

Environmental Health

/ Questionnaire

Patient Name _____

Date _____

Overload or Poor Metabolizer Indicators

YES answers to these questions can indicate one or more of these three things:

/ 01 — You have been exposed to a significant amount of chemicals that may cause a reaction in your body.

/ 02 — You are not able to get rid of chemicals easily due to a nutritional deficiency or a genetic variance, so smaller exposures are more significant.

/ 03 — You have an allergic reaction to one or more of the following: animals, plants, foods, molds, bugs, and/or chemicals.

/ Do you or have you:

Had a sudden onset of symptoms—i.e. *headaches, skin rashes, nausea, fatigue, shortness of breath, etc.* on exposure to fragrance, cigarettes, mold, dust, pollens or other environmental allergens?

Current Past

Smell odors when others cannot?

Current Past

Often had to lower the regular dose of prescription, over-the-counter medication or herbal supplements because you were too sensitive to normal doses?

Current Past

Ever experienced adverse reactions to medications?

Current Past

Ever had to leave your residence or job because your environment was making you sick?

Current Past

Avoid the detergent aisle in a store because it makes you feel ill or have other symptoms?

Current Past

Easily get rashes or skin irritation through contact with clothing or body care products?

Current Past

Easily get drunk or have a hangover on one or less alcoholic beverages?

Current Past

Avoid caffeine because it makes you jittery, irritated, or causes insomnia?

Current Past

Avoid caffeine in the afternoon or all together because it can keep you up at night?

Current Past

Allergens (A)

/ Do you or have you:

Regularly eat foods or are exposed to substances that cause symptoms such as stuffiness, cough, shortness of breath, wheeze, rash, bloating, gas, abdominal pain, diarrhea, constipation, heart burn, fatigue, or difficulty concentrating?

Current Past

Had a sudden onset of symptoms—i.e. *headaches, skin rashes, nausea, fatigue, shortness of breath, etc.* on exposure to fragrance, cigarettes, mold, dust, pollens or other environmental allergens?

Current Past

Ever had to leave your residence or job because your environment was making you sick?

Current Past

Have a skin reaction to jewelry or other metals?

Current Past

Easily get rashes or skin irritation though contact with clothing or body care products?

Current Past

Live or work near heavy traffic, airport, gas station, or idling vehicles?

Current Past

Use bleach and other chemical cleaners in home or work?

Current Past

Avoid the detergent aisle in a store because it makes you feel ill or have other symptoms?

Current Past

Solvents/VOCs (SV)

/ Do you or have you:

Live or work near, or are a regular customer of Dry Cleaner?

Current Past

Park your car in attached garage?

Current Past

Use a gas stove, gas water heater, a wood stove or a fireplace?

Current Past

Live or work near heavy traffic, airport, gas station, or idling vehicles?

Current Past

Spend time in energy efficient home or workplace with closed windows?

Current Past

Regularly eat charred meat?

Current Past

Use bleach and other chemical cleaners in home or occupation?

Current Past

Use chemicals/paints for the following: painting, printing, leatherwork, photo developer?

Current Past

Regularly consume decaf coffee? [non-water process]

Current Past

Been exposed to oils, grease, de-greaser, fuels?

Current Past

Been exposed to interior or exterior paints, stains, glues, epoxies, resins, solvents, finishes, removers?

Current Past

Been exposed to synthetic rubber, tire parts, synthetic latex rubber, crumb rubber on playgrounds?

Current Past

Use standard cleaning products at home or on the job?

Current Past

Smoke or eat cannabis?

Current Past

Use scented candles or chemical air fresheners?

Current Past

Use e-cigarettes?

Current Past

Regularly use deodorant or antiperspirant?

Current Past

Smoke cigarettes or are exposed to secondhand smoke?

Current Past

Frequently travel by plane?

Current Past

Pesticides (PE)

/ Do you or have you:

Live or work nearby farm or orchard?

Current Past

Live or work nearby vineyard?

Current Past

Live or work nearby golf course?

Current Past

Use pesticides or herbicides used inside your home/workplace or outside on grass or garden?

Current Past

Have indoor/outdoor animals?

Current Past

Have animals chemically treated for fleas etc.?

