



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

Circle the corresponding number for each of the below.

**0 = Never, 1 = Rarely, 2 = Monthly, 3 = Weekly, 4 = Daily**

1) How often are cleaning chemicals (including bleach, disinfectants, cleaners) used in your home?	0	1	2	3	4
2) How often are you exposed to dust, overstuffed furniture, smoke, incense in home or office?	0	1	2	3	4
3) How often do you use nail polish, perfume, hair spray, other cosmetics?	0	1	2	3	4
4) How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes?	0	1	2	3	4
5) How often is the inside of your home treated with pesticides?	0	1	2	3	4
6) How often is the outside of your home treated with pesticides?	0	1	2	3	4

Total: \_\_\_\_\_

Circle the corresponding number for each of the below.

**0 = No, 1 = Mild Change, 2 = Moderate Change, 3 = Drastic Change**

1) Have you noticed any negative change in your current health since you moved into your home?	0	1	2	3
2) Have you noticed any negative change in your current health at your job?	0	1	2	3

Total: \_\_\_\_\_

Answer **YES** or **NO** and circle the corresponding number for the questions below.

	YES	NO
1) Do you have a water purification system in your home?	0	2
2) Do you have an air purification system in your home?	0	2
3) Do you have any indoor pets?	2	0
4) Are you a dentist, painter, farm worker, construction worker, or work in a nail/hair salon?	2	0

Total: \_\_\_\_\_

Total Page 2: \_\_\_\_\_

Total from page 1: \_\_\_\_\_ Total from page 2: \_\_\_\_\_ Total of both pages: \_\_\_\_\_

Add all the numbers on page 1 and page 2 and then total both pages. You may benefit from a detoxification program if your grand total is more than 36, or any individual section totals 6 or more.