ENVIRONMENTAL EXPOSURE QUESTIONNAIRE

Name:_________________________ Date:_________________________

A. METABOLISM OF POLLUTANTS:

1. Have you often had to lower the regular dose of prescription, over-the-counter medication or herbal supplements because you were too sensitive to normal doses? .... ☐ Yes ☐ No
2. Do you avoid caffeine in the afternoon or all together because it can keep you up at night? ☐ Yes ☐ No
3. Have you ever experienced adverse reactions to medications? .... ☐ Yes ☐ No
   a) If so, what happened with which medicine?____

B. TOXICANT RELATED HEALTH PROBLEMS:

1. Do you have a sudden onset of physical, mental or emotional symptoms (headaches, skin rashes, nausea, fatigue, shortness of breath, etc.) on exposure to chemical odors (cleaners, perfumes, new materials, cigarette smoke, diesel exhaust, etc.)? ☐ Yes ☐ No
   a) When did you first notice any such reaction? (age you were when it began) ________
   b) What was the chemical you first reacted to? __________________________________
   c) In the last 6 months are your chemical reactions getting
      ☐ Better
      ☐ Worse
      ☐ Staying the same
   d) Do you experience unpleasant symptoms when you walk down the soap aisle in the grocery store, or do you find yourself avoiding the soap aisle all together? ☐ Yes ☐ No
   e) List the chemicals that you react to and the approximate age you were when it began:

	Age			Age	
☐	_____	Cleaners	☐	_____	New carpet or fabric
☐	_____	Perfumes	☐	_____	Plastics
☐	_____	Cigarette smoke	☐	_____	Pesticides or other agricultural chemicals
☐	_____	Vehicular exhaust	☐	_____	Other (list) _________________________
☐	_____	Paints			_________________________________

2. For any of the following illnesses that you have had please note the age at which it began:

	Age			Age	
☐	_____	Adult onset diabetes	☐	_____	Infertility
☐	_____	Allergies	☐	_____	Low testosterone <50 yrs of age
☐	_____	Asthma	☐	_____	Lupus
☐	_____	Autoimmune thyroiditis	☐	_____	Memory loss
☐	_____	Balance Disorder	☐	_____	Other autoimmune disorder
☐	_____	Brain Fog – diminished cognition	☐	_____	Overweight
☐	_____	Depression or Anxiety	☐	_____	Rheumatoid arthritis
☐	_____	Gestational diabetes	☐	_____	Sjorgren's syndrome
☐	_____	Gestational hypertension	☐	_____	Tremors
☐	_____	Gout			
☐	_____	Hypothyroid			

C. POLLUTANT EXPOSURE:

Air Pollution

	1-5	5-10	10-20	20-30	more than 30	don't know
1. How many minutes-drive is it from your house to the closest highway/freeway?	☐	☐	☐	☐	☐	☐
2. How many minutes-drive is it from your house to a busy street or boulevard?	☐	☐	☐	☐	☐	☐
3. How many minutes-drive is it from your house to the closest agricultural area?	☐	☐	☐	☐	☐	☐
4. How many minutes-drive is it from your house to the closest industrial area where you see smokestacks?	☐	☐	☐	☐	☐	☐
5. How many minutes-drive is it from your house to the closest golf course?	☐	☐	☐	☐	☐	☐
6. How many minutes-drive is it from your house to the closest landfill?	☐	☐	☐	☐	☐	☐
7. How many years have you lived in a city, town or state that is known for its air pollution (like Los Angeles or Salt Lake City)	☐	☐	☐	☐	☐	☐

8. How often can you "see the air" in your area? ☐ 1-4 times monthly ☐ most of the time ☐ all of the time ☐ rarely

9. Do you have air purifiers in your home? ☐ Yes ☐ No
   - ☐ Ozone
   - ☐ Ion generator
   - ☐ HEPA
   - ☐ IQ Air, Blue Air, Austin Air, Aller Air or similar multi-filter purifier

10. Are shoes worn inside your home? ☐ Yes ☐ No

11. Do you have an attached garage that your car is parked in? ☐ Yes ☐ No

12. Do you drive a diesel vehicle? ☐ Yes ☐ No

13. Does your vehicle have an exhaust leak? ☐ Yes ☐ No ☐ Unknown

14. Type of appliances (stove and hot water heater):
   - ☐ Electric
   - ☐ Natural gas

15. Type of heating:
   - ☐ Electric
   - ☐ Gas
   - ☐ Oil
   - ☐ Wood
   - ☐ Diesel

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16. When were your air ducts last cleaned out? ☐ Never ☐ Within the last 3 years

17. When was your furnace filter last replaced?
    - ☐ Within the last month
    - ☐ Within the last 3 months
    - ☐ Don't know

