

EMF Professional Solutions

Environmental Factors Questionnaire

Name: _____ Date: _____

Contact Info: _____ (circle) cell home work Email: _____

Home address: _____

*Please note that I may have to turn off the power to your house during the assessment. Please make sure you have saved any work on your computer on the day of the assessment.

1. How many people live in your home (include pets) Please list their name and age.

2. How long have you lived in this home?

3. Where do you (and other family members) work? Home Office Other

4. Approx age of the dwelling _____ Approx square feet of living space _____

5. Do you have public or well water? Public Well

6. Type & Age of of heating/AC system? Electric Natural Gas Propane Other:
Age of Furnace: _____

7. Name of Electric Company? Type of meter: smart analog unsure
If Smart Meter: **Model or Manufacturer** (listed on the meter) _____

8. Is anyone in the house ill? What is their illness or symptoms?

9. Does anyone in the home have insomnia or sleep problems?

10. Do you have school-age children that attend a "wireless" enabled school? Yes No

11. What kind of mattress do you have? Inner spring Memory foam Natural latex

Other (please list)

12. Do you have an electrified bed, e.g., Sleep Number, or does anyone in the home use an electric blanket? Yes No Elec Blanket or Electrified Bed

13. Please Circle any "wireless" devices you know of used in the home:

Cordless phone(s) wireless router(s) Xbox or other wireless games Redeye Roku
Sonos or other wireless speakers wireless alarm system cell phones / ipads, etc.
Wireless mouse, keyboard, printer Wireless security system Baby monitor Alexa/Echo
Nest (heating) WiFi or Bluetooth enabled car Fit bit wireless tv controllers
Other:

Other: (please list)

14. Do you use any of the following:

Plug-in air fresheners pesticides – inside outside Mothballs
herbicides/lawn chemicals chemically-based cleaning products
Non-stick cookware Microwave Oven

15. What kind of lighting do you use? Compact Fluorescent bulbs incandescent bulbs

halogen bulbs LED bulbs fluorescent tube lighting

16. Does the home have any dimmer switches? None A few Quite a few

17. Stove: Gas Electric Induction

18. Do you drive a hybrid or electric car? No Yes – Make Model Year

19. Do you have any phones paired in your car?

20. Who is your internet service provider: Verizon Comcast Other

21. Has any remodeling been done in the past 2 years? If yes, please describe.

22. List any concerns that you may have regarding the home e.g. close to cell tower or power lines, ill health of occupants, or indicate if this is just a preventative or educational visit.