

What is your chemical and environmental exposure?

Lifestyle Evaluation: Chemical and Environmental Exposure Questionnaire

Fill out this questionnaire to see how you score.

Rate each of the following from 0 to 3. If it does not apply, put a 0.
few times a month = 1 weekly = 2 daily or almost daily = 3

A. Home/Work Environment

- | | |
|---|---|
| <input type="checkbox"/> 1. How often do you eat out in a restaurant? | <input type="checkbox"/> 21. How often do you use air fresheners? |
| <input type="checkbox"/> 2. How often do you eat fast food? | <input type="checkbox"/> 22. How often do you use wood cleaners or polishes? |
| <input type="checkbox"/> 3. How often do you cook with vegetable oils? | <input type="checkbox"/> 23. How often do you use mothballs in your home? |
| <input type="checkbox"/> 4. How often do you prepare/eat boxed meals? | <input type="checkbox"/> 24. How often do you use ammonia for cleaning? |
| <input type="checkbox"/> 5. How often do you eat frozen meals? | <input type="checkbox"/> 25. How often do you use bleach (chlorine) in your laundry or for cleaning? |
| <input type="checkbox"/> 6. How often do you use margarine or other types of processed spreads? | <input type="checkbox"/> 26. How often do you use scented laundry detergent, softeners, or dryer sheets? |
| <input type="checkbox"/> 7. How often do you use artificial sweeteners? | <input type="checkbox"/> 27. How often do you use powdered, liquid, or foam scrubbing solutions or cleansers in your household? |
| <input type="checkbox"/> 8. How often do you drink flavored drinks with food colorings? | <input type="checkbox"/> 28. How often do you use wood to heat your home? |
| <input type="checkbox"/> 9. How often do you drink carbonated drinks? | <input type="checkbox"/> 29. How often are you exposed to smog? |
| <input type="checkbox"/> 10. How often do you drink diet drinks? | <input type="checkbox"/> 30. How often do you park your vehicle in a garage attached to the home you live in? |
| <input type="checkbox"/> 11. How often do you eat candy with food colorings? | <input type="checkbox"/> Section A Total |
| <input type="checkbox"/> 12. How often do you eat canned soups? | |
| <input type="checkbox"/> 13. How often do you eat microwaved popcorn? | |
| <input type="checkbox"/> 14. How often do you use plastic containers to store your food? | |
| <input type="checkbox"/> 15. How often do you use perfume or cologne? | |
| <input type="checkbox"/> 16. How often do you use antibacterial soaps? | |
| <input type="checkbox"/> 17. How often do you take any prescription medications? | |
| <input type="checkbox"/> 18. How often do you wear cosmetics? | |
| <input type="checkbox"/> 19. How often do you color, perm, or straighten your hair? | |
| <input type="checkbox"/> 20. How often do you burn candles in your home or office? | |

B. What has your exposure been to any of the following?

Rate each of the following from 0 to 3.

If it does not apply, put a 0.

few times a month = 1

weekly = 2

daily or almost daily = 3

- _____ 1. Fertilizers
- _____ 2. Pesticides
- _____ 3. Rodenticides
- _____ 4. Herbicides
- _____ 5. Fungicides
- _____ 6. Paints and paint thinners
- _____ 7. Wood preservatives or stains
- _____ 8. Alloys (i.e., jewelry making)
- _____ 9. Dyes (i.e., textiles)
- _____ 10. Other:

Section B Total

C. Have you ever worked in any of the following areas?

(yes = 3, no = 0)

- _____ 1. Chemical processing
- _____ 2. Electroplating
- _____ 3. Soldering
- _____ 4. Welding
- _____ 5. Metal cutting
- _____ 6. Leather tanning
- _____ 7. Fireworks
- _____ 8. Metal smelting
- _____ 9. Photographic darkroom
- _____ 10. Hair salon
- _____ 11. Nail salon
- _____ 12. Other:

Section C Total

D. General Miscellaneous Exposures

- _____ 1. Have you ever worked in a mine?
(yes = 3, no = 0)
- _____ 2. Have you ever had silver amalgam fillings in your teeth? (yes = 3, no = 0)
- _____ 3. Do you have any tattoos with colored ink?
(yes = 3, no = 0)
If yes, please circle which:
red yellow green white blue black
- _____ 4. Do you receive flu shots or other vaccinations? (yes = 3, no = 0)
- _____ 5. Do you have any other type of metal in your mouth? (yes = 3, no = 0)
- _____ 6. Do you currently smoke cigarettes?
(yes = 3, no = 0)
If not, have you smoked cigarettes in the past? (yes = 3, no = 0)
- _____ 7. Do you currently use any other type of tobacco products? (yes = 3, no = 0)
If not, have you used any other type of tobacco product in the past?
(yes = 3, no = 0)
- _____ 8. Are you exposed to secondhand smoke?
(yes = 3, no = 0)
- _____ 9. Does your home, work, school, or car have a damp or mildew smell?
(yes = 3, no = 0)
- _____ 10. Have you ever had water damage in your home, work, or school?
(yes = 3, no = 0)
- _____ 11. Does spending time in your basement cause or worsen your symptoms?
(yes = 3, no = 0)
- _____ 12. Does spending time in a different location change your symptoms?
If so, are they better or worse?
(yes = 3, no = 0)
- _____ 13. Do you develop symptoms when you smell perfume, cologne, or strong odors?
(yes = 3, no = 0)

Section D Total

E. Water

- 1. Where does your primary water source come from? (please circle)
municipal well home filtering system bottled other:
- 2. What is your approximate daily water intake in ounces? (1 cup water = 8 ounces)

_____ **Total A**

_____ **Total B**

_____ **Total C**

_____ **Total D**

_____ **Grand total**

Score Between 0 and 15

Good job. Recommend 21-day Standard Process® Purification Program once a year and continued vigilance to avoid chemical exposure.

Score Between 16 and 30

Room for improvement. Recommend 21-day Standard Process Purification Program once a year, possible lifestyle changes, and increasing awareness to avoid chemical exposure.

Score Above 30

Need to rethink habits. Recommend 21-day Standard Process Purification Program twice a year, possible lifestyle changes, and a serious plan to avoid chemical exposure.

