

## 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 |

**Total:** \_\_\_\_\_

<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 |

**Total:** \_\_\_\_\_

<b>18.</b> Answer yes or no and circle the corresponding number for questions 18a - 18d below.									
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- |   |         |          |
|---|---------|----------|
| 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        |

**Total:** \_\_\_\_\_

<b>Section II Total:</b>	_____
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<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.