Current Past

Use antibacterial soap (*triclosan*)?

Current Past

Use moth balls?

Current Past

What percentage of your food is organically grown? [Be sure to include foods you eat at restaurants]

< 25% 50% 75% 95%

Metals (MT)

/ Do you or have you ever:

Broken a mercury thermometer or fluorescent lamp?

Current Past

Played with mercury "balls"?

Current Past

Dental work including root canals, implants, or bridgework?

Current Past

Silver fillings?

Current Past

Implants—i.e. *hip, shoulder, etc.*—or have had any metal implanted in your body? i.e. *screws, plates, etc.*

Current Past

Take herbal formulas made in China or India?

Current Past

Live in house built before 1978?

Current Past

Live in or near a dump site or Super Fund site?

Current Past

Live within a mile of an Industrial plant?

Current Past

Regularly go out to eat in restaurants?

Current Past

Remodeled your home (*ever*)?

Current Past

Chew Tobacco?

Current Past

Smoke cigarettes or are exposed to second-hand smoke?

Current Past

Regularly use deodorant or antiperspirant?

Current Past

Work in construction?

Current Past

Been exposed to welding, solder, metal-working, metal finishing?

Current Past

Eat fish such as tuna, shark, orange roughy, swordfish, halibut, croaker, mackerel, perch, sablefish, marlin, grouper, bluefish, pike, largemouth bass and Walleye?

Current Past

Drink water from well, lake, or river?

Current Past

Drink unfiltered city water?

Current Past

Regularly drink alcoholic beverages?

Current Past

Have a skin reaction to jewelry or other metals?

Current Past

Mold (M)

/ Do you or have you had:

Visible mold?

Current Past

Indoor water leak?

Current Past

Wet inside windows or inside areas?

Current Past

History of a flooded basement, damp musty basement or crawl space?

Current Past

Plants in the house?

Current Past

Home where turning on the central air or heat caused you or family members feel sick?

Current Past

Do you live or work in a building that has any water damage? i.e. *roof leaks, floods, plumbing leaks, slab leaks*

Current Past

For how long did it leak/flood before being detected and corrected?

Months Years

Has there ever been, to your knowledge, any water damage or mold?

Current Past

Can you smell a musty (*mildew, mold*) odor frequently in ANY of your home's interior spaces—any room, basement, crawl space, garage, attic, bathrooms, closets, living spaces?

Current Past

Can you see any visible mold growing in any of your home's interior spaces, particularly on walls, ceiling, or flooring?

Current Past

If so, have you had it identified?

Yes No

Development of illness after change in buildings? Or after water damage?

Current Past

Do you feel better being in fresh air locations?

Yes No

Can you smell mold and mildew better than most people you know?

Yes No

Do you have sensitivity to EMF or electromagnetic frequencies?

Has this changed in anyway? Yes No

Current Past

Have you noticed any other changes to your health since identifying mold or water damage? Increased allergies, respiratory illness, difficulty breathing, increased fatigue, mood changes, GI distress or cognitive changes?

Current Past

Do you have a flat roof? Crawl space? Damp basement? Humidity problems? Window condensation?

Current Past

Is there an HVAC system? Is it used regularly?

Current Past

Do you have a sprinkler system? Does it ever spray the house or the garage?

Current Past

Are the house and the garage connected?

Current Past

Do you have standing groundwater in the yard, or is the ground soft and wet around your home?

Current Past

Do you find standing water, or frequently moist cement or other floor or wall or ceiling materials in your basement during rainy times?

Current Past

Have you ever had your homes interior walls and spaces checked for moisture level with a moisture meter?

Current Past

Do you and your family/housemates always use the bathroom fan during and for at least an hour after bathing/showering?

Current Past

Plastics (PL)

/ Do you or have you:

Regularly eat/drink canned foods/beverages?

Current Past

Regularly consume food packaged in plastic or non-stick wrap?

Current Past

Drink beverages including water from plastic bottles?

Current Past

Regularly handle store receipts?

Current Past

Drink tap or bottled water?

Current Past

Personal Care Products (PCP)

/ Do you use personal care products? Have you ever been or are you currently exposed to the following? i.e. *at home, at work, at school, during travel, etc.*

Use Fabric Softener?

