

# Environmental Exposure Questionnaire

## Outcomes

Is this person Environmentally Ill? **Yes**

Is this persons' biotransformation of pollutants functioning well? **No**

### Environmental Health Timeline

Age	Illnesses	Chemical Sensitivities	Home	Job
Age 25	Depression/Anxiety	Perfumes, Cigarette smoke	Bellingham (Age 24 to 31) City area. <b>Low</b> traffic. Exposed to <b>Water damage or Mold.</b>	Arvill (Age 24 to 39) <b>Full-time</b> job. <b>Office. None of the above.</b> Exposed to <b>None of the above.</b> <b>Not applicable</b> used. <b>Time-off</b> for health taken.
Age 40	Allergies		B'ham 3 (Age 37 to 44) City area. <b>Low</b> traffic. Exposed to <b>Water damage or Mold.</b>	Summit (Age 40 to 58) <b>Full-time</b> job. <b>Chemical manufacturing. None of the above.</b> Exposed to <b>Industrial chemicals.</b> <b>None</b> used. <b>Time-off</b> for health taken.
Age 45	Tremors		B'ham 4 (Age 44 to 58) City area. <b>Low</b> traffic. Exposed to <b>New cabinetry.</b>	Summit (Age 40 to 58) <b>Full-time</b> job. <b>Chemical manufacturing. None of the above.</b> Exposed to <b>Industrial chemicals.</b> <b>None</b> used. <b>Time-off</b> for health taken.
Age 55	Rheumatoid arthritis, Lupus, Other autoimmune disorder		B'ham 4 (Age 44 to 58) City area. <b>Low</b> traffic. Exposed to <b>New cabinetry.</b>	Summit (Age 40 to 58) <b>Full-time</b> job. <b>Chemical manufacturing. None of the above.</b> Exposed to <b>Industrial chemicals.</b> <b>None</b> used. <b>Time-off</b> for health taken.

Rating for environmentally safe home

**Yes**

### Known Current High Exposures

Air Pollution: **4 / 12**

Solvents: **4 / 15**

Pesticides / Herbicides: **3 / 5**

Ozone: **0 / 2**

Lead: **1 / 3**

Industrial Chemicals: **1 / 5**

### Seafood Exposures

PCBs: **0 / 2**

Mercury: **1 / 6**

### Non-Organic Food Exposures

Metals: **0 / 1**

Bisphenols: **0 / 1**

PFAS: **1 / 2**

Phthalates: **0 / 11**

Solvents: **0 / 2**

**Metals**

Arsenic: 1 / 3  
Cadmium: 1 / 3  
Mercury: 1 / 1  
Lead: 2 / 4  
Cobalt: 0 / 1  
Chromium: 0 / 1  
Pesticides: 0 / 1

**Mycotoxins**

Exposure: **Yes**

**Lifestyle**

Implants: 0 / 3  
Parabens: 1 / 3  
Phthalates: 0 / 1  
EMF: 0 / 4

---

**Historical Exposure**

Air Pollution: 0 / 4  
Lead: 0 / 2  
Pesticides: 0 / 1  
Solvents: 1 / 1  
Industrial Chemicals: 1 / 1  
Cadmium: 0 / 2  
Mercury: 1 / 2

**Indoor Air Grade**

3 / 16

---

# Metabolism

---

Have you often had to lower the regular dose of prescription, over-the-counter medication or herbal supplements because you were too sensitive to normal doses?

No

Do you avoid caffeine in the afternoon or all together because it can keep you up at night?

Yes

CYP1A2 is low and will have difficulty clearing PAH (combustion byproducts)

Have you ever experienced adverse reactions to medications?

Yes

They likely have poor phase 2 biotransformation

---

➔ Have any of the following medications have caused a reaction?

