Environmental Exposures Assessment

There are over 70,000 chemicals commercially produced in the United States. The long-term effects of many of these chemicals have never been investigated. But many chemicals are harmful in very low doses. Unless generated by the body (formaldehyde, pentane), the body's level for chemicals should be non-detectable, and not "low level".

Chemicals are widespread in our environment, and constant exposure to low levels can cause dysfunction in many systems of the body.

The purpose in the following questions is to determine if any of your health problems can be a result of chemical toxicity and to measure your **total toxin load**.

Please check all that apply to you / products that you use.

Electromagnetic Factors

- ❑ Live or have you lived within 200 yards from high-voltage wires or transformers
  - ❑ When?

    _____
- ❑ Live or have lived near an electric distribution substation
- ❑ Bed is close to the main electrical current
- ❑ Have a fan directly over your bed
- ❑ Have an alarm clock or radio close to your bed (plugged in)
- ❑ Live or have you lived near a television transmitter
- ❑ Sleep with an electric blanket, heating pad
- ❑ Sleep on a waterbed
- ❑ Position of your head of your bed is facing:
  - ❑ North
  - ❑ South
  - ❑ East
  - ❑ West
- ❑ Work on a computer for longer than six hours per day
- ❑ Use a screening shield over your computer screen
- ❑ Live or have you lived near a power generating station
- ❑ Live near a radio tower
- ❑ You use a cellular phone more than 2 hours per day
- ❑ Use microwave ovens
- ❑ Bed has a wooden backboard
- ❑ Have fluorescent light fixtures

Toxin Exposure

Trichloroethylene/TCE

- ❑ Work close to a copy machine
- ❑ Worked in a printing shop
- ❑ Drink decaffeinated coffee
- ❑ Use typewriter correction fluid
- ❑ Use rug cleaners
- ❑ Use disinfectants
- ❑ Use carbonless paper
- ❑ Use spot removers
- ❑ Use cleaning supplies
- ❑ Use metal degreasers
- ❑ Do recreational painting

Formaldehyde

- ❑ Wear many dry-cleaned clothes
- ❑ Noticed changes of your health since you moved into your home
- ❑ Wear many polyester clothes and permanent press
- ❑ You use spray starch
- ❑ Have foam wall insulation
- ❑ Have particleboard, chip board, or interior plywood
- ❑ Put up wallpaper in the last 2 years
- ❑ Have foam cushions or foam mattresses
- ❑ Live or lived in a trailer
- ❑ Worked in a laboratory
- ❑ Your home been insulated since your illness
- ❑ Had new carpets
  - ❑ When? _____
- ❑ Use waxes and polishes on your floor
- ❑ Been around resin glues and plastics
- ❑ Have exterior grade plywood on your home
- ❑ House contains stucco, plaster, or concrete
- ❑ Have a wood-burning stove
- ❑ Have draperies
- ❑ Have used acid-cured resin floor finishes
- ❑ Have fire-proof material in your home
- ❑ Smoke in your home
- ❑ Have a photography darkroom
- ❑ Use nail polish remover
- ❑ Use fingernail hardener

Pesticides & Herbicides

Organochlorines, Organophosphate, Carbamate, Chlorinated Cyclodiene, Botanical & Microbial

- ❑ Use pesticides
- ❑ Use weed killer
- ❑ You use cleaning fluids, waxes
- ❑ Lived or worked at a dry cleaning plant
- ❑ Have been around wood preservatives
- ❑ Drink tap water
- ❑ Work with electrical equipment
- ❑ Have mothballs in your closets
- ❑ Gasoline fumes bother you
- ❑ Eat store bought meat
- ❑ Use insecticides
- ❑ Crop-surface sprays
- ❑ Aerosols
- ❑ Fumigants

Volatile Organic Compounds

Paradichlorobenzenes, toluene, ethers, ketones, propane, polymers, tetrachloroethylene