Current Past

Shampoo · Conditioner · Body Gel?

Current Past

Toothpaste · Mouthwash · Dental Floss?

Current Past

Perfume · Cologne · Scented Products?

Current Past

Hairspray · Hair Gel · Hair Dye?

Current Past

Moisturizer · Foundation · Eyeshadow · Eyeliner · Mascara · Blush · Lipstick · Lip Gloss · Powder?

Current Past

Sunscreen · Sunblock · Self-Tanners?

Current Past

Nail Polish · Nail Polish Remover?

Current Past

Hand Soaps · Detergents for Clothes and Dishes · Dryer Sheets · Bleach · Fabric Softener?

Current Past

Plug-in Air Fresheners · Scent Sticks · Scented Candles · Room Spray · Underarm Antiperspirants?

Current Past

Persistent Organic Pollutants (POPs)

/ Have you ever been or are you currently exposed to the following?
i.e. *at home, at work, at school, during travel, etc.*

Dump site or Super Fund site?

Current Past

Industrial plant?

Current Past

Cook with non-stick pans?

Current Past

Use non-stain spray in home or workplace?

Current Past

Use clothing, furniture or bedding treated with flame retardant?

Current Past

Regularly eat animal products including dairy, eggs, fish and/or meat?

Current Past

Regularly go out to eat in restaurants?

Current Past

Microwave food in the package or in plastic wrap?

Current Past

Drink water from well, lake or river?

Current Past

Drink unfiltered city water?

Current Past

Store paints, pesticides or other toxic compounds in your garage or other attached storage space?

Current Past

Live in home built before 1988 in southern US?

Current Past

New carpet, new furniture, and/or new construction/paint?

Current Past

Use synthetic foam mattress or foam cushions/couch/pillows?

Current Past

Treated hair or body for scabies or lice?

Current Past

Electromagnetic Frequencies (EMFs)

/ Do you:

Sleep near electromagnetic devices? i.e. *cell phone or other device, smart meter, electrical panel near bed, nearby power lines*

Current Past

Travel by plane frequently?

Current Past

Live near a power generating station?	<input type="radio"/> Current	<input type="radio"/> Past
Live near an electrical distribution substation?	<input type="radio"/> Current	<input type="radio"/> Past
Live near high voltage electrical transmission lines?	<input type="radio"/> Current	<input type="radio"/> Past
Have a power transformer in your yard?	<input type="radio"/> Current	<input type="radio"/> Past
Have a smart meter on your home?	<input type="radio"/> Current	<input type="radio"/> Past
Have cell towers near your home?	<input type="radio"/> Current	<input type="radio"/> Past
Do you live near a radio/cell tower?	<input type="radio"/> Current	<input type="radio"/> Past
Use LED bulbs, compact fluorescent bulbs, or dimmer switches?	<input type="radio"/> Current	<input type="radio"/> Past
Use an electric stove/oven or electric induction stovetop or hot plates?	<input type="radio"/> Current	<input type="radio"/> Past
Use WiFi in home or office?	<input type="radio"/> Current	<input type="radio"/> Past
Use cell phone up to ear or a Bluetooth device?	<input type="radio"/> Current	<input type="radio"/> Past
Use laptop or tablet directly on your lap?	<input type="radio"/> Current	<input type="radio"/> Past
Use of Alexa-type voice assistant devices, smart appliances in home?	<input type="radio"/> Current	<input type="radio"/> Past
Have a smart meter on the wall of home or office?	<input type="radio"/> Current	<input type="radio"/> Past
Wear a wireless hearing aid?	<input type="radio"/> Current	<input type="radio"/> Past
Wear a "smart watch"?	<input type="radio"/> Current	<input type="radio"/> Past
Use "spreaders," "hubs" or "receivers" to extend and improve WiFi access?	<input type="radio"/> Current	<input type="radio"/> Past

Other

/ Do you or have you:

