



NAEM

National Association of
Environmental Medicine

Environmental Health Questionnaire (EHQ)

Directions

You are being asked to fill out this environmental health questionnaire to help determine if some of your symptoms are linked to exposure to toxins. Everyone is exposed to many toxins in daily life: they are unavoidable. Your body has a powerful detoxification system that clears most toxins, however that system can get overwhelmed resulting in slower metabolism of toxins and an increasing toxic load in your body. This toxic load can impact your ability to heal.

Please fill out the form completely, even if you do not think an exposure is relevant. Toxin exposure comes in many shapes and forms and could have occurred yesterday or many years ago.

Symptoms related to Toxin Overload or Poor Metabolism

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?
- Smell odors when others can't?
- Symptomatic when sitting in traffic with car exhaust?
- Often had to lower the regular dose of prescription, over-the-counter medication or herbal supplements because you were too sensitive to normal doses?
- Ever had to leave your residence or job because your environment was making you sick?
- Avoid the detergent/fertilizer aisles in a store because it makes you feel ill or have other symptoms?
- Easily get rashes or skin irritation through contact with clothing or body care products?
- Easily get drunk or have a hangover on one or less alcoholic beverages?
- Avoid caffeine because it makes you jittery, irritated, or causes insomnia?

Chemicals / Solvents (sv)

Do you or have you lived/worked near:

- Dry cleaner
- Heavy traffic (MT, CO)
- Airport (MT, CO)
- Gas station (MT, CO)
- Idling vehicles (MT, CO)

Do you or have you used:

- Gas stove (CO)
 - Vented to the outside
- Gas oven (CO)
- Gas furnace (CO)
- Wood stove (MT, CO)
- Pellet stove (MT, CO)
 - Pellets stored indoors (CO)
- Gas fireplace (CO)
- Cannabis (PE, MT, CO)
 - Smoke
 - Ingest
- Smoke cigarettes (MT, PE, CO)
- E-cigarettes (PL, MT, PE, CO)
- Chew tobacco (MT, PE)

Do you or have you:

- Park your gas-powered car in an attached garage (CO)
- Store paints, pesticides or other toxic compounds in your basement/garage (MT, PE)
- Use standard cleaning products at home or on the job (PCPs, POPs)
- Work in construction (MT)
- Work in an auto shop (mechanic)
- Use a lot of disinfectants in your job (ie. hospital, dental assistant)
- Sleep on a memory foam mattress or pillow
- Have spray foam insulation in your home
- Use air fresheners frequently
- Work in the airline industry
- Work in a hair salon
- Work in a furniture store

Have you:

Done any significant renovations in your home (ie. new drywall, medium density fiberboard [MDF] cabinets/new cabinets, new carpets or floors, etc.)

Do you or have you regularly had exposure to:

- Charred/grilled meat
- Decaf coffee (solvents often used in process)
- Interior or exterior paints, stains, glues, epoxies, resins, solvents, finishes, or removers, printing, leatherwork, photo development? (MT, POPs)
- Oils, grease, de-greaser, or fuels (MT)
- Synthetic rubber, tire parts, synthetic latex rubber, crumb rubber on playgrounds (MT)
- Gas-powered tools such as lawn mower, snowblower, chainsaw (CO, MT)
- Airplanes and airports (frequent airline travel) (PE, MT, CO, EMFs)
 - Domestic travel? How many flights per year? _____
 - International travel? How many flights per year? _____

Pesticides (PE)

Do you or have you lived/worked near:

- A farm or orchard (MT)
- A vineyard (MT)
- A golf course (MT)

Do you or have you:

- Use pesticides or herbicides inside your home/workplace or outside on grass or garden
- Have animals chemically treated for fleas, etc.
- Have your home treated for termites
- Use antibacterial soap
- Use moth balls

What percentage of your food is organically grown? Be sure to include foods you eat at restaurants.

- <25%
- 25-49%
- 50-74%
- 75-90%
- > 90%

Metals (MT)

Do you or have you ever:

- Broken a mercury thermometer or fluorescent lamp
- Played with mercury "balls"
- Used imported skin-lightening products
- Have implants (hip, shoulder, etc.) or have had any metal implanted in your body (screws, plates, etc.)
- Take herbal formulas made in China or India (PE, POPs)
- Lived in a house built before 1978 (PE)
- Lived in or near a dump site or Super Fund site (POPs)
- Lived within a mile of an industrial plant (POPs, SV, PE)
- Been exposed to welding, solder, metal-working, metal finishing (SV)
- Had a tattoo (mercury, cadmium, lead)

Copper or lead water pipes

Had MRIs with contrast

How many _____

Dates

Eat fish such as tuna, shark, orange roughy, swordfish, halibut, croaker, mackerel, perch, sablefish, marlin, grouper, bluefish, pike, largemouth bass and walleye (PE, POPs)

Which kind_

How often _____

Dental:

Root canal (PL, SV)

How many _____

They continue to bother you

Implants (PL, SV)