- ❑ Had home painted in the last 2 years
- ❑ Use cleaning solvents
- ❑ Have soft vinyl floors
- ❑ Handle propane and butane
- ❑ Get your clothes dry-cleaned
- ❑ Store dry-cleaned clothes in closets
- ❑ Barbecue more than 2 times per month
- ❑ Work in a “tightly sealed building”
- ❑ Work close to a laser printer
- ❑ Use moth balls
- ❑ Have nylon carpet
- ❑ Use air fresheners
- ❑ Have a workshop in the home

Phenols

- ❑ Household cleaners
- ❑ Nasal sprays
- ❑ Styrofoam cups
- ❑ Cough syrup
- ❑ Decongestants
- ❑ Hair sprays
- ❑ Scented deodorants
- ❑ Scotch tape
- ❑ Newsprint
- ❑ Lysol
- ❑ Epoxy
- ❑ Listerine
- ❑ Chloraseptic throat sprays
- ❑ Noxema
- ❑ Mildew cleaners
- ❑ Perfumes
- ❑ Air fresheners
- ❑ Disinfectants
- ❑ Polishes
- ❑ Glues
- ❑ Waxes
- ❑ Mouthwash
- ❑ Hard saucepan handles
- ❑ Smoke in the house
- ❑ Have you been exposed to chemicals?
  - ❑ When? _____
- ❑ Have you had your home treated for termites?
  - ❑ When? _____
- ❑ Wash own vehicle by hand
- ❑ What type of cleaners do you use?

  _____

Carbon Monoxide/Nitrogen Oxide/Sulfur Dioxide

- ❑ Have oil or gas stove
- ❑ Have water heaters
- ❑ Chimney is damaged
- ❑ Live near a busy street
- ❑ Garage attached to your home
- ❑ Smoke at home
- ❑ Have an open fireplace

Ozone

- ❑ Use an electrical sewing machine
- ❑ Use power tools
- ❑ Use ion generators
- ❑ Work close to a photocopier

Carbon Dioxide

- ❑ Work in a crowded work place
- ❑ Have poor ventilation at work

Asbestos

- ❑ Live in an old home
- ❑ Have old ceiling tiles, plaster, insulation board and heating duct tape
- ❑ Lived in a large city with many trucks, buses etc.
- ❑ Lived near a building which was torn down
- ❑ Mother exposed to any unusual chemicals or drugs during pregnancy (DES)
- ❑ Do you have your nails treated?
- ❑ Acrylic adhesives

Product Brands

Please note the “brand” of product you use. For example: Toothpaste: Crest

- ❑ Shampoo _____
- ❑ Toothpaste _____
- ❑ Hair conditioner _____
- ❑ Make-up_____
- ❑ Lipstick_____
- ❑ Make-up foundation _____
- ❑ Deodorant _____
- ❑ Perfume _____
- ❑ Hairspray _____
- ❑ Shaving cream _____
- ❑ Cologne _____
- ❑ Facial creams _____
- ❑ Body creams _____

Product Use

Do you have hair permanents? ❑ Yes ❑ No
If yes, how often? _____

Do you have hair colorings? ❑ Yes ❑ No
If yes, was it permanent or temporary? _____

Do you use Latex products?

- ❑ Baby bottle nipples
- ❑ Balloons
- ❑ Bandages
- ❑ Diaphragms
- ❑ Hot water bottles
- ❑ Latex gloves
- ❑ Dishwashing gloves
- ❑ Rubber dams for dental work
- ❑ Tires
- ❑ Worked in a rubber industry