18. Are pesticides used in your home or yard? ☐ Yes ☐ No

19. How often do you have clothes dry cleaned? ☐ Weekly ☐ Monthly ☐ Every 3-6 months ☐ Rarely/Never

20. How often do you get hair coloring? ☐ Monthly ☐ Every 3-6 months ☐ Rarely/Never

21. How often are you in a salon in which acrylic nail service is provided? ☐ Weekly ☐ Monthly ☐ Every 3-6 months ☐ Rarely/Never

22. Do you sleep on any of the following?
    - ☐ Pillow-top mattress
    - ☐ Memory foam mattress
    - ☐ Memory foam pillow

23. Do you use spray or plug-in air fresheners in your home? ☐ Yes ☐ No

24. Have you lived in a new home or a recently remodeled home? ☐ Yes ☐ No
    - a) What was your age when living there? __________

25. What are the newest pieces of furniture you have purchased for your home? ______________________________
    - a) When were they purchased? __________
    - b) Are any upholstery or drapes in the home treated with Scotchguard (stain resistance)? ☐ Yes ☐ No

26. Does your current home have wall-to-wall carpeting? ☐ Yes ☐ No
    - a) How old is the carpeting? ☐ 1-5 years ☐ 5-10 years ☐ over 10 years

27. Are non-stick Teflon pans used for cooking in your home? ☐ Yes ☐ No

28. Do you have any vinyl flooring in your home? ☐ Yes ☐ No

29. Do you have plastic shower curtains in your home? ☐ Yes ☐ No

30. Do you have any vinyl wallpaper in your home? ☐ Yes ☐ No

31. Do you have any hobbies that requires the use of solvents, paints, gasoline or lead? ☐ Yes ☐ No

    List ______________________________
    ____
    ____

32. Do you have pets in your home that you apply anti-flea or tic products to? ☐ Yes ☐ No
    - a) If so, how often: ☐ Daily ☐ Weekly ☐ Monthly ☐ Less than once a month

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D. FOOD POLLUTION

	Twice or more weekly	Once weekly	Less than once monthly	Rarely/Never
1. How often do you consume the following?				
a) Tuna	☐	☐	☐	☐
b) Salmon (Chilean, Norwegian, BC or "just plain salmon")	☐	☐	☐	☐
c) Alaskan salmon (one or more of the following: King, Coho, Sockeye, Red or Pink)	☐	☐	☐	☐
d) Swordfish	☐	☐	☐	☐
e) Chilean Sea Bass	☐	☐	☐	☐
f) Orange Roughy	☐	☐	☐	☐
g) Sardines	☐	☐	☐	☐
h) Shellfish	☐	☐	☐	☐
i) Catfish	☐	☐	☐	☐
2. How often do you consume (eating or juicing) commercial varieties (non-organic) of any of the following:				
a) Apples	☐	☐	☐	☐
b) Celery	☐	☐	☐	☐
c) Cherry tomatoes	☐	☐	☐	☐
d) Cucumber	☐	☐	☐	☐
e) Grapes (Imported)	☐	☐	☐	☐
f) Nectarines	☐	☐	☐	☐
g) Peaches	☐	☐	☐	☐
h) Potatoes	☐	☐	☐	☐
i) Snap peas	☐	☐	☐	☐
j) Spinach	☐	☐	☐	☐
k) Strawberries	☐	☐	☐	☐
l) Sweet bell peppers (any color)	☐	☐	☐	☐
3. How often do you consume canned soup?	☐	☐	☐	☐
4. How often do you make pre-packaged "microwave safe meals"?	☐	☐	☐	☐
5. How often do you microwave food in styrofoam or non-ceramic "microwave safe" plastics?	☐	☐	☐	☐
6. How often do you consume dark green leafy vegetables?	☐	☐	☐	☐
7. How often do you consume microwave popcorn?	☐	☐	☐	☐
8. How often do you eat out?	☐	☐	☐	☐

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E. METALS

1. Were you raised in a smoking household? ☐ Yes ☐ No
2. Have you ever smoked? ☐ Yes ☐ No
   a) How many packs a day? ☐ less than 1 ☐ 1 ☐ more than 1
   b) How many years? ☐ 1-5 ☐ 5-10 ☐ 10-20 ☐ 20-30 ☐ more than 30
3. Do you have metal on metal joint implants? ☐ Yes ☐ No
4. Have you lived in a home that was built before 1978? ☐ Yes ☐ No
5. Have you remodeled a home that was built before 1978? ☐ Yes ☐ No
6. Have you ever had silver amalgams in your teeth? ☐ Yes ☐ No
   a) Total number: ☐ 1-3 ☐ 4-6 ☐ 7 or more
   b) How many years have they been in your mouth? ☐ 1-5 ☐ 5-10 ☐ 10-20 ☐ 20-30
   c) How many years ago was the most recent amalgam put into your mouth? ☐ 1-5 ☐ 5-10 ☐ 10-20 ☐ 20-30 yrs
   d) Do you grind your teeth at night? ☐ Yes ☐ No ☐ Unknown
7. How often do you consume tofu? ☐ Rarely/never ☐ less than once weekly ☐ once weekly ☐ twice or more weekly
8. Do you use filtered water for drinking and cooking? ☐ Yes ☐ No
   ☐ Brita (or similar charcoal filter device)
   ☐ Under counter multi-cartridge filter
   ☐ R/O
   ☐ Alkaline
   ☐ Other (list)