Antibiotics	Answer: <b>Yes</b>
Cardiovascular medications	[Unanswered]
Anti-hypertensives	[Unanswered]
Mood balancing medications	[Unanswered]
Anti-psychotic medications	[Unanswered]
Steroids/hormones	[Unanswered]
Gastrointestinal medications	[Unanswered]
Blood sugar and obesity medications	[Unanswered]
Anti-cholesterol medications	[Unanswered]

# Toxicants

Do you have a sudden onset of physical, mental or emotional symptoms (headaches, skin rashes, nausea, fatigue, shortness of breath, etc.) on exposure to chemical odors (cleaners, perfumes, new materials, cigarette smoke, diesel exhaust, etc.)? -or- 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 all together?

Yes

a). They are environmentally ill. b) They are immunotoxic. c) They are deficient in GSH & Mg. d) They are chemically overburdened. e) They likely have null GSTM1 and a PON1 SNP.

➔ When did you first notice any such reaction?

Answer: **Age 25**

➔ What was the chemical you first reacted to?

Answer: **Perfumes**

➔ How have your reactions changed in the past six months?

Answer: **Gotten Worse**

For chemicals that you react to or find yourself avoiding, select the approximate age you were when it began.

Cleaners	[Unanswered]
Perfumes	<b>Age 25</b>
Cigarette smoke	<b>Age 25</b>
Vehicular exhaust	[Unanswered]
New carpet or fabric	[Unanswered]
Plastics	[Unanswered]
Pesticides	[Unanswered]
Agricultural chemicals	[Unanswered]
Paints/Solvents	[Unanswered]

For any of the following illnesses that you have had, please select your age at which it began.

Asthma	[Unanswered]
Allergies	<b>Age 40</b>
Rheumatoid arthritis	<b>Age 55</b>
Lupus	<b>Age 55</b>
Sjorgren's syndrome	[Unanswered]
Autoimmune thyroiditis	[Unanswered]
Other autoimmune disorder	<b>Age 55</b>
Adult onset diabetes	[Unanswered]
Infertility	[Unanswered]
Low testosterone <50 yrs	[Unanswered]
Overweight	[Unanswered]
Balance Disorder	[Unanswered]
Brain Fog	[Unanswered]
Memory loss	[Unanswered]
Depression/Anxiety	<b>Age 25</b>
Tremors	<b>Age 45</b>
Hypothyroid	[Unanswered]
Gout	[Unanswered]

Gestational diabetes

[Unanswered]

Gestational hypertension

[Unanswered]

# Air

How many minutes-drive is it from your house to the closest highway/freeway?

5-10 minutes

How many minutes-drive is it from your house to a busy street or boulevard?

10-20 minutes

How many minutes-drive is it from your house to the closest agricultural area?

20-30 minutes

How many minutes-drive is it from your house to the closest industrial area where you see smokestacks?

More than 30 min

How many minutes-drive is it from your house to the closest golf course?

5-10 minutes

How many minutes-drive is it from your house to the closest landfill?

More than 30 min

How many years have you lived in a city, town or state that is known for its air pollution (like Los Angeles or Salt Lake City)?

None

How often can you "see the air" in your area?

Rarely / Never

Do you have air purifiers in your home?

Ozone

[Unanswered]

Ion generator

[Unanswered]

HEPA

[Unanswered]

IQ Air, Blue Air, Austin Air, Aller Air or similar multi-filter purifier

Yes

Best air purification quality

Are shoes worn inside your home?

No

Do you have an attached garage that your car is parked in?

No

Do you drive a diesel vehicle?

No

Does your vehicle have an exhaust leak?

No

Was your current home built prior to 1978?

No

Does your home use natural gas for heat or appliances?

Yes

Potential exposure source for natural gas and combustion byproducts.

Types of heating in current home:

Electric	[Unanswered]
Natural Gas	<b>Yes</b>
Oil	[Unanswered]
Wood	[Unanswered]
Diesel	[Unanswered]

Potential exposure source to gas and combustion byproducts.

Have your air ducts been cleaned out in the [last six months]?

**Yes**

When was your furnace filter last replaced?

**Within the last month**

**Good.**

Are pesticides used in your home or yard?

**No**

How often do you have clothes dry cleaned?

**Rarely / Never**

How often do you get hair coloring?

