Environmental Exposure Questionnaire

Name: _____ Date: _____

A. Metabolism of Pollutants

1. Have you often had to lower the regular dose of prescription, over-the-counter, or herbal supplements because you were too sensitive to normal doses? Yes No
2. Do you avoid caffeine in the afternoon all together because it can keep you up at night? ☐ Yes ☐ No
3. Have you ever experienced adverse reactions to medications?
   ☐ Yes ☐ No

B. Toxicant – Related Health Problems:

1. Do you have a sudden onset of physical, mental or emotional symptoms (headaches, skin rashes, nausea, fatigue, shortness of breath etc.) upon exposure to chemical odors (cleaners, perfumes, new materials, cigarette smoke, diesel exhaust, ect.)? Yes No

a.) When did you first notice any such reaction? (age you were when it began)
b.) What was the chemical you first reacted to?
c.) In the last 6 months, are your chemical reactions getting
   ☐ Better
   ☐ Worse
   ☐ Staying the Same
d.) Do you experience unpleasant symptoms when you walk down the soap aisle in the grocery store, or do you find yourself avoiding the soap aisle altogether? Yes No
e.) Check the chemicals that you react to and the approximate age it began

☐ Cleaners
☐ Perfumes
☐ Cigarette smoke
☐ Vehicular Exhaust
☐ Paints
☐ New Carpet
☐ Plastics
☐ Pesticides or other agricultural chemicals
Other (list) _____

2. For any of the following illnesses that you have had, please note the age at which it began:

Asthma
Allergies
Rheumatoid arthritis
Lupus
Sjogren's Syndrome
Autoimmune thyroiditis
Any other auto immune illness
Balance disorder
Brain fog – diminished cognition
Memory loss
Depression or anxiety
Parkinsonism
Tremors
Adult onset diabetes
Infertility
Low Testosterone
Hypothyroid
Gout
Gestational diabetes
Gestational hypertension
Overweight
Other (list) _____

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C. Pollutant Exposure:

Air Pollution

	1-5	5-10	10-20	20-30	More Than 30	Don't Know
1. How many minutes-drive is it from your house to the closet highway/freeway?	◯	◯	◯	◯	◯	◯
2. How many minutes – drive is it from your house to a busy street?	◯	◯	◯	◯	◯	◯
3. How many minutes-drive is it from your house to the closest agricultural area?	◯	◯	◯	◯	◯	◯
4. How many minutes-drive is it from your house to the closest industrial area where you can see smokestacks?	◯	◯	◯	◯	◯	◯
5. How many minutes-drive is it from your house to the closest golf course?	◯	◯	◯	◯	◯	◯
6. How many minutes-drive is it from your house to the closest land-fill?	◯	◯	◯	◯	◯	◯
7. How many years have you lived in a city, town, or state that is known for air pollution(such as Los Angeles or Salt Lake City	◯	◯	◯	◯	◯	◯
8. How often can you "see air" in your area?	☐ 1- 4 times monthly ☐ Most of the time ☐ All of the time ☐ Rarely					
9. Do you have air purifiers in your home ☐ Ozone ☐ Ion generator ☐ HEPA ☐ IQ Air, Blue Air, Austin Air, Aller Air or similar	☐ Yes ☐ No					
10. Are shoes worn inside your home?	☐ Yes ☐ No					
11. Do you have an attached garage that your car is parked in?	☐ Yes ☐ No					
12. Do you drive a diesel vehicle	☐ Yes ☐ No					
13. Does your vehicle have an exhaust leak?	☐ Yes ☐ No					
14. What is the approximate year or decade your current home was built?	_____					
15. Type of Appliances: ☐ Electric ☐ Natural Gas						
16 Type of Heating: ☐ Electric ☐ Gas ☐ Oil ☐ Wood burning ☐ Diesel						
17. When were your air ducts last cleaned?	_____					

