

Environmental Health Assessment Form

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.

To be completed by staff: Staff name _____ Chart number _____

Name _____ Today's date _____

1. Tell us about the food you eat.



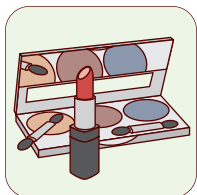
- I eat fish and/or seafood. Regularly Sometimes Never
- I eat meat and/or poultry (chicken, turkey, etc.) Regularly Sometimes Never
- I eat fruits and/or vegetables. Regularly Sometimes Never
- I eat organic fruits and vegetables. Regularly Sometimes Never

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



- I (or my family) microwave 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 (or my family) store food in plastic. Regularly Sometimes Never
- My take-out comes in plastic. Regularly Sometimes Never

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



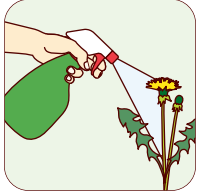
- I use personal care products with fragrance (smell), like lotion or soap. Regularly Sometimes Never
- I chemically straighten, relax, highlight, perm, or dye my hair (on head or body). Regularly Sometimes Never
- I use cosmetics such as perfume/cologne, lipstick, nail polish, or mascara. Regularly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

4. Tell us about 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. (leave blank if you do not have pets) 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 or your family use at home or at work.



I (or my family) use and/or work with strong-smelling cleaning products. Regularly Sometimes Never

I (or my family) use different cleaning products at the same time (such as bleach and ammonia). Regularly Sometimes Never

I (or my family) use air fresheners, plug-ins, scented candles, or incense. Regularly Sometimes Never

7. Tell us about your exposure to tobacco smoke (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. (Leave blank if you do not have children.) 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 and any children you already have.

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 have one or more children living with me. Yes No

I have children under the age of six living with me. Yes No

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