

## 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? <span style="float: right;">0 1 2 3 4</span> (disinfectants, bleaches, oven and drain cleaners, furniture polish, floor wax, window cleaners, etc.)									
b. How often are pesticides used in your home? <span style="float: right;">0 1 2 3 4</span>									
c. How often do you have your home treated for insects? <span style="float: right;">0 1 2 3 4</span>									
d. How often are you exposed to dust, overstuffed furniture, tobacco smoke, mothballs, incense, or varnish in your home or office? <span style="float: right;">0 1 2 3 4</span>									
e. How often are you exposed to nail polish, perfume, hair spray, or other cosmetics? <span style="float: right;">0 1 2 3 4</span>									
f. How often are you exposed to diesel fumes, exhaust fumes, or gasoline fumes? <span style="float: right;">0 1 2 3 4</span>									
<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? <span style="float: right;">0 1 2 3</span>									
b. Have you noticed any negative change in your health since you started your new job? <span style="float: right;">0 1 2 3</span>									
<b>Total:</b> _____									

<b>18.</b> Answer yes or no and circle the corresponding number for questions 18a - 18d below.									
								No	Yes
a. Do you have a water purification system in your home?								2	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>	_____
<p>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.</p>	

Adapted with permission from the author of *Clinical Purification™: A Complete Treatment and Reference Manual*, Dr. Gina L. Nick.