**Rarely / Never**

How often are you in a salon in which acrylic nail service is provided?

**Rarely / Never**

Do you sleep on any of the following?

Pillow-top mattress	<b>Yes</b>
Memory foam mattress	[Unanswered]
Memory foam pillow	<b>Yes</b>

**High exposure to benzene & styrene.**

**High exposure to benzene & styrene.**

Do you use spray or plug-in air fresheners in your home?

**No**

Have you ever worked at a job, or did schooling, that brought you in contact with industrial chemicals?

**Yes**

**Historical occupational chemical exposure**

➤ How many years?

Answer: **20-30**

➤ What chemicals?

Cleaners	[Unanswered]
Perfumes	[Unanswered]
Cigarette smoke	[Unanswered]
Vehicular exhaust	Answer: <b>Yes</b>
New carpet or fabric	[Unanswered]
Plastics	[Unanswered]
Pesticides	[Unanswered]
Agricultural chemicals	[Unanswered]

Have you lived in a new home or a recently remodeled home?

**Yes**

**High exposure to building chemicals.**

➔ What was your age when living there?

Answer: **Age 40**

Have you purchased new pieces of furniture for your home in the [last year]?

No

Are any upholstery or drapes in the home treated with Scotchguard (stain resistance)?

No

Does your current home have wall-to-wall carpeting?

No

Are non-stick Teflon pans used for cooking in your home?

Yes

Exposure to perfluorocarbons.

Do you have any hobbies that requires the use of chemicals?

Solvents	No
Paints	No
Gasoline	No
Lead	No

Do you have pets in your home that you apply anti-flea or tick products to?

Yes

Neonicotinoid exposure.

➔ How often?

Answer: **Monthly**

## Food

How often do you consume the following?

Tuna	Twice or more weekly	Very high mercury.
Salmon	Rarely / Never	
Alaskan Salmon	Less than once weekly	
Swordfish	Rarely / Never	
Chilean Sea Bass	Rarely / Never	
Orange Roughy	Rarely / Never	
Sardines	Rarely / Never	
Shrimp	Rarely / Never	
Catfish	Rarely / Never	

How often do you consume (eating or juicing) commercial varieties (non-organic) of any of the following?

Apples	Rarely / Never
Celery	Rarely / Never
Cherry tomatoes	Rarely / Never
Cucumber	Rarely / Never
Grapes (Imported)	Rarely / Never
Nectarines	Rarely / Never
Peaches	Rarely / Never
Potatoes	Rarely / Never
Snap peas	Rarely / Never
Spinach	Rarely / Never

Strawberries

Rarely / Never

Sweet bell peppers (any color)

Rarely / Never

How often do you consume canned soup?

Less than once weekly

How often do you make pre-packaged "microwave safe meals"?

Rarely / Never

How often do you microwave food in styrofoam or non-ceramic "microwave safe" plastics?

Rarely / Never

How often do you consume dark green leafy vegetables?

Twice or more weekly

High exposure to cadmium and thallium.

How often do you consume microwave popcorn?

Once weekly

Regular high exposure to perfluorocarbons

## Metals

Were you raised in a smoking household?

Yes

Historical exposure to lead, cadmium, and arsenic.

Have you ever smoked tobacco?

No

Do you smoke marijuana?

No

Do you have metal-on-metal joint implants?

No

Have you lived in a home that was built before 1978?

Yes

Historical lead exposure.

Have you remodeled a home that was built before 1978?

No

Have you ever had silver amalgams in your teeth?

Yes

Mercury exposure for duration of amalgam presence.

➤ Total number

Answer: 1-3

➤ How many years have they been in your mouth?

Answer: 20-30

➤ How many years ago was the most recent amalgam put into your mouth?

Answer: 20-30

➤ Do you grind your teeth at night?

Answer: No

How often do you consume tofu?

Rarely / Never

## Do you use water filters for drinking and cooking?

Brita (or similar charcoal filter device)	No
Under counter multi-cartridge filter	No
R/O	Yes
Alkaline	No

Exposure to inorganic arsenic – relative to local levels.

