

EMF Professional Solutions, LLC

Environmental Factors Questionnaire

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.

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?
3. Where do you (and other family members) work? Home Office
4. Age of the dwelling Square feet of living space
5. Do you have public or well water? Public Well If Public, do you filter the water? Yes No
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)
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 ? 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 I pads, etc. Wireless mouse, keyboard, security system baby monitor Alexa/Echo Wifi or Bluetooth enabled car Fit bit/Apple watch wireless tv controllers Tile/GPS trackers Printer(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:

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? Please circle all Compact Fluorescent bulbs incandescent bulbs halogen bulbs LED bulbs fluorescent tube lighting Lutron Smart lighting Other

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 ? Yes No
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.