



Environmental Factors Questionnaire

Name: _____ Date: _____

(Answer to the best of your knowledge. Use the back for additional space)

1. Do family members have allergy or behavioural symptoms at home? List each person and their symptom(s): _____

2. Do you or anyone else feel better outside of the home? _____
3. Which symptoms get better? _____
4. Do you or others feel worse in any rooms? List _____
5. Age of dwelling? _____ How long have you lived there? _____
6. What is the square footage of living space? _____
7. Is the garage attached to the living space? Where? _____
8. Do you have a basement? _____ Is it finished? _____
9. Has the house ever been flooded? How bad/when? _____
10. Have you had any water leaks in the house (plumbing, sewer, roof, basement)?
When? _____ Where? _____
11. When and where have pesticides been applied? _____
12. Do you use herbicides on your lawn for weed control? _____
13. Do you use mothballs? _____ Where? _____

14. Any pets? _____ How many? _____ How long? _____

Details _____

15. Renovations you have done in the last 5 years: _____

16. Redecorating you have done in the last 2 years: _____

17. How is your home heated? forced air? _____, hot water radiators? _____,
electric baseboards? _____, space heaters? _____, wood? _____

18. What is the fuel for the heating system(s)? gas _____, propane _____,
oil _____, electric _____, wood _____

19. Do you have a gas or propane: Stove _____, Dryer _____,
Water heater _____, Other _____

20. What type of drinking/cooking water? City _____, Well _____,

21. Do you filter your drinking water? _____, cooking water? _____,
What type of filter? _____ filter cleaned/changed last? _____

22. Have you installed new carpet or vinyl flooring in the last two years? _____,
Where? _____, Type? _____

23. How often is the house cleaned? _____

24. Do you have an innerspring mattress? _____, How old is mattress? _____,
How old are pillows? _____

25. Is your sleep sound? _____ Do you wake up refreshed or tired? _____

26. How do the other family members sleep? _____

27. Do you have children sleeping in a crib? _____

28. Where do family members work / learn in the home? _____

Is anyone bothered by anything in these areas? _____

29. Do you have any gut feelings about problem areas in your home? _____

30. Do you use a cell phone at home? _____ for work? _____

How long have you been using it (years/months)? _____

Active use (calling, streaming, etc) per day (hrs/mins)? _____

31. Do you have a cordless phone (DECT base station) at home? _____

How long have you had it (years/months)? _____

How often do you use it to make calls (hrs/mins)? _____

32. Do you use wireless internet at home? _____

What personal devices do you use to connect to the internet wirelessly?

How long per day do you use these devices (hrs/mins)? _____

33. List Bluetooth devices at used at home? _____

How long per day (hrs/mins)? _____

34. Are there any power lines, transformer stations, or cell towers near your home?

And if so, how close? _____

35. Do you use energy-efficient light bulbs (LED, CFL) in your immediate vicinity (desk lamps, reading lamps, bedside lamps)? _____

How long per day are you exposed to them (hrs/mins)? _____

36. Please circle the pollution sources below that are within two kilometres (one mile) of your home:

Park

Construction

Working Farm

Golf Course

Open field

Factory

Highway

Airport

Major Road

Power Lines

Cell Tower

Other: Details

37. Area of your home: Industrial? ____, City? ____, Suburban? ____, Country? ____

38. Who is bothered by:						
	You					
Gasoline						
Exhaust Fumes						
Detergent						
Fabric Softener						
Perfume						
Scented personal products						
Cleaning Products						
Room deodorizers						
Paints						
Pesticides						
New Car Smell						
Printers						
Newsprint						
Tobacco Smoke						
New Clothes						
Animals						
Moulds						
Pollens						
Dust						
Other						