Bridgework (PL, SV)

Silver fillings

How many _____

How long _____

When removed _____

Your dentist followed the [Safe Mercury Amalgam Removal Technique](#) (SMART)

Mold (M)

Do you or have you ever:

- Had water leak/damage in your home/work (roof leaks, floods, plumbing leaks, slab leaks, or flooded basement/crawlspace, garage)
 - When _____
 - How long before remediated _____
 - Describe the situation _____
- Seen visible mold growing in any of your home's interior spaces
- Smelt a musty (mildew, mold) odor in ANY of your home's interior spaces
- Seen moisture inside windows or other inside areas

Do you or have you had:

- Flat roof
- Crawl space
- Basement
 - Carpeted
- HVAC system
- Irrigation system that sprays the house
- Standing groundwater in the yard, or is the ground soft and wet around your home
- Bathroom fans
 - Run for at least 60 minutes after bathing/showering

Do you or have you ever:

- Felt sick in buildings
- Felt sick when the central air/heat is on
- Felt better being in fresh air locations
- Had sensitivity to EMF or electromagnetic frequencies?

Plastics (PL)

Do you or have you regularly:

- Eat canned foods
- Drink canned beverages
- Eat food packaged in plastic or non-stick wrap
- Drink beverages from plastic bottles
- Drink hot beverages from disposable paper cups w/plastic lids
- Drink tea made with "silk" or plastic tea bags
- Handle store receipts
- Microwave food in plastic containers or with plastic lids
- Store food in plastic containers

Do you or have you had:

- Plastic water pipes in the home

Personal Care Products (PCPs, SV)

Do you use or have you used:

- Fabric softener/dryer sheets
- Perfume/cologne/scented products
- Hairspray/hair gel/hair dye (MT)
- Nail polish (MT)
- Nail or hair salons
- Bleach
- Plug-in air fresheners/room spray
- Scented candles/potpourri
- Hair/body treatments for scabies or lice
- Women's menstrual products: Pads, tampons, period panties
- Waterproof or long-lasting mascara, eye liners, lipstick, and/or lip liners
- Do you avoid any ingredients in your personal care products? If so, which ones?

Persistent Organic Pollutants (POPs)

Do you or have you:

- Cook with non-stick pans (MT)
- Use non-stain spray in home, car or workplace
- Use clothing, furniture, or bedding treated with flame retardant (MT)
- Play on artificial turf (MT)
- Drink unfiltered water (PE, MT, PL, SV)

Electromagnetic Frequencies (EMFs)

Do you live or have you lived within ½ a mile (800m) of:

- A power generating station
- An electrical distribution substation
- High voltage electrical transmission lines
- A radio tower
- A cell tower

Do you have or ever have had:

- A power transformer in your yard
- Wifi in home/office
 - "Spreaders" "hubs" or "receivers"
- A smart meter
 - Near your bed
- Electrical panel near your bed
- Wireless hearing aid

Do you use or have ever used:

- LED bulbs, compact fluorescent bulbs, or dimmer switches
- Use electric induction stovetop or hot plate (occupationally)
- A cell phone up to your ear or a Bluetooth device
 - Do you sleep with your phone next to you (by pillow or on table)
- A laptop or tablet directly on your lap
- An Alexa-type voice assistant devices, smart appliances in home
- A smart watch
- Wireless earbuds

OB/Childhood Hx:

Known exposures in utero:

- Vaginal Birth
- C-section
- Breastfed
- Formula-fed

Parent occupations in childhood:

Miscellaneous:

Do you or have you:

- Had a known chemical injury or major exposure
- Lived or worked in a building with asbestos insulation or walls
- Lived or worked near a nuclear power plant
- Regularly consumed foods/beverages with artificial sugar (ie. aspartame, sucralose, saccharin)
- Had a carbon monoxide leak
- Worked at a place with carpets that get stain-resistant treatments

Health Habits:

- Turn wifi off at night
- Have your air ducts cleaned every three years
- Replace heater filters quarterly
- Use an air purifier
 - What kind _____
- Type of water
 - City
 - Well
- Have you checked the quality of your water?
 - By zipcode for city water: <https://www.ewg.org/tapwater/>
 - Tested your own water: <https://www.watercheck.com>
- Use water filters (MT, POPs, PE, PL, SV)
 - What brand _____
 - Tap
 - Shower/tub
 - Whole house
- Regularly sauna
- Had your house tested for radon
- Have CO meters

Residential History:

On the next page, please fill in the following table with as much detail as possible. Please include:

- your current home
- the home you lived in when you got sick
- the home you lived in the longest
- the oldest home you ever lived in
- Any other home you feel is relevant (see "Known Exposures" column)

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, Agricultural/farming area	KNOWN EXPOSURES Pesticides, tobacco, water damage, near commercial business or industry, self or family member work in industry using chemicals.	MOVING REASONS Did you move out for health reasons or home damage reasons (water leak, etc)

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. Please include any jobs that you think could have impacted your health.

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

Anything else you want to share: