

# Environmental Exposure Survey

Please answer the following questions:

	Yes	No	Unknown
1) Do you have exposure to the interior of a water-damaged building and/or microbial growth? If yes, please answer the next three (3) questions:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Do you have samples/evidence of spore or genus and species of fungus (air test, ERMI test, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is there visible microbial growth (mold)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Is there a presence of musty smells?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Do you remember a tick bite occurring before your illness began? If yes, please answer the next two (2) questions:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Did you have an unexplained rash after the bite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you experience flu-like illness after the bite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Have you had a brown recluse or other poisonous spider bite? If yes:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Did you experience flu-like illness after the bite?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Did you become ill after eating fish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Did you become ill after exposure to a body of fresh water?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Did you become ill after exposure to the ocean during a "red tide" or other algae bloom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Did you become ill after exposure to an estuary fish kill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Did you become ill after exposure to a closed shellfish bed area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## ASSOCIATED ILLNESSES

Illness	Yes	No
Tick-borne illness	<input type="radio"/>	<input type="radio"/>
Lyme disease	<input type="radio"/>	<input type="radio"/>
Fibromyalgia	<input type="radio"/>	<input type="radio"/>
Chronic fatigue syndrome	<input type="radio"/>	<input type="radio"/>
Gulf War syndrome	<input type="radio"/>	<input type="radio"/>
Chemical sensitivity	<input type="radio"/>	<input type="radio"/>

Illness	Yes	No
Sick building syndrome	<input type="radio"/>	<input type="radio"/>
Fungus or mycotoxicosis	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Chronic soft tissue injury	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome	<input type="radio"/>	<input type="radio"/>
Bacteria	<input type="radio"/>	<input type="radio"/>
Bell's palsy	<input type="radio"/>	<input type="radio"/>
Pfiesteria	<input type="radio"/>	<input type="radio"/>
Sensorineural hearing loss	<input type="radio"/>	<input type="radio"/>
Ciguatera seafood poisoning	<input type="radio"/>	<input type="radio"/>
Any learning disability	<input type="radio"/>	<input type="radio"/>
Autism	<input type="radio"/>	<input type="radio"/>
Attention deficit disorder	<input type="radio"/>	<input type="radio"/>
Charcot-Marie-Tooth syndrome	<input type="radio"/>	<input type="radio"/>
Alzheimer's disease	<input type="radio"/>	<input type="radio"/>
Parkinson's disease	<input type="radio"/>	<input type="radio"/>
Amyotrophic lateral sclerosis	<input type="radio"/>	<input type="radio"/>
Multiple sclerosis	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Ocular disease (e.g., cataract)	<input type="radio"/>	<input type="radio"/>
Retinal disease (e.g., glaucoma)	<input type="radio"/>	<input type="radio"/>
Low vision or blindness	<input type="radio"/>	<input type="radio"/>
Another condition involving neurological function	<input type="radio"/>	<input type="radio"/>