NAEM
National Association of Environmental Medicine

# Environmental Health Questionnaire

## Overload or Poor Metabolizer Indicators

Positive answers to questions in this section can indicate one or more of these three things:

1. You have been exposed to a significant amount of chemicals that may cause a reaction in your body.
2. You are not able to get rid of chemicals easily due to a nutritional deficiency or a genetic variance, so smaller exposures are more significant.
3. You have an allergic reaction to one or more of the following: animals, plants, foods, molds, bugs, and/or chemicals.

Do you or have you:

- Had a sudden onset of symptoms (headaches, skin rashes, nausea, fatigue, shortness of breath, etc.) on exposure to fragrance, cigarettes, mold, dust, pollens or other environmental allergens? ☐ Current ☐ Past
- Smell odors when others can't? ☐ Current ☐ Past
- Often had to lower the regular dose of prescription, over-the-counter medication or herbal supplements because you were too sensitive to normal doses? ☐ Current ☐ Past
- Ever experienced adverse reactions to medications? ☐ Current ☐ Past
- Ever had to leave your residence or job because your environment was making you sick? ☐ Current ☐ Past
- Avoid the detergent aisle in a store because it makes you feel ill or have other symptoms? ☐ Current ☐ Past
- Easily get rashes or skin irritation through contact with clothing or body care products? ☐ Current ☐ Past
- Easily get drunk or have a hangover on one or less alcoholic beverages? ☐ Current ☐ Past

- Avoid caffeine because it makes you jittery, irritated, or causes insomnia? ☐ Current ☐ Past
- Avoid caffeine in the afternoon or altogether because it can keep you up at night? ☐ Current ☐ Past

## Allergens (A)

Do you or have you:

- Regularly eat foods or are exposed to substances that cause symptoms such as stuffiness, cough, shortness of breath, wheeze, rash, bloating, gas, abdominal pain, diarrhea, constipation, heart burn, fatigue, or difficulty concentrating? ☐ Current ☐ Past
- Live or work near heavy traffic, airport, gas station, or idling vehicles? ☐ Current ☐ Past
- Avoid the detergent aisle in a store because it makes you feel ill or have other symptoms? ☐ Current ☐ Past

## Solvents/VOCs (SV)

Do you or have you:

- Live or work near, or are a regular customer of dry cleaner? ☐ Current ☐ Past
- Park your car in an attached garage? ☐ Current ☐ Past
- Use a gas stove, gas water heater, a wood stove or a fireplace? ☐ Current ☐ Past
- Live or work near heavy traffic, airport, gas station, or idling vehicles? ☐ Current ☐ Past
- Spend time in an energy efficient home or workplace with closed windows? ☐ Current ☐ Past
- Regularly eat charred meat? ☐ Current ☐ Past
- Use chemicals/paints for the following: painting, printing, leatherwork, photo developer? ☐ Current ☐ Past
- Regularly consume decaf coffee (non-water process)? ☐ Current ☐ Past
- Been exposed to oils, grease, de-greaser, or fuels? ☐ Current ☐ Past
- Been exposed to interior or exterior paints, stains, glues, epoxies, resins, solvents, finishes, or removers? ☐ Current ☐ Past
- Been exposed to synthetic rubber, tire parts, synthetic latex rubber, crumb rubber on playgrounds? ☐ Current ☐ Past
- Use standard cleaning products at home or on the job? ☐ Current ☐ Past

## Pesticides (PE)

Do you or have you:

- Live or work nearby a farm or orchard? ☐ Current ☐ Past
- Live or work nearby a vineyard? ☐ Current ☐ Past
- Live or work nearby a golf course? ☐ Current ☐ Past
- Use pesticides or herbicides inside your home/workplace or outside on grass or garden? ☐ Current ☐ Past
- Have indoor/outdoor animals? ☐ Current ☐ Past
- Have animals chemically treated for fleas, etc.? ☐ Current ☐ Past
- Use antibacterial soap (triclosan)? ☐ Current ☐ Past
- Use moth balls? ☐ Current ☐ Past
- What percentage of your food is organically grown? Be sure to include foods you eat at restaurants. ☐ <25% ☐ 50% ☐ 75% ☐ 95%