Environmental Exposure Questionnaire

18. When was your furnace last replaced?	◯ 0-1 month ◯ 1-3 months ◯ Unsure
19. Are pesticides used in your home or yard?	☐ Yes ☐ No
20. How often do you have your clothes dry cleaned?	☐ Weekly ☐ Monthly ☐ 3-6 Months ☐ Rarely ☐ Never
21. How often do you get hair coloring?	☐ Monthly ☐ 3-6 Months ☐ Rarely ☐ Never
22. How often are you in a salon in which acrylic nail service is provided	☐ Weekly ☐ Monthly ☐ 3-6 Months ☐ Rarely Never
23. Do you sleep on any of the following? ☐ Pillow-top mattress ☐ Memory foam mattress ☐ Memory foam pillow	
24. Do you spray or plug-in air fresheners?	☐ Yes ☐ No
25. Have you had long-term contact with industrial chemicals? (i.e. work or schooling) a.) How many years? b.) What chemicals?	☐ Yes ☐ No ☐ 1-5 ☐ 5-10 ☐ 10-20 ☐ 20-30 ☐ 30+ _____
26. Have you lived in a new home or a recently remodeled home?	☐ Yes ☐ No
27. What are the newest pieces of furniture you have purchased for our home? a.) When were they purchased? b.) Are any upholstery or drapes in the home treated with Scotchguard (stain resistance?	_____ _____ ☐ Yes ☐ No
28. Does your current home have wall to wall carpeting?	☐ Yes ☐ No
29. Are non-stick Teflon pans used for cooking in your home?	☐ Yes ☐ No
30. Do you have any hobbies that require the use of solvents, paints, gasoline or lead?	☐ Yes ☐ No
If so list them here : _____	
31. Do you have pets in your home that you apply anti-flea or tick products to? a.)How often _____	☐ Yes ☐ No

Environmental Exposure Questionnaire

Food Pollution

	Rarely/ Never	Less Than Once Weekly	Once Weekly	Twice or More Weekly
1. How often do you consume the following?				
Tuna	○	○	○	○
Salmon	○	○	○	○
Alaskan Salmon	○	○	○	○
Swordfish	○	○	○	○
Chilean Sea Bass	○	○	○	○
Orange Roughy	○	○	○	○
Sardines	○	○	○	○
2. How often do you consume (eating or juicing) commercial varieties (non-organic) of the following?				
Apples	○	○	○	○
Celery	○	○	○	○
Cherry tomatoes	○	○	○	○
Cucumber	○	○	○	○
Grapes	○	○	○	○
Nectarines	○	○	○	○
Peaches	○	○	○	○
Potatoes	○	○	○	○
Snap peas	○	○	○	○
Spinach	○	○	○	○
Strawberries	○	○	○	○
Sweet bell peppers (any color)	○	○	○	○
3. How often do you consume canned soup?	○	○	○	○
4. How often do you make pre-packaged “microwave-safe meals”?	○	○	○	○
5. How often do you microwave food in Styrofoam or non-ceramic “micro-wave” safe plastics?	○	○	○	○
6. How often do you consume dark green leafy vegetables?	○	○	○	○

Environmental Exposure Questionnaire

Metals

1. Were you raised in a smoking household?	☐ Yes ☐ No
2. Have you ever smoked? a.) How many packs a day? b.) How many years?	☐ Yes ☐ No
3. Have you lived in a home that was built before 1978?	☐ Yes ☐ No
4. Have you remodeled home that was built before 1978?	☐ Yes ☐ No
5. Have you ever had silver amalgams in your teeth? a.) How many? b.) How many years? c.) How many years since the last amalgam was put in your mouth? d.) Do you grind your teeth at night?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Unknown
6. How often do you consume tofu?	☐ Rarely/Never ☐ Less than once per week ☐ Once per week ☐ More than twice per week
7. Do you use filtered water	☐ Yes ☐ No

Mycotoxins

1. Have you had any of the following in your current or past residence?	Current	Past
a. A roof leak?	☐	☐
b. Water in the basement?	☐	☐
c. Broken water pipe?	☐	☐
d. Window leaks?	☐	☐
e. Does your carpet ever get wet when it rains?	☐	☐
f. Any water stains on ceilings or walls?	☐	☐
g. Any rooms in the home that smell musty?	☐	☐
h. Ever needed assistance to clear water from the home?	☐	☐
i. Do you suspect the house has mold in it?	☐	☐
j. Do you have a front-loading washer?	☐	☐
k. Is any amount of mold visible around the shower/tub or sinks in the home?	☐	☐
2. Is your home water supply from a well or cistern?	☐ Yes ☐ No	

Environmental Exposure Questionnaire

Lifestyle Pollutants

1. Do you have any silicone-containing implants?	☐ Yes ☐ No			
a. How many years ago were the implants put in?	☐ 1-5 ☐ 5-10 ☐ 10-20 ☐ 20-30			
2. Do you have any implants of other materials (Teflon, stainless steel, etc.)?	☐ Yes ☐ No			
3. How often do you use the following personal care products?	Rarely/ Never	Less than Once weekly	Daily	More than Once daily
a. Skin lotion	○	○	○	○
b. Sunscreen	○	○	○	○
c. Scented deodorant	○	○	○	○
d. Cologne or perfume	○	○	○	○

4. In your home, do you have any of the following?

- ☐ Wifi routers
- ☐ Bluetooth appliances
- ☐ Smart Meter
- ☐ Cordless phone