Exposure to inorganic arsenic – relative to local levels.

Exposure to inorganic arsenic – relative to local levels.

# Mycotoxins

## Have you ever had a problem with a roof leak?

Current Residence	No
Past Residence	No

## Water in the basement?

Current Residence	No
Past Residence	No

## Broken water pipe?

Current Residence	No
Past Residence	No

## Window leaks?

Current Residence	No
Past Residence	No

## Carpets that get wet when it rains?

Current Residence	No
Past Residence	No

## Water stains on ceilings or walls?

Current Residence	Yes
Past Residence	No

Current mold exposure.

## Received insurance money for water in the home?

Current Residence	No
Past Residence	No

## Needed assistance to clear water from your home?

Current Residence	No
Past Residence	No

## Rooms in the home that smell musty?

Current Residence	Yes
Past Residence	No

Current mold exposure.

## Suspect that your home has mold in it?

Current Residence	Yes
Past Residence	No

Current mold exposure.

## Have a front-loading washer?

Current Residence	Yes
Past Residence	No

Current mold exposure.

## Visible mold around the shower/tub or sinks in your home?

Current Residence	Yes	Current mold exposure.
Past Residence	No	

Is your home water supply from a well or cistern?

Current Residence	No
Past Residence	No

## Lifestyle

Do you have any silicone containing implants?

No

Do you have any implants of other materials (Teflon, stainless steel, etc.)?

No

How often do you use the following personal care products?

Skin lotion	Daily	Phthalate exposure.
Sunscreen	Weekly	
Scented deodorant	Daily	Phthalate exposure.
Cologne or perfume	Rarely / Never	
Lipstick	Rarely / Never	

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

WIFI routers	Yes	EMF exposure.
Bluetooth appliances	No	
Smart meter	Yes	EMF exposure.
Cordless phones	Yes	EMF exposure.

Do you use a bluetooth earpiece or headphones?

No

Do you have vinyl flooring in your home?

Yes

Phalate exposure.

Do you have plastic shower curtains?

Yes

Phalate exposure.

Do you have vinyl wallpaper in any room?

No

## Homes

### Home: Coeur d'Alene

Age: Move In

Age 12

Age: Move Out

Age 24

Area Type

Rural

Traffic

Low

Decade Built

1970s

Known Exposures

[Unanswered]

Moved for Health Reasons

No

## Home: Bellingham

Age: Move In

Age 24

Age: Move Out

Age 31

Area Type

City

Traffic

Low

Decade Built

Before 1950

Known Exposures

Water damage or Mold

Moved for Health Reasons

No

## Home: Cambridge UK

Age: Move In

Age 31

Age: Move Out

Age 34

Area Type

City

Traffic

Low

Decade Built

1950s

Known Exposures

[Unanswered]

Moved for Health Reasons

No

## Home: B'ham 2

Age: Move In

Age 34

Age: Move Out

Age 36

Area Type

City

Traffic

Low

Decade Built

1960s

Known Exposures

Water damage or Mold

Moved for Health Reasons

No

## Home: B'ham 3

Age: Move In

Age 37

Age: Move Out

Age 44

Area Type

City

Traffic

Low

Decade Built

1990s

Known Exposures

Water damage or Mold

Moved for Health Reasons

No

## Home: B'ham 4

Age: Move In

Age 44

Age: Move Out

Age 58

Area Type

City

Traffic

Low

Decade Built

1990s

Known Exposures

New cabinetry

Moved for Health Reasons

No

## Jobs

### Job: Anvil

Age: Start

Age 24

Age: End

Age 39

Full Time

Yes

Industry

Office

Duties

None of the above

Hazards

None of the above

Protective Equipment Used

Not applicable

Time-Off Taken for Health

No

### Job: Summit

Age: Start

Age: End

Age 58

---

Full Time

No

---

Industry

Chemical manufacturing

---

Duties

None of the above

---

Hazards

Industrial chemicals

---

Protective Equipment Used

None

---

Time-Off Taken for Health

Yes

---