

ENVIRONMENTAL TOXIN EXPOSURE ASSESSMENT

SECTION I: SYMPTOMS

Rate each of the following based upon your health profile for the past 90 days

0 - Rarely or Never Experience the Symptom

1 - Occasionally Experience the symptom, Effect is Not Severe

2 - Occasionally Experience the symptom, Effect is Severe

3 - Frequently Experience the Symptom, Effect is Not Severe

4 - Frequently Experience the Symptom, Effect is Severe

1. DIGESTIVE

- a. Nausea and/or vomiting ____
- b. Diarrhea ____
- c. Constipation ____
- d. Bloating feeling ____
- e. Belching and/or passing gas ____
- f. Heartburn

Total: _____

2. EARS

- a. Itchy ____
- b. Earaches or ear infections ____
- c. Drainage from ear ____
- d. Ringing in ears or hearing loss ____

Total: _____

3. EMOTIONS

- a. Mood swings ____
- b. Anxiety, fear, or nervousness ____
- c. Anger, irritability ____
- d. Depression ____
- e. Sense of despair ____
- f. Uncaring or disinterested ____

Total: _____

4. ENERGY / ACTIVITY

- a. Fatigue or sluggishness ____
- b. Hyperactivity ____
- c. Restlessness ____
- d. Insomnia ____
- e. Startled awake at night ____

Total: _____

5. EYES

- a. Watery or itchy eyes ____
- b. Swollen, reddened, or sticky eyelids ____
- c. Dark circles under eyes ____
- d. Blurred or tunnel vision ____

Total: _____

6. HEAD

- a. Headaches ____
- b. Faintness ____
- c. Dizziness ____
- d. Pressure ____

Total: _____

7. LUNGS

- a. Chest congestion ____
- b. Asthma or bronchitis ____
- c. Shortness of breath ____
- d. Difficulty breathing ____

Total: _____

8. MIND

- a. Poor memory ____
- b. Confusion ____
- c. Poor concentration ____
- d. Poor coordination ____
- e. Difficulty making decisions ____
- f. Stuttering, stammering ____
- g. Slurred speech ____
- h. Learning disabilities ____

Total: _____

9. MOUTH/THROAT

- a. Chronic coughing ___
- b. Gagging/frequent need to clear throat ___
- c. Swollen/discolored tongue, gums, lips ___
- d. Canker sores ___

Total: _____

10. NOSE

- a. Stuffy nose ___
- b. Sinus problems ___
- c. Hay fever ___
- d. Sneezing attacks ___
- e. Excessive mucous ___

Total: _____

11. SKIN

- a. Acne ___
- b. Hives, rashes, or dry skin ___
- c. Hair loss ___
- d. Flushing ___
- e. Excessive sweating ___

Total: _____

12. HEART

- a. Skipped heartbeats ___
- b. Rapid heartbeats ___
- c. Chest pain ___

Total: _____

13. JOINTS / MUSCLES

- a. Pain or aches in joints ___
- b. Rheumatoid arthritis ___
- c. Osteoarthritis ___
- d. Stiffness or limited movement ___
- e. Pain or aches in muscles ___
- f. Recurrent back aches ___
- g. Feeling of weakness or tiredness ___

Total: _____

14. WEIGHT

- a. Binge eating or drinking ___
- b. Craving certain foods ___
- c. Excessive weight ___
- d. Compulsive eating ___
- e. Water retention ___
- f. Underweight ___

Total: _____

15. OTHER

- a. Frequent illness
- b. Frequent or urgent urination
- c. Leaky bladder
- d. Genital itch, discharge

Total: _____

SECTION I TOTAL : _____

SECTION II: RISK OF EXPOSURE

Rate each of the following situations based upon your environmental profile for the past 120 days.

For 16a - 16f rate from 0 to 4.

0 - Never ; 1 - Rarely ; 2 - Monthly ; 3 - Weekly ; 4 - Daily

16a. How often are strong chemicals used in your home? (disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.) ___

16b. How often are pesticides used in your home? ___

16c. How often do you have your home treated for insects? ___

16d. How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your home or office? ___

16e. How often are you exposed to nail polish, perfume, hairspray, or other cosmetics? ___

16f. How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes? ___

Total: _____

For 17a - 17b rate from 0-3

0 - No ; 1 - Mild change ; 2 - Moderate change ; 3 - Drastic Change

17a. Have you noticed any negative change in your health since you moved into your home or apartment? ___

17b. Have you noticed any change in your health since you started your new job? ___

Total: ____

For 18a-18d Answer yes or no, rate with the corresponding number.

18a. Do you have a water purification system in your home? No = 2, Yes = 0 ___

18b. Do you have any indoor pets? No= 0, Yes = 2 ___

18c. Do you have an air purification system in your home? No = 2, Yes = 0

18d. Are you a dentist, painter, farm worker, or construction worker? No = 0, Yes = 2

Total: ____

SECTION II Total: ____

Add up the numbers to arrive at a total for each section, and then add the totals for each section to arrive at the grand total.

If any individual section total is 6 or more, or the grand total is 40 or more, you may benefit from a purification program.

GRAND TOTAL (SECTION I & SECTION II): ____