F. MYCOTOXINS

	Current residence		Past residence	
1. Have you had any of the following in your current or past residence?				
a) A roof leak?	☐ Yes	☐ No	☐ Yes	☐ No
b) Water in the basement?	☐ Yes	☐ No	☐ Yes	☐ No
c) Broken water pipe?	☐ Yes	☐ No	☐ Yes	☐ No
d) Window leaks?	☐ Yes	☐ No	☐ Yes	☐ No
e) Does your carpet ever get wet when it rains?	☐ Yes	☐ No	☐ Yes	☐ No
f) Any water stains on ceilings or walls?	☐ Yes	☐ No	☐ Yes	☐ No
g) Ever received insurance money for water in the home?	☐ Yes	☐ No	☐ Yes	☐ No
h) Ever needed assistance to clear water from your home?	☐ Yes	☐ No	☐ Yes	☐ No
i) Any rooms in the home that smell musty?	☐ Yes	☐ No	☐ Yes	☐ No
j) Do you suspect that your home has mold in it?	☐ Yes	☐ No	☐ Yes	☐ No
k) Do you have a front-loading washer?	☐ Yes	☐ No	☐ Yes	☐ No
l) Is any amount of mold visible around the shower/tub or sinks in your home?	☐ Yes	☐ No	☐ Yes	☐ No
2. Is your home water supply from a well or cistern?	☐ Yes	☐ No	☐ Yes	☐ No

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G. LIFESTYLE POLLUTANTS

1. Do you have any silicone containing implants? .... ☐ Yes ☐ No
   a) How many years ago were the implants put in?................ ☐ 1-5 ☐ 5-10 ☐ 10-20 ☐ 20-30 yrs
2. Do you have any implants of other materials (Teflon, stainless steel, etc.)?.. ☐ Yes ☐ No

3. How often do you use the following personal care products?	More than once daily	Daily	Less than once weekly	Rarely/ Never
a) Skin lotion	☐	☐	☐	☐
b) Sunscreen	☐	☐	☐	☐
c) Scented deodorant	☐	☐	☐	☐
d) Cologne or perfume	☐	☐	☐	☐
e) Lipstick	☐	☐	☐	☐

4. Do you smoke marijuana? .... ☐ Yes ☐ No
   a) How many times daily?.. ☐ less than 1 ☐ 1 ☐ more than 1
   b) How many years? .... ☐ 1-5 ☐ 5-10 ☐ 10-20 ☐ 20-30 ☐ more than 30
5. In your home, do you have any of the following:
   ☐ WIFI routers
   ☐ Bluetooth appliances
   ☐ Smart meter
   ☐ Cordless phones
   ☐ Bluetooth ear pieces
   ☐ Smart watch

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H. ENVIRONMENTAL TOXIC EXPOSURE / RESIDENCE HISTORY NAME:___________________________________ DATE:____________________________

Fill in the table below listing all residences in which you have lived. Start with the present and go back as far as you can remember. Ask family members and parents, if alive, for additional information. In the Known Exposures column use the appropriate letters for each exposure as listed below.

Residence Location (city, county, state)	Your age range at each dwelling	City, Suburb, Rural	Amount of Traffic (hi – med – lo)	Age of Home at the Time	Known Exposures (choose from the list below)	Did you have to move out for health reasons? If so, why?
ZIP CODE						
ZIP CODE						
ZIP CODE						
ZIP CODE						
ZIP CODE						

A. House built pre-1978
B. Agricultural area
C. Dry cleaned clothes kept in bedroom closet
D. Regular use of chemicals (i.e., paints, cleaners; hobbies)
E. Family members bringing home contaminants on clothes
F. Attached garage
G. Tobacco smoke in home
H. New Construction/Remodeling
I. Mobile home
J. New furniture
K. Wall to wall carpet
L. Water damage in home

I. ENVIRONMENTAL TOXIC EXPOSURE / OCCUPATIONAL HISTORY NAME:______________________________ DATE:___________________________

Fill in the table below listing all jobs at which you have worked, including short-term, seasonal, and part-time employment. Start with your present job and go back to the first. Use additional paper if necessary.

Workplace (name, city, county, state)	Your age range at each job	Full time Yes/No	Type of Industry (Describe)	Describe your job duties	Known health hazards in workplace (i.e., dusts/solvents)	Protective equipment used	Were you ever off work for a health problem or injury?
ZIP CODE							
ZIP CODE							
ZIP CODE							
ZIP CODE							
ZIP CODE							
ZIP CODE							

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