



Environmental Health Questionnaire

Overload or Poor Metabolizer Indicators

Yes answers to these questions can indicate one or more of these three things.

1. You have been exposed to a significant amount of chemicals that may cause a reaction in your body
2. 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.
3. 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 (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 can't? 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 isle in a store because it makes you feel ill or have other symptoms? Current Past
- Easily get rashes or skin irritation though 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
- Have a skin reaction to jewelry or other metals 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 work place 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, finishes, removers Current Past
- Been exposed to synthetic rubber, tire parts, synthetic latex rubber Current Past
- Use standard cleaning products at home or on the job Current Past
- Been exposed to glues, epoxies, resins, solvents 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? <25%, 50%, 75%, 95%
- Be sure to include foods you eat at restaurants.

Metals (MT)

Do you or have you

- 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 (hip, shoulder, etc.) or have had any metal implanted in your body (screws, plates, etc.) Current Past
- Take herbal formulas made in China or India Current Past
- Live in house built before 1978 Current Past



Mold (M)

Do you or have you

- Visible mold Current Past
- Indoor water leak Current Past
- Wet inside windows or other inside areas Current Past
- History of a flooded basement, damp musty basement or crawl space Current Past
- Plants in your house Current Past
- Home where turning on the central air or heat caused you or family members feel sick? 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

Personal Care Products (PCP)

Do you or have you

- Regularly wear make-up Current Past
- Regularly use hair and skin products containing fragrance phthalates or parabens Current Past
- Regularly use nail polish Current Past
- Use scented soaps, lotions, detergents, potpourri, perfumes, etc. Current Past
- Use fabric softener Current Past



Persistent Organic Pollutants (P)

Have you ever been or are you currently exposed to the following? (home, work, school, travel, etc.)

- Dump site or Super Fund site Current Past
- Industrial plant Current Past

Do you or have you

- 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

EMF

Do you

- Live near a power generating station? Current Past
- live near an electrical distribution sub-station? Current Past
- live near high voltage electrical transmission lines? Current Past
- live in direct line of a TV transmitter? Current Past
- live near a microwave tower? Current Past
- live near a radio tower? Current Past
- have a smart meter on your home? Current Past
- have Wi-Fi in your home? Current Past

- Is there a power transformer in your yard? Current Past
- Are there cell towers near your home? May be disguised? Current Past
- Do you microwave your food Current Past
- What type of electric lights do you have? Current Past

- Incandescent Current Past

- fluorescent Current Past

- LED Current Past



- halogen

Current

Past

Other

Do you or have you

- Have/had a known chemical injury or major exposure?
- Live or work in home with asbestos insulation or walls
- Sleep near electromagnetic devices (cell phone, live near Wi-Fi radio frequency tower, smart meter, electrical panel near bed, nearby power lines or power plant)
- Live or work near a nuclear power plant
- Regularly eat/drink foods/beverages with artificial sugar

Current

Past

Current

Past

Current

Past

Current

Past

Current

Past

Multiple Toxicants

Food

Do you or have you

- Regularly eat animal products including dairy, eggs, fish and/or meat (P, PE, PL, SV)
- Regularly drink alcoholic beverages [MT, PE]
- Regularly go out to eat in restaurants [MT, P, PE, PL,]
- 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)
- Regularly eat animal products including dairy, eggs, fish and/or meat (P, PE, PL, SV)
- Microwave food in the package or in plastic wrap (P, PL)

Current

Past

Current

Past

Current

Past

Current

Past

Current

Past

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
- Store paints, pesticides or other toxic compounds in your garage or other attached storage space (P, PE, SV) Current Past
- Work or live where co-workers/co-inhabitants complain about the air quality or smell (M, 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, V) 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



N A E M

National Association of
Environmental Medicine

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

- Turn Wi-Fi off at night Current Past
- Have your air ducts cleaned every three years Current Past
- Replace heater filters quarterly Current Past
- Use air Purifier Current Past
- Use water filters, Circle all that apply {tap water, shower, bathtub, whole house} Current Past
- Regularly sauna Current Past