

Occupational and Environmental Reproductive Health Questionnaire

For immediate assistance with concerns about an acute poisoning, or other medical emergency, contact the Poison Center at (1-800-222-1222) or your healthcare provider.

Prenatal Occupational and Environmental Exposure History Questionnaire

You have requested assistance with an occupational or environmental reproductive health concern. Please complete the below questionnaire so we can help you. The questionnaire will take around 35 minutes to complete. Please take your time as every response is important.

Your responses to these questions are confidential and will not be discussed with your employer(s) or your healthcare provider without your permission.

Name _____

Date of Birth _____

Questionnaire completion date? _____

Sex Male
 Female

Phone Number _____

Email _____

Street Address _____

City _____

State _____

Zipcode _____

What is your reproductive health concern (check more than one box as needed)?

- I am considering/attempting pregnancy
- I am or think I am having infertility issues
- I am currently pregnant
- I am concerned about passing chemicals to the fetus in breastmilk
- I am concerned about my partner's exposure to reproductive hazard(s).
- I am concerned about a different occupational or environmental reproductive health concern

Please describe

Workplace Hazards

The following questions are about reproductive hazards in your current workplace(s).

- 1) What is your current job title?

- a) What is the name of your employer?

- b) How many years have you worked at this job?

- c) How many hours per week do you typically work at this job?
 less than 40 hours per week
 Around 40 hours per week
 More than 40 hrs/wk
- d) Do you work for a temp agency?
 No
 Yes
- 2) Do you have a second job?
 No
 Yes
- a) What is the name of your employer?

- What is the job title for your second job?

- b) How many years have you worked at this job?

- c) How many hours per week do you typically work at this job?
 less than 40 hours per week
 Around 40 hours per week
 More than 40 hrs/wk
- d) Do you work for a temp agency?
 No
 Yes
- 3) Do you have three or more jobs?
 No
 Yes
- a) If yes, list all of your job titles.

4) Please indicate below which workplace hazards you experience.

	Rarely or Never	Some Days	Most Days	Every day	Don't know
Physical demands (lifting/pushing/pulling heavy items, repetitive strain movements, prolonged standing)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplace stress, for example dealing with angry or unpleasant people, working with cash or valuables (especially at night), work night shifts or nonstandard working hours, or work in an unsupportive environment (i.e. no social support from coworkers or employer; low pay; no health insurance)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to chemicals or dust (for example cleaning chemicals, disinfectants, organic solvents, aerosol spray products, glues, gasoline, hazardous drugs, lab hazards, pesticides, weed killers, asbestos)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to metals such as lead, arsenic, mercury, cadmium, or welding fumes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with or around radiation sources (i.e. X-ray, CT, radiotherapy, radioactive materials)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious agents (ie health care, animal care, biotechnology, school teachers, social workers, hospital laundry workers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extremely hot or cold environments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loud noise?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive vibration (i.e. drive a forklift or heavy industrial truck, operate a jackhammer)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to secondhand smoke from tobacco or vaping products, or e-cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe any additional exposures or hazards at work. _____

- 5) Are you able to obtain Safety Data Sheets (SDSs) for the workplace chemicals you are exposed to?
- No
 Yes
 Maybe
 I'm not familiar with Safety Data Sheets

6a) Do you use any of these safety tools at your job?

	No	Yes
Gloves	<input type="radio"/>	<input type="radio"/>
Respirator	<input type="radio"/>	<input type="radio"/>
Protective clothing	<input type="radio"/>	<input type="radio"/>
Hearing protection	<input type="radio"/>	<input type="radio"/>
Lab hood, local exhaust or gas scavenging system	<input type="radio"/>	<input type="radio"/>
Air vents or fans	<input type="radio"/>	<input type="radio"/>
Mechanical lifting devices	<input type="radio"/>	<input type="radio"/>
Seat that dampens or absorbs vibration?	<input type="radio"/>	<input type="radio"/>
Face masks (especially in a pandemic)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

If other, please describe.

6b) Were you trained on how to correctly use these safety tools at your job?

	No	Yes
Respirator	<input type="radio"/>	<input type="radio"/>
Gloves and/or protective clothing	<input type="radio"/>	<input type="radio"/>
Hearing protection	<input type="radio"/>	<input type="radio"/>
Lab hood, local exhaust, air vents, fans, or gas scavenging system	<input type="radio"/>	<input type="radio"/>
Mechanical lifting devices	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Free-time Activities

The following questions are about your free-time activities when you are away from work. Example activities include arts & crafts, sports and outdoor recreation, TV/internet/games, gardening, hobbies.

- 7) Which activity (outside of work) do you do the most?
Please describe.
- _____

- a) How often do you engage in this activity?
- Rarely
 Some days
 Every days

b) Does this activity involve chemicals or exposure to hazards? No Yes

If yes, please describe _____

c) Do you use gloves, protective clothing, a respirator, fans, or other tools when working with chemicals or exposed to hazards outside of your job? No Yes

If yes, please describe _____

8) Do you often engage in another activity or hobby No Yes

Please describe. _____

a) How often do you engage in this activity? Rarely or Never Some days Every days

b) Does this activity involve chemicals or exposure to hazards? No Yes

If yes, please describe _____

c) Do you use gloves, protective clothing, a respirator, fans, or other tools when working with chemicals or exposed to hazards outside of your job? No Yes

9) List any other hobbies or activities that you often spend time doing. _____

Exposures in Your Environment
The next set of questions are about your home and lifestyle choices

Lead

10) Have you, members of your household, or family friends, had an elevated blood lead level? No Yes

11) Do you live in, or regularly visit, a home built before 1978? No Yes Don't Know

12) Do you live in a home with recent or ongoing renovations, or you plan to paint? No Yes

- 13) Does a household member or care giver have exposure to lead at work or during free-time activities?
(Examples: remodeling and demolition; painting; works in or visits gun ranges; mining; battery recycling; makes lead fishing weights or ammunition; stained glass, pottery, soldering, or welding)?
- No
 Yes
-
- If yes, are work or hobby clothing laundered in your home?
- No
 Yes
-
- 14) Do you use alternative medicines; or traditional, ceremonial or ethnic remedies; or cosmetics such as Azarcon, Greta, Ghasard, Albayalde, Bint, Farouk, Kandu, Henna, Kohl, Ba-baw-san, Bokhoor, Cebagin, Pay-loo-ah, Bali, Sindoor, Daw tway, Moringa extracts, others?
- No
 Yes
-
- 15) Do you use any herbs, vitamins, or natural supplements?
- No
 Yes
-
- 16) Have you recently eaten non-food items such as paint, plaster, dirt and/or clay?
- No
 Yes
-
- 17) Does your family use imported pottery for cooking, eating or drinking?
- No
 Yes
-
- 18) Have you ever lived outside the US?
- No
 Yes

Food and Water

- 19) Do you drink tap water?
- No
 Yes
-
- If yes, it is from:
- A city
 A private well
 Don't know
-
- Do you drink bottled or filtered water?
- No
 Yes
-
- 20) Do you eat shark, swordfish, king mackerel, marlin, orange roughy, bigeye tuna, tilefish (from Gulf of Mexico)?
- No
 Yes
-
- 21) Do you consume two or more meals per week that include these fish? Bluefish, buffalofish, carp, Chilean sea bass, grouper, halibut, mahi-mahi/dolphinfish, monkfish, rockfish, sablefish, sheepshead, snapper, Spanish mackerel, striped bass, tilefish (Atlantic ocean), tuna (albacore/white tuna), yellowfin tuna, weakfish/sea trout, or white croaker/Pacific croaker?
- No
 Yes
-
- 22) Do you consume fish from local waterways?
- No
 Yes

If yes, list the name(s) of the waterway

- 23) Do you wash fresh fruits and vegetables before you eat or cook them? Rarely or Never
 Some Days
 Most Days
 Every day
-
- 24) Do you microwave or heat food/beverages on plastic plates or in plastic containers? Rarely or Never
 Some Days
 Most Days
 Every day
-
- 25) Do you eat or cook with canned food (ie canned vegetables, canned soup, canned tomato sauce)? Rarely or Never
 Some Days
 Most Days
 Every day

Your Home Environment

- 26) Do you live next to or near a busy roadway/transportation corridor (high vehicle traffic, railroad yard, shipping port); industrial plant; commercial business; polluted lakes/streams or dump site, agricultural field, or other nonresidential property? No
 Yes
-
- 27) Are you exposed to secondhand smoke from tobacco or vaping products, or e-cigarettes, in your home? No
 Yes
-
- 28) Do you use a wood burning stove or fireplace? No
 Yes
-
- 29) Do you use kerosene or space heaters to heat your home? No
 Yes
-
- 31) Do you have a working carbon monoxide detector in your home? No
 Yes
 Don't Know
-
- 32) Do you have a working smoke detector in your home? No
 Yes
 Don't Know
-
- 33) Are pesticides or herbicides (bug or weed killers; flea and tick sprays, collars, powders, or shampoos, rat poison) used in your home or garden, or on pets? No
 Yes
 Don't Know
-
- 34) Do you have a mercury thermometer in the home? No
 Yes
 Don't Know
-
- 35) Do you use fragrant air fresheners, fragrant cleaning products, or scented candles in your home? Rarely or Never
 Some Days
 Most Days
 Every day

36) Do you use fragrant personal care products at home?
Examples include any kind of make-up, lotions, perfumes, nail polish, deodorant, shampoos, conditioners, hair dye, hair straighteners, hair relaxers.

Rarely or Never
 Some Days
 Most Days
 Every day

37) For hair grooming at home or at a salon, are you exposed to hair dyes, straighteners, or relaxers?

Rarely or Never
 Some Days
 Most Days
 Every day

38) How often do you dust, wet mop or use a HEPA vacuum on the floors in your home?

Rarely or Never
 Weekly
 Monthly

39) Are there any other chemicals or products that you're concerned about and want to discuss with a reproductive health expert?

No
 Yes

If so, what are they?

Your responses to this questionnaire will remain confidential unless you indicate otherwise.
Do you prefer the results of this questionnaire:

Remain confidential?
 Are shared with your supervisor?
 Are shared with your health care provider?

This questionnaire was developed by the Pediatric Environmental Health Specialty Unit (PEHSU), the Occupational and Environmental Medicine Program, and the Continuing Education Program at the University of Washington Department of Environmental and Occupational Health Sciences, in partnership with the American Staffing Association of Washington. Input was also provided by the University of Illinois PEHSU, and University of California San Francisco Program on Reproductive Health and the Environment.

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