



N A E M

National Association of
Environmental Medicine

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

This information is brought to you in collaboration with the National Association of Environmental Medicine

Copyright NAEM, 2020

www.envmedicine.com

- 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 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
- 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

- 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 isle 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 Current Past

garden?

- 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.
 - <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 (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
 - Live in or near a dump site or Super Fund site? Current Past
 - Live within a mile of an Industrial plant? Current Past
 - Implants (hip, shoulder) or have had any Current Past

metal implanted in your body (screws, plates, etc.)?

- | | | |
|---|----------------------------------|-------------------------------|
| ○ Regularly go out to eat in restaurants? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Remodeled your home (ever)? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Chew tobacco? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Smoke cigarettes or are exposed to second-hand smoke? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Regularly use deodorant or antiperspirant? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Work in construction? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Been exposed to welding, solder, metal-working, metal finishing? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Eat fish such as tuna, shark, orange roughy, swordfish, halibut, croaker, mackerel, perch, sablefish, marlin, grouper, bluefish, pike, largemouth bass and Walleye? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Drink water from well, lake, or river? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Drink unfiltered city water? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Regularly drink alcoholic beverages? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Regularly go out to eat at restaurants? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| ○ Have a skin reaction to jewelry or other metals? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |

Mold (M)

Do you or have you had:

- | | | |
|----------------------|----------------------------------|-------------------------------|
| • Visible mold? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Indoor water leak? | <input type="checkbox"/> Current | <input type="checkbox"/> 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
- Do you live or work in a building that has any water damage such as 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 Current Past

electromagnetic frequencies? Has this changed in anyway?

- 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? (home, work, school, 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 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 Current Past

antiperspirants?

Persistent Organic Pollutants (POPs)

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

- | | | |
|---|----------------------------------|-------------------------------|
| • Dump site or Super Fund site? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Industrial plant? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Cook with non-stick pans? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Use non-stain spray in home or workplace? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Use clothing, furniture or bedding treated with flame retardant? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Regularly eat animal products including dairy, eggs, fish and/or meat? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Regularly go out to eat in restaurants? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Eat fish such as tuna, shark, orange roughy, swordfish, halibut, croaker, mackerel, perch, sablefish, marlin, grouper, bluefish, pike, largemouth bass and Walleye? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Microwave food in the package or in plastic wrap? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Drink water from well, lake, river? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Drink unfiltered city water? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Store paints, pesticides or other toxic compounds in your garage or other attached storage space? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • Live in home built before 1988 in southern US? | <input type="checkbox"/> Current | <input type="checkbox"/> Past |
| • New carpet, new furniture, and/or new construction/paint? | <input type="checkbox"/> Current | <input type="checkbox"/> 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 (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? Current Past
- Live near an electrical distribution sub-station? Current Past
- Live near high voltage electrical transmission lines? Current Past
- Have a power transformer in your yard? Current Past
- Have a smart meter on your home? Current Past
- Have cell towers near your home? Current Past
- Do you live near a radio/cell tower? Current Past
- Use LED bulbs, compact fluorescent bulbs, or dimmer switches? Current Past
- Use an electric stove/oven or electric induction stovetop or hot plates? Current Past
- Use wifi in home or office? Current Past
- Use cell phone up to ear or a Bluetooth device? Current Past

- Use laptop or tablet directly on your lap? Current Past
- Use of Alexa-type voice assistant devices, smart appliances in home? Current Past
- Have a smart meter on the wall of home or office? Current Past
- Wear a wireless hearing aid? Current Past
- Wear a "smart watch"? Current Past
- Use "spreaders," "hubs" or "receivers" to extend and improve wifi access? Current Past

Other

Do you or have you:

- Have/had a known chemical injury or major exposure? Current Past
- Live or work in home with asbestos insulation or walls? Current Past
- 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)? Current Past
- Live or work near a nuclear power plant? Current Past
- Regularly eat/drink foods/beverages with artificial sugar? 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)? 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, 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

Do you 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