

# TOXIN EXPOSURE

**G** General Exposure

**H** Heavy metals

**P** Persistent Chemicals

**M** Moulds

**R** Relationships

## QUESTIONS

	YES/OFTEN	SOMETIMES	IN THE PAST YEAR	NO/NEVER
<b>G</b> Do you eat highly processed foods (i.e., foods with added artificial colours, flavours, preservatives, or sweeteners), deep-fried, or fast foods?	3	2	1	0
<b>G</b> Do you drink carbonated drinks, with or without sugar more than once a week?	3	2	1	0
<b>G</b> Do you regularly consume more than 14 units of alcohol per week?	3	2	1	0
<b>G</b> Do you live or work near a source of electromagnetic radiation (i.e., cell phone tower, high-voltage power lines, or other known source)?	3	2	1	0
<b>G</b> Do you often travel by air, more than once a month?	3	2	1	0
<b>G</b> Are you sensitive to smoke, perfumes, fragrances, cleaning products, gasoline, or other fumes?	3	2	1	0
<b>G</b> Do you have any unusual reactions to anaesthesia or to prescription or over-the-counter medications?	3	2	1	0
<b>G</b> Do you have food reactions, sensitivities, or intolerances that you are aware of?	3	2	1	0
<b>G</b> Do you have environmental allergies?	3	2	1	0
<b>H</b> Do you regularly eat canned or farmed fish and seafood?	3	2	1	0
<b>H</b> Do you cook using aluminium or copper pans?	3	2	1	0
<b>H</b> Are you aware of exposure to toxic substances (i.e., treated lumber, lead paint, paint chips or dust, broken mercury thermometers or fluorescent bulbs, etc.) at home or work?	3	2	1	0
<b>H</b> Are you exposed to toxic chemicals as a result of a hobby (i.e., paints, photo-developing chemicals, epoxy adhesives, glues, varnishes, etc.)?	3	2	1	0
<b>H</b> Do you have root canals, extracted teeth, "silver" fillings, crowns, dental sealants, dentures, retainers, aligning trays, braces, mouth guards, dental implants, etc.?	3	2	1	0
<b>H</b> Do you have any artificial materials in your body (implants, pins, joints, etc.)?	3	2	1	0
<b>H</b> Do you drink unfiltered water from a well, spring, or cistern, or from old plumbing pipes?	3	2	1	0
<b>H</b> Do you live or work near an industrial pollution source (i.e., highway, factory, incinerator, gas station, power plant, etc.)?	3	2	1	0
<b>H</b> Do you have wood-burning, propane, or gas stoves or appliances at home or work?	3	2	1	0
<b>H</b> Do you smoke, or are you often exposed to second-hand smoke?	3	2	1	0
<b>M</b> Do you regularly eat leftovers? (more than a day old)	3	2	1	0
<b>M</b> Does your home or workplace show signs of mould or water damage (i.e., cracking paint, ceiling leaks, decaying insulation or foam, visible mould or the smell of mould, or damp windows, basement, or crawlspaces, etc.)?	3	2	1	0
<b>M</b> Has your car had any obvious water damage or does it have a musty smell?	3	2	1	0
<b>M</b> Do you live or work in a sealed building with recirculated air?	3	2	1	0
<b>M</b> Do you live near a body of water?	3	2	1	0
<b>P</b> Are conventional cleaning chemicals, disinfectants, hand sanitisers, air fresheners, scented candles, or other scented products used at your home or work?	3	2	1	0
<b>P</b> Does your home or workplace contain new construction materials or furniture (i.e., paint, laminate flooring, particle board, new carpeting, bedding, furniture, etc.)?	3	2	1	0
<b>P</b> Do you regularly eat conventionally-farmed (not certified organic) or genetically-modified fruits and vegetables?	3	2	1	0
<b>P</b> Do you regularly eat conventionally/factory farmed animal products? (i.e., meat, poultry, dairy, eggs)	3	2	1	0
<b>P</b> Do you store and/or reheat food in plastic containers?	3	2	1	0
<b>P</b> Do you live or work in an agricultural area or another type of area where you are exposed to herbicides, pesticides, or fungicides?	3	2	1	0
<b>P</b> Are you a regular golfer?	3	2	1	0
<b>P</b> Do you use conventional beauty or personal care products?	3	2	1	0
<b>R</b> Do you have any close relationships that are non supportive and potentially destructive?	3	2	1	0

**G** =

**H** =

**M** =

**P** =

**R** =

**TOTAL** =