General Miscellaneous

- ❑ Use black hair dye (Nitrosamines)
- ❑ Worked in beauty shop.
  - ❑ When? _____
- ❑ Take any illicit drugs as an adolescent/young adult?
  - ❑ What type? _____
- ❑ Work in a machine shop
- ❑ Work in a garden?
- ❑ Work or have you worked on a farm
  - ❑ When? _____
- ❑ Have mercury fillings
- ❑ Had mercury fillings removed?
  - ❑ When? _____
- ❑ Been exposed to radiation
  - ❑ When? _____
- ❑ Have a hot tub
- ❑ Use chlorine or bromine
- ❑ Have a well
- ❑ Work around PVC pipe (Vinyl chloride)
- ❑ Moved to a new office in the last two years
- ❑ Live in an apartment?
  - ❑ How old? _____
- ❑ Eat at salad bars
- ❑ Eat raw fish (sushimi)
- ❑ Buy food from street vendors
- ❑ For Women: Have breast implants
  - ❑ made of saline
  - ❑ made of silicone
- ❑ Has any type of metal been used in implants or joint replacements in your body?
  - ❑ What type? _____
  - ❑ Where? _____
- ❑ Notice more symptoms at work than at home or vice versa?
- ❑ Symptoms worse going into a mall
- ❑ Have you ever worked in a mall?
  - ❑ When? _____
- ❑ Lived in a new office
- ❑ Owned a new vehicle since your symptoms began
- ❑ Have a tool shop in your garage
- ❑ Live on or near a golf course
- ❑ Live in or near an industrial area
- ❑ Lived or traveled outside the US.
  - ❑ Where? _____

Your Home

- ❑ Live near a landfill
- ❑ Have live plants in your home
- ❑ Have pets in your home
- ❑ Have basement molds
- ❑ Home is damp
- ❑ Use a humidifier?
  - ❑ When the last time you cleaned it?

    _____
- ❑ Furniture been put in storage or possibly fumigated
- ❑ Stained furniture in the last 2 years
- ❑ Bought new furniture
  - ❑ What type of material

    _____
- ❑ Installed drop ceilings
- ❑ Painted indoors
- ❑ Sided your home
- ❑ Changed your heating system, stove, clothes dryer, or water heater
- ❑ Lived in a brand new home
- ❑ Noticed changes of your health since you moved into your home
- ❑ Have a water purification system
- ❑ Have a water filter on your shower
- ❑ Open your windows at home
- ❑ Home well ventilated

Your Bedroom

Describe the contents of your bedroom

- ❑ What type of mattress do you have?

  _____
- ❑ Have hardwood floors
- ❑ Have carpeting
- ❑ Have blinds
- ❑ Have draperies
- ❑ Use a foam pillow
- ❑ Use a feather pillow
- ❑ Use a Dacron pillow
- ❑ Use wool blankets
- ❑ Use cotton blankets
- ❑ Use quilts
- ❑ Use synthetic blankets
- ❑ Use an electric blanket
- ❑ Have a ceiling fan
- ❑ Have material under your bed
- ❑ Have real plants in your bedroom
- ❑ Have artificial plants in your bedroom
- ❑ Use aromatherapy in your bedroom
- ❑ Burn scented candles in your bedroom
- ❑ Have central heat
- ❑ Have a fireplace in your room
- ❑ Have an electric baseboard
- ❑ Use gas heat
- ❑ Use an air filter in your bedroom
  - ❑ What type? _____
  - ❑ When was the last time you changed your filter in your room?

    _____
- ❑ Have central air conditioning
- ❑ Sleep with your windows open
- ❑ Live close to a high traffic road
- ❑ Smoke in bed
- ❑ Allow any pets in your room
  - ❑ What type? _____
- ❑ Have plugged in air fresheners

Art and Leisure Activities

- ❑ Check any that you do:
- ❑ Silk-screening
- ❑ Make stained glass
- ❑ Make pottery & ceramic products
- ❑ Make jewelry
- ❑ Buy art and craft supplies
- ❑ Use airbrush and spray paints
- ❑ Do quilting and weaving
- ❑ Gardening
- ❑ Make soapstone carvings
- ❑ Use acrylic paint

What hobbies do you have? Please list:

1._____
2._____
3._____

What is your occupation? _____

Please indicate the occupation of your parents during your childhood:

_____
_____
_____