## Metals (MT)

Do you or have you ever:

- Broken a mercury thermometer or fluorescent lamp? ☐ Current ☐ Past
- Played with mercury "balls"? ☐ Current ☐ Past
- Have dental work including root canals, implants, or bridgework? ☐ Current ☐ Past
- Silver fillings? ☐ Current ☐ Past
- Have implants (hip, shoulder, etc.) or have had any metal implanted in your body (screws, plates, etc.)? ☐ Current ☐ Past
- Take herbal formulas made in China or India? ☐ Current ☐ Past
- Live in a house built before 1978? ☐ Current ☐ Past
- Live in or near a dump site or Super Fund site? ☐ Current ☐ Past
- Live within a mile of an industrial plant? ☐ Current ☐ Past

## Mold (M)

Do you or have you had:

- Can you see any visible mold growing in any of your home's interior spaces, particularly on walls, ceiling, or flooring? ☐ Current ☐ Past
- If so, have you had it identified? (please provide documentation) ☐ Current ☐ Past

- Indoor water leak? ☐ Current ☐ Past
- Wet inside windows or other inside areas? ☐ Current ☐ Past
- History of a flooded basement, damp musty basement or crawl space? ☐ Current ☐ Past
- Plants in your house? ☐ Current ☐ Past
- Home where turning on the central air or heat caused you or family members to feel sick? ☐ Current ☐ Past
- Do you live or work in a building that has any water damage such as roof leaks, floods, plumbing leaks, or slab leaks? ☐ Current ☐ Past
- For how long did it leak/flood before being detected and corrected? ☐ Months ☐ Years
- Can you smell a musty (mildew, mold) odor frequently in ANY of your home's interior spaces — any room, basement, crawl space, garage, attic, bathrooms, closets, or living spaces? ☐ Current ☐ Past
- Development of illness after change in buildings? Or after water damage? ☐ Current ☐ Past
- Do you feel better being in fresh air locations? ☐ Yes ☐ No
- Can you smell mold and mildew better than most people you know? ☐ Yes ☐ No
- Do you have sensitivity to EMF or electromagnetic frequencies? Has this changed in any way? ☐ Current ☐ Past
- Have you noticed any other changes to your health since identifying mold or water damage? Increased allergies, sinus issues, headaches, respiratory illness, difficulty breathing, increased fatigue, mood changes, GI distress or cognitive changes? ☐ Current ☐ Past
- Do you have a flat roof? Crawl space? Damp basement? Humidity problems? Window condensation? ☐ Current ☐ Past
- Is there an HVAC system? Is it used regularly? ☐ Current ☐ Past
- Do you have a sprinkler system? Does it ever spray the house or the garage? ☐ Current ☐ Past
- Are the house and the garage connected? ☐ Current ☐ Past
- Do you have standing groundwater in the yard, or is the ground soft and wet around your home? ☐ Current ☐ Past

- Do you find standing water, or frequently moist cement or other floor or wall or ceiling materials in your basement during rainy times? ☐ Current ☐ Past
- Have you ever had your homes interior walls and spaces checked for moisture level with a moisture meter? ☐ Current ☐ Past
- Do you and your family/housemates always use the bathroom fan during and for at least an hour after bathing/showering? ☐ Current ☐ Past

## Plastics (PL)

Do you or have you:

- Regularly eat/drink canned foods/beverages? ☐ Current ☐ Past
- Regularly consume food packaged in plastic or non-stick wrap? ☐ Current ☐ Past
- Drink beverages including water or seltzer from plastic bottles? ☐ Current ☐ Past
- Regularly handle store receipts? ☐ Current ☐ Past
- Drink tap water or bottled water? ☐ Current ☐ Past
- Microwave food in the package or in plastic wrap (POPs, PL) ☐ Current ☐ Past

## Personal Care Products (PCP)

Have you ever been or are you currently exposed to the following (home, work, school, travel, etc.)?

