



Do you have environment-related illness?

1. Does exposure to cigarette smoke and/or perfume cause you to experience symptoms? YES NO
2. Do you notice more symptoms at work than at home -- or visa versa? YES NO
3. Do you have frequent headaches or migraines? YES NO
4. Has your productivity level decreased substantially over the past few months or years? YES NO
5. Do you have allergy symptoms and/or repeated bouts of sinusitis, bronchitis, nasal polyps, chronic ear and throat infections or ringing in the ears? YES NO
6. Have you been diagnosed with chronic fatigue syndrome, Epstein Barr Virus, cytomegalovirus, herpes virus -- or do you have an overwhelming fatigue? YES NO
7. Does your work or do your hobbies expose you to toxic minerals, metals or chemicals? YES NO
8. Have you been diagnosed with irritable bowel syndrome or do you have frequent nausea, bloating, constipation or diarrhea? YES NO
9. Do you experience chronic muscle and joint aches and pains -- or have you been diagnosed with fibromyalgia? YES NO
10. Do you experience chronic muscle and joint aches and pains -- or have you been diagnosed with fibromyalgia? YES NO
11. Do you frequently experience forgetfulness, difficulty concentrating, or numbness and tingling? YES NO
12. Have you had a positive ANA (antinuclear antibody) test or do you have M.S., lupus, rheumatoid arthritis, an autoimmune disease or a history of cancer? YES NO
13. Do you have or have you had breast implants, and did you see a correlation between implantation and the beginning of your symptoms? YES NO
14. Has any type of metal been used in implants or joint replacements in your body? Can the onset of your health problems be traced to the time of the implant? YES NO
15. Do you have named cardiovascular disease without knowing the cause? YES NO

If you answered "yes" to three or more of these questions, you could have environment-related illness.