EMF Professional Solutions, LLC

*Environmental Factors Questionnaire*

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| **Name** **Date**  |
| **Phone**  **(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.

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| 1. **How many people live in your home (include pets**) Please list their name(s) and age(s) |
| 2. **How long** have you lived in this home? Do you **Own** or **Rent** the home? |
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| 3. Where do you (and other family members) **work?** Home Office  |
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| 4. **Age of the dwelling** Square feet of living space  |
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| 5. Do you have **public or well water**? Public Well **If Public, do you filter the water?** Yes No |
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| 6. **Type & Age 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) |
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| 8. **Is anyone in the house ill**? What is their illness or symptoms?  |
| 9. Does anyone in the home have **insomnia or sleep problems?**  |
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| 10. Do you have **school-age children that attend a “wireless” enabled school**? Yes No |
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| 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?** **Name or Brand of Electrified Bed:**  |
| 13. Please Circle any **“wireless” devices** you know of used in the home:  |
| Cordless phone(s) router(s ) Wifi booster(s) Xbox or other wireless games Roku Sonos/wireless speakers Fire TV stick wireless cameras cell phones Ipads, etc. Wireless mouse, keyboard, security system baby monitor Alexa/Echo Wifi or Bluetooth enabled car Fit bit/Apple watch wireless tv controllers Tile/GPS trackersPrinter(s) – Are any printers an **HP** brand?  |
|  |
| **Smart:** thermostat, garage door openers, doorbell, locks, plugs, switches, light bulbs, refrigerator, stove, oven, smoke detectors, vacuum, air cleaner, health products – hearing aids, glucose monitor, etc. |
| TV’s - Are any of the Smart TV’s a **SONY** brand? |
| **Other smart or wireless products:**  |
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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

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| 15. What kind of **lighting** do you use? **Please circle all**  Compact Fluorescent bulbs incandescent bulbs  |
| halogen bulbs LED bulbs fluorescent tube lighting  |
| Lutron Smart lighting Other |

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| 16. Does the home have any **dimmer switches**? None A few Quite a few |
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| 17. **Stove:** Gas Electric Induction  |
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| 18. Do you drive a **hybrid or electric car?** No Yes – Make Model Year  |
|  |
| 19. Do you have any **phones paired in your car?** YesNo |
|   |
| 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, or indicate if this is just a preventative or educational visit.