- Use fabric softener? ☐ Current ☐ Past
- Shampoo/conditioner/body gel? ☐ Current ☐ Past
- Toothpaste/mouthwash/dental floss? ☐ Current ☐ Past
- Perfume/cologne/scented products? ☐ Current ☐ Past
- Hairspray/hair gel/hair dye? ☐ Current ☐ Past
- Moisturizer, foundation, eyeshadow, eyeliner, mascara, blush, lipstick, lip gloss, or powder? ☐ Current ☐ Past
- Sunscreen/sunblock/self-tanners? ☐ Current ☐ Past
- Nail polish/nail remover? ☐ Current ☐ Past
- Hand soaps/detergents for clothes and dishes, dryer sheets/ bleach/fabric softener? ☐ Current ☐ Past
- Plug in air fresheners/scent sticks/scented candles/room spray/ underarm antiperspirants? ☐ Current ☐ Past

## Persistent Organic Pollutants (POPs)

Have you ever been or are you currently exposed to the following? (home, work, school, travel, etc.)

- Dump site or Super Fund site? ☐ Current ☐ Past
- Industrial plant? ☐ Current ☐ Past
- Cooking with non-stick pans? ☐ Current ☐ Past
- Use non-stain spray in home, car or workplace? ☐ Current ☐ Past
- Use clothing, furniture or bedding treated with flame retardant? ☐ Current ☐ Past

## Electromagnetic Frequencies (EMFs)

Do you:

- Sleep near electromagnetic devices (cell phone or other device, smart meter, electrical panel near bed, nearby power lines)? ☐ Current ☐ Past
- Live near a power generating station? ☐ Current ☐ Past
- Live near an electrical distribution sub-station? ☐ Current ☐ Past
- Live near high voltage electrical transmission lines? ☐ Current ☐ Past
- Have a power transformer in your yard? ☐ Current ☐ Past
- Have a smart meter on your home? ☐ Current ☐ Past
- Have cell towers near your home? ☐ Current ☐ Past
- Live near a radio tower? ☐ Current ☐ Past
- Use LED bulbs, compact fluorescent bulbs, or dimmer switches? ☐ Current ☐ Past
- Use an electric stove/oven or electric induction stovetop or hot plates? ☐ Current ☐ Past
- Use wifi in home or office? ☐ Current ☐ Past
- Use a cell phone up to your ear or a Bluetooth device? ☐ Current ☐ Past
- Use laptop or tablet directly on your lap? ☐ Current ☐ Past
- Use of Alexa-type voice assistant devices, smart appliances in home? ☐ Current ☐ Past
- Have a “smart meter” on the wall of home or office? ☐ Current ☐ Past
- Wear a wireless hearing aid? ☐ Current ☐ Past
- Wear a “smart watch”? ☐ Current ☐ Past
- Use “spreaders,” ”hubs” or “receivers” to extend and improve wifi access? ☐ Current ☐ Past

## Other

Do you or have you:

- Have/had a known chemical injury or major exposure? ☐ Current ☐ Past
- Live or work in home with asbestos insulation or walls? ☐ Current ☐ Past
- Live or work near a nuclear power plant? ☐ Current ☐ Past
- Regularly eat/drink foods/beverages with artificial sugar? ☐ Current ☐ Past

# MULTIPLE TOXICANTS

## Food

Do you or have you:

- Regularly eat animal products including dairy, eggs, fish and/or meat (POPs, PE, PL, SV)? ☐ Current ☐ Past
- Regularly drink alcoholic beverages (MT, PE)? ☐ Current ☐ Past
- Regularly go out to eat in restaurants (MT, POPs, PE, PL)? ☐ Current ☐ Past
- Eat fish such as tuna, shark, orange roughy, swordfish, halibut, croaker, mackerel, perch, sablefish, marlin, grouper, bluefish, pike, largemouth bass and walleye (MT, POPs, PE)? ☐ Current ☐ Past

