

To be completed by staff:

Staff Name: _____
 Chart Number: _____

Name: _____

Today's Date: _____

Every day, we eat, drink, breathe, and touch chemicals that exist around us. This assessment will help you identify some of your exposures to common chemicals. Planned Parenthood Green Choices and our staff will then give you the information you need to make choices for better health and a greener environment – for yourself, your family, and your community.

INSTRUCTIONS: Circle your response for each statement below.

1. Tell us about the food you eat.



I eat fish and/or seafood.	Regularly	Sometimes	Never
I eat meat and/or poultry (chicken, turkey, etc.)	Regularly	Sometimes	Never
I eat fruits and/or vegetables.	Regularly	Sometimes	Never
I eat <i>organic</i> fruits and vegetables.	Regularly	Sometimes	Never

2. Tell us about the things you use when cooking, eating or storing food.



I microwave my food in plastic containers or use plastic wrap.	Regularly	Sometimes	Never
I (or my family) eat food that comes from a can (soups, beans, baby formula, etc).	Regularly	Sometimes	Never
I (or my family) drink from plastic bottles or cups.	Regularly	Sometimes	Never
I store food in plastic.	Regularly	Sometimes	Never
My take-out comes in plastic or foam.	Regularly	Sometimes	Never

3. Tell us about the personal care products you use.



I use personal care products with fragrance (smell), like lotion or soap.	Regularly	Sometimes	Never
I chemically straighten, relax, highlight, perm, or dye my hair (on head or body).	Regularly	Sometimes	Never
I use cosmetics such as perfume/cologne, lipstick, nail polish or mascara.	Regularly	Sometimes	Never

4. Tell us about your home ("home" is where you live. This can be your *house, dorm, apartment* or other *living quarters*).



My home was built before 1978.	Yes	No	I don't know
My home was tested for lead.	Yes	No	I don't know
There is shower mold or mildew in my home.	Yes	No	I don't know

There are working smoke detectors in my home.	Yes	No	I don't know
There are working carbon monoxide detectors in my home.	Yes	No	I don't know

5. Tell us about the types of **chemicals** around you.



Pesticides are used at my home and/or work (pesticides are chemicals used to kill bugs, rodents, and/or weeds).	Regularly	Sometimes	Never
Flea collars, dips, or other chemicals are used on my pets. <i>(leave blank if you do not have pets)</i>	Regularly	Sometimes	Never
I live and/or work near a farm, park, or golf course.	Yes	No	

6. Tell us about the **cleaning products** you use at home or at work.



I use and/or work with strong smelling cleaning products.	Regularly	Sometimes	Never
I use different cleaning products at the same time (such as bleach and ammonia).	Regularly	Sometimes	Never
I use air fresheners, plug-ins, scented candles or incense.	Regularly	Sometimes	Never

7. Tell us about **smoking** (cigarettes, cigars or pipes).



I smoke.	Regularly	Sometimes	Never
I smoke inside my home or car.	Regularly	Sometimes	Never
Other people smoke around me.	Regularly	Sometimes	Never
My children are exposed to smoke from others <i>(leave blank if you do not have children)</i>	Regularly	Sometimes	Never

THE FOLLOWING SECTION WILL HELP YOUR HEALTH CARE PROVIDER TO BETTER GUIDE YOU.

Tell us about your or your partner's **pregnancy plans**.

I (or my partner) am currently pregnant.	Yes	No	I don't know
I (or my partner) am thinking about getting pregnant in the next 12 months.	Yes	No	I don't know
I currently have one or more children living with me.	Yes	No	
If Yes to the above: I have children under the age of 6 living with me.	Yes	No	

If you have questions related to environmental health, please write them down for your health care provider to answer:
