

MINNESOTA OCCUPATIONAL HEALTH

Benzene Questionnaire

Patient Name:			Company:		
1.	Have you ever been exposed to:				
	Exposure	Yes	No	Unknown	Explain
a.	Benzene				
b.	Toluene				
c.	Xylene				
d.	Cyclohexane				
e.	Petroleum Solvents				
f.	Arsine				
g.	Motor Fuel (large amounts)				
h.	Turpentine				
i.	Lead				
j.	Mercury				
k.	Manganese				
l.	Cobalt				
m.	Arsenic				
n.	Carbon Monoxide				
o.	Nitre Compounds				
p.	Insecticides				
q.	Pesticides				
r.	Vinyl Chloride				
s.	Naphthylamines				
t.	Aniline Dyes				
u.	Ionizing Radiation				
2.	Have you ever had:				
a.	Brucellosis				
b.	Schistosomiasis				
c.	Malaria				
d.	Ancylostomiasis				
3.	Do you (or have you ever) frequently travel abroad? <input type="radio"/> Yes <input type="radio"/> No				
4.	Have you - or any member of your family - ever had any blood-related diseases, such as:				
a.	Leukemia				
b.	Lymphoma				
c.	Severe Anemia				
d.	Excessive Bruising or Bleeding				
e.	Other				
5.	Have you - or any member of your family - ever had:				
a.	Kidney Diseases				
b.	Liver Diseases				
6.	Do you have any problems with your sense of smell or taste? <input type="radio"/> Yes <input type="radio"/> No				
7.	List all prescription and non-prescription drugs you have taken in the last 6 months:				