



VibrantWellness | Toxic Exposure Questionnaire

Name: _____ Date: _____

**For current consumption, use, or exposure, select the best response for each question.*

Food & Water	Yes/Often	Yes / Sometimes	Yes / Seldomly	Only In The Past	No / Never
Do you consume conventionally-farmed or genetically modified vegetables and fruits?					
Do you consume canned vegetables, fruits, or beans?					
Do you consume conventionally-raised meat, poultry, dairy, and eggs?					
Do you consume farmed or canned fish or shellfish?					
Do you consume wild-caught fish or shellfish?					
Do you consume fried foods or fast foods?					
Do you consume processed foods with food additives (e.g. emulsifiers, flavor enhancers, fiber additives, gums and thickening agents, artificial or natural food dyes, preservatives or natural antioxidant preservatives)?					
Do you consume artificial sweeteners (e.g. NutraSweet, Equal, Sweet 'N Low, Splenda, acesulfame K) or natural sweeteners (e.g. agave, stevia, monk fruit)?					
Do you drink well water?					
Do you drink water bottled in plastic bottles?					

Alcohol, Smoking and Smokless Products	Yes/Often	Yes / Sometimes	Yes / Seldomly	Only In The Past	No / Never
Do you consume 4 or more drinks of alcohol per day, or 7 or more drinks per week for females or 14 or more drinks per week for males (1 drink = 12 oz beer, 5 oz wine, 1.5 oz liquor)?					
Do you smoke cigarettes or chew tobacco?					
Do you vape nicotine?					
Do you vape cannabis?					
Are you exposed to secondhand smoke or secondhand vaping?					

Medications, Supplements, and Personal Care	Yes/Often	Yes / Sometimes	Yes / Seldomly	Only In The Past	No / Never
Do you use over-the-counter or prescription medications?					
Do you have strong or adverse reactions to anesthesia, over-the-counter or prescription medications, recreational drugs, or dietary supplements?					
Are you sensitive to or have reactions to strongly scented products (e.g. candles, body sprays, fragrances etc.)?					
Are you sensitive to or have reactions to soaps, face and body lotions, or hair care products?					
Do you use personal and body care products containing parabens or phthalates (e.g., methyl-, ethyl-, or butyl- parabens or monoethyl-, mono-2-ethylhexyl-, or diethyl- phthalates)?					
Do you use perfumes, fragrances, or body sprays?					
Do you use conventional or natural tanning products?					
Do you use nail polish or acrylic, gel, or dip powder nail products?					
Do you have mercury or silver fillings or use oral dentures, retainers, mouth guards, teeth aligners, or bleaching trays?					
Do you have implanted joint replacements or other implanted medical devices (e.g. nails, pins, screws, pumps, pacemakers, breast implants etc.)?					

Home, Occupational, and Recreational Environments	Yes/Often	Yes / Sometimes	Yes / Seldomly	Only In The Past	No / Never
Do you live or work near an agricultural area where food crops are grown?					
Do you live or work near a livestock farm raising cattle, poultry, pork, goats, or sheep?					
Do you live or work near cell phone towers, power lines, or nuclear power plant, or work with X-rays or MRI machines?					
Do you live or work near an industrial plant, gas station, water treatment plant, landfill site (garbage dump), recycling facility, or waste incinerator?					
Do you live or work in a water-damaged home or building with mold odor, visible mold patches or colonies, or suspected hidden mold in wall or floor cavities?					

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Do you live or work in a poorly ventilated building?					
Do you live or work in a newly constructed or newly renovated building, or drive a new vehicle?					
Are you exposed to industrial “dusts” in your workplace?					
Are you exposed to “non-green” cleaning chemicals, sanitizers, disinfectants, or aerosol sprays at home or in your workplace (e.g. hospital, healthcare, or school settings)?					
Do you work in a workplace with high exposure to toxins such as construction, landscaping, roofer, oil/gas/mining industry, waste removal, janitor or building cleaner, automotive industry, hair or nail salon, maintenance and repair worker, heating and fuel (HVAC) industry etc.?					
Do you engage in hobbies using paints, solvents, dyes, glues, adhesives, ceramics, textiles (e.g. woodworking, painting, ceramics, pottery, sculpting, jewelry making, knitting etc.)?					
Do you walk, bike, or run on roadways?					
Do you engage in sports on artificial turf, municipal parks, or playing fields?					
TOTAL BOXES CHECKED					

x4 x3 x2 x1 x0

TOTAL SCORES					0
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Scoring
Yes/Often: 4 points
Yes/Sometimes: 3 points
Yes/Seldomly: 2 points
Only in Past: 1 point
No/Never: 0 points

Total Score (Likelihood of Toxicity)
1-38 points: Somewhat Likely
39-76 points: Likely
77-114 points: Very Likely
≥ 115 points: Highly Likely