

## Section II: Risk of Exposure

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

|  |                 |                  |                 |                |           |
|--|-----------------|------------------|-----------------|----------------|-----------|
| <b>16.</b> Circle the corresponding number for questions 16a - 16f below.  |                 |                  |                 |                |           |
| <b>0</b> Never   | <b>1</b> Rarely | <b>2</b> Monthly | <b>3</b> Weekly | <b>4</b> Daily |           |
| a. How often are strong chemicals used in your home?<br>(disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.) |                 |                  |                 |                | 0 1 2 3 4 |
| b. How often are pesticides used in your home?   |                 |                  |                 |                | 0 1 2 3 4 |
| c. How often do you have your home treated for insects?  |                 |                  |                 |                | 0 1 2 3 4 |
| d. How often are you exposed to dust, overstuffed furniture,<br>tobacco smoke, mothballs, incense, or varnish in your home or office?                          |                 |                  |                 |                | 0 1 2 3 4 |
| e. How often are you exposed to nail polish, perfume, hair spray, and other cosmetics?   |                 |                  |                 |                | 0 1 2 3 4 |
| f. How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes?  |                 |                  |                 |                | 0 1 2 3 4 |
| <b>Total:</b> _____  |                 |                  |                 |                |           |

|   |                      |                          |                         |
|---|----------------------|--------------------------|-------------------------|
| <b>17.</b> Circle the corresponding number for questions 17a - 17b below.                           |                      |                          |                         |
| <b>0</b> No   | <b>1</b> Mild Change | <b>2</b> Moderate Change | <b>3</b> Drastic Change |
| a. Have you noticed any negative change in your health since you moved into your home or apartment? |                      |                          | 0 1 2 3                 |
| b. Have you noticed any negative change in your health since you started your new job?              |                      |                          | 0 1 2 3                 |
| <b>Total:</b> _____   |                      |                          |                         |

|  |         |          |
|--|---------|----------|
| <b>18.</b> Answer yes or no and circle the corresponding number for questions 18a - 18d below. |         |          |
| a. Do you have a water purification system in your home?                                       | No<br>2 | Yes<br>0 |
| b. Do you have any indoor pets?  | 0       | 2        |
| c. Do you have an air purification system in your home?  | 2       | 0        |
| d. Are you a dentist, painter, farm worker, or construction worker?                            | 0       | 2        |
| <b>Total:</b> _____  |         |          |

**Section II Total:** \_\_\_\_\_

|   |       |
|---|-------|
| <b>GRAND TOTAL (Section I + Section II)</b>   | _____ |
| 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 Clinical Purification™ program. |       |

Adapted with permission from the author of *Clinical Purification™: A Complete Treatment and Reference Manual*, Dr. Gina L. Nick. Health care professionals may obtain complete copies of this book at a professional discount from Standard Process Order Department at 1-800-558-8740. Patients may purchase the book through retail outlets.