## House/Job

Do you or have you:

- Drink water from a well, lake, or river (MT, POPs, PE, SV)? ☐ Current ☐ Past
- Drink unfiltered city water (MT, POPs, PE, PL, SV)? ☐ Current ☐ Past
- Work or live where co-workers/co-inhabitants complain about the air quality or smell (M, PE, SV)? ☐ Current ☐ Past
- Store paints, pesticides or other toxic compounds in your garage or other attached storage space (POPs, PE, SV)? ☐ Current ☐ Past
- Live in a home built before 1988 in the southern US (POPs, PE)? ☐ Current ☐ Past
- Remodeled your home (MT, SV)? ☐ Current ☐ Past
- New carpet, new furniture, and/or new construction/paint (POPs, PL, SV)? ☐ Current ☐ Past
- New car, mobile home, vinyl tile or construction materials (PL, SV)? ☐ Current ☐ Past
- Use synthetic foam mattress or foam cushions/couch/pillows (POPs, SV)? ☐ Current ☐ Past

- Work in construction (MT, SV)? ☐ Current ☐ Past
- Work or is a regular customer of hair, beauty, nail salon (PCP, SV)? ☐ Current ☐ Past
- Been exposed to welding, solder, metal-working, metal finishing (MT, SV)? ☐ Current ☐ Past
- Use bleach and other chemical cleaners in home or occupation? (A, SV) ☐ Current ☐ Past

## Personal Habits

### Do you or have you:

- Treat hair or body for scabies or lice (PE, POPs)? ☐ Current ☐ Past
- Smoke or eat cannabis (PE, SV)? ☐ Current ☐ Past
- Use scented candles or chemical air fresheners (PC, V)? ☐ Current ☐ Past
- Use E cigarettes (PC, SV)? ☐ Current ☐ Past
- Chew tobacco (MT, PE)? ☐ Current ☐ Past
- Regularly use deodorant or antiperspirant (MT, PE)? ☐ Current ☐ Past
- Smoke cigarettes or are exposed to second-hand smoke (MT, SV)? ☐ Current ☐ Past
- Frequently travel by plane (PE, SV, radiation)? ☐ Current ☐ Past
- Have a skin reaction to jewelry or other metals (A, MT)? ☐ Current ☐ Past

### Do you have any of these habits that may protect your health:

- Turn wifi off at night? ☐ Current ☐ Past
- Have your air ducts cleaned every three years? ☐ Current ☐ Past
- Replace heater filters quarterly? ☐ Current ☐ Past
- Use an air purifier? ☐ Current ☐ Past
- Use water filters. Circle all that apply (tap water, shower, bathtub, whole house)? ☐ Current ☐ Past
- Regularly sauna? ☐ Current ☐ Past

# Environmental Health Questionnaire

## Residential History

Please fill in the following table with as much detail as possible.

| **DATES IN RESIDENCE** Most current residence and work backward. | **LOCATION** City, State, and Zip Code | **OLD OR NEW HOME** Year built, if possible. | **CITY, SUBURB, RURAL, TRAFFIC** Agricultural/farming area, water damage, mold, natural gas stove or heat, wood heat, outdoor deck or wood playground, attached garage. | **KNOWN EXPOSURES** Pesticides, tobacco, near commercial business or industry, self or family member work in industry using chemicals. | **MOVING REASONS** Did you move out for health reasons? If so, please specify. |
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# Residential History (continued)

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# Occupational History

Please fill in the following table with all jobs at which you have worked, including short-term, seasonal, and part-time employment. Start with your present job and work backwards.

| **LOCATION** Name, City, State, and Zip Code | **DATES AT OCCUPATION** | **TYPE OF WORK/INDUSTRY** | **WORK HAZARDS** Such as poor protective gear, poor ventilation, known chemical exposures. |
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# Occupational History (continued)

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