in an agricultural area or another type of area where you are exposed to herbicides, pesticides, or fungicides?				
9. Do you have wood-burning, propane, or gas stoves or appliances at home or work?				
10. Do you live or work in a sealed building with recirculated air?				

TRAVEL & RECREATION	YES	SOMETIMES	IN THE PAST	NO
1. Do you frequent parks, golf courses, or other outdoor or recreational areas treated with herbicides, pesticides, or fungicides?				
2. Do you travel by air?				
3. Do you run or bike to work along busy streets?				
4. Do you get sick while camping, hiking, or traveling (foreign or domestic)?				
5. Are you exposed to toxic chemicals as a result of a hobby (i.e., paints, photo-developing chemicals, epoxy adhesives, glues, varnishes, etc.)?				

MEDICAL & PERSONAL CARE	YES	SOMETIMES	IN THE PAST	NO
1. Are you sensitive to personal care products like lotions, moisturizers, toners, shampoos, conditioners, shaving creams, and soaps?				
2. Are you sensitive to smoke, perfumes, fragrances, cleaning products, gasoline, or other fumes?				
3. Do you smoke, or are you often exposed to second-hand smoke?				
4. Do you have a history of heavy use of alcohol, or recreational or prescription drugs?				
5. Do you have any unusual reactions to anesthesia or to prescription or over-the-counter medications?				
6. Do you have root canals, extracted teeth, "silver" fillings, crowns, dental sealants, dentures, retainers, aligning trays, braces, mouth guards, dental implants, etc.?				
7. Do you have food reactions, sensitivities, or intolerances? Do you have environmental allergies?				
8. Do you have any artificial materials in your body (implants, pins, joints, etc.)?				
9. Do you lead a high-stress lifestyle, or have you experienced a stressful or traumatic event?				

Note: For more information on the questions included here, please see the [Toxin Exposure Questionnaire—Bibliography](#) in IFM's Clinical Practice Toolkit.