Have/had a known chemical injury or major exposure?	<input type="radio"/> Current	<input type="radio"/> Past
Live or work in home with asbestos insulation or walls?	<input type="radio"/> Current	<input type="radio"/> Past
Sleep near electromagnetic devices? i.e. <i>cell phone, live near Wi-Fi radio frequency tower, smart meter, electrical panel near bed, nearby power lines or power plant</i>	<input type="radio"/> Current	<input type="radio"/> Past
Live or work near a nuclear power plant?	<input type="radio"/> Current	<input type="radio"/> Past
Regularly eat/drink foods/beverages with artificial sugar?	<input type="radio"/> Current	<input type="radio"/> Past

Multiple Toxicants

Food

/ Do you or have you:

Regularly eat animal products including dairy, eggs, fish and/or meat? **[P, PE, PL, SV]**

Current Past

Regularly drink alcoholic beverages? **[MT, PE]**

Current Past

Regularly go out to eat in restaurants? **[MT, P, PE, PL]**

Current Past

Microwave food in the package or in plastic wrap? **[P, PL]**

Current Past

Eat fish such as tuna, shark, orange roughy, swordfish, halibut, croaker, mackerel, perch, sablefish, marlin, grouper, bluefish, pike, largemouth bass and Walleye? **[MT, P, PE]**

Current Past

House/Job

/ Do you or have you:

Drink water from well, lake, river? **[MT, P, PE, SV]**

Current Past

Drink unfiltered city water? **[MT, P, PE, PL, SV]**

Current Past

Work or live where co-workers/co-inhabitants complain about the air quality or smell? **[M, PE, SV]**

Current Past

Store paints, pesticides or other toxic compounds in your garage or other attached storage space? **[P, PE, SV]**

Current Past

Live in home built before 1988 in southern US? **[P, PE]**

Current Past

Remodeled your home? **[MT, SV]**

Current Past

New carpet, new furniture, and/or new construction/paint? **[P, PL, SV]**

Current Past

New car, mobile home, vinyl tile or construction materials? **[PL, SV]**

Current Past

Use synthetic foam mattress or foam cushions/couch/pillows? **[P, SV]**

Current Past

Work in construction? **[MT, SV]**

Current Past

Work or are a regular customer of hair, beauty, nail salon? **[PCP, SV]**

Current Past

Been exposed to welding, solder, metal-working, metal finishing? **[MT, SV]**

Current Past

Personal Habits

/ Do you or have you:

Treat hair or body for scabies or lice? **[PE, P]**

Current Past

Smoke or eat cannabis? **[PE, SV]**

Current Past

Use scented candles or chemical air fresheners? **[PC, SV]**

Current Past

Use e-cigarettes? **[PC, SV]**

Current Past

Chew tobacco? **[MT, PE]**

Current Past

Regularly use deodorant or antiperspirant? **[MT, PE]**

Current Past

Smoke cigarettes or are exposed to second-hand smoke? **[MT, SV]**

Current Past

Frequently travel by plane? **[PE, SV, Radiation]**

Current Past

/ Do you or have or do you have any of these habits that may protect your health:

Turn off WiFi at night?

Current Past

Have your air ducts cleaned every three years?

Current Past

Replace heater filters quarterly?

Current Past

Use an air purifier?

Current Past

Use water filters?

Current Past

Select all that apply: Tap Water Shower Bathtub Whole House

Regularly sauna?

Current Past

Beauty Professionals

/ Did you or have you:

Worked as a hairstylist, esthetician, aesthetician, nail technician, or makeup artist? **[SV, MT]**

Current Past

Does your current work place have proper ventilation and air purification? **[SV, MT]**

Current Past

Wear a mask when exposed to nail or dust particles? **[SV, MT]**

Current Past

Ever done special effects makeup using prosthetics? **[SV, MT]**

Current Past

Been exposed to chemical hair processes behind the chair? **[SV, MT]**

Current Past

Facilitated Brazilian blowouts, Keratin straightening or any other chemical treatments with heat and vapor? **[SV, MT]**

Current Past

Used (a)esthetic machinery? *i.e. diamond glow or something similar* **[SV, MT]**

Current Past

Had regular exposure facilitating gel nails, acrylics or other synthetic nail products? **[SV, MT]**

Current Past

Been exposed to a water leak at any of the places you've worked or around the shampoo bowl? **[SV, MT, M]**

Current Past