

Total Toxic Burden: Environmental Exposure Assessment

Client Name: _____ Date: _____

Purpose: This assessment helps us identify the hidden triggers filling your "Toxic Bucket." By revealing past and present exposures to mycotoxins, heavy metals, chemicals, and modern stressors, we can "turn off the faucet" and support your body's natural ability to heal.

Section 1: Historical & Geographic "Hidden" Exposures

Check any that apply to your past or current living/working situations.

- ☐ **Water Damage:** Have you ever lived or worked in a building with a basement, crawlspace, or history of leaks/flooding?
- ☐ **Musty Smells:** Have you ever noticed a "musty" or "earthy" odor in your home, office, or gym?
- ☐ **Vintage Homes:** Did you grow up in or do you currently live in a home built before 1978? (Potential lead paint/pipes)
- ☐ **High-Traffic Areas:** Have you lived near a major highway, airport, or industrial factory?
- ☐ **Industry Work:** Have you ever worked in a hair/nail salon, dry cleaners, printing shop, or construction?
- ☐ **Agricultural Exposure:** Did you grow up near farms or golf courses, or have a job involving pesticides/herbicides?

Section 2: The "Daily Load" (Home, Beauty & Diet)

Assess your current daily habits and product usage.

Category	High-Exposures (Check if true)	Notes
Personal Care	<input type="checkbox"/> Use products with "fragrance" or "parfum" (Phthalates)	
Beauty	<input type="checkbox"/> Use conventional makeup/shampoo (Parabens)	
Kitchen	<input type="checkbox"/> Use non-stick (Teflon) pans or plastic storage (PFAS/BPA)	

Category	High-Exposures (Check if true)	Notes
Water	<input type="checkbox"/> Drink unfiltered tap water regularly	
Diet	<input type="checkbox"/> Frequently eat non-organic corn, soy, or wheat (Glyphosate)	
Dental	<input type="checkbox"/> Have "silver" (amalgam) fillings in your teeth	

Section 3: Modern Stressors (EMF & Circadian Biology)

Evaluate your "invisible" environmental stressors.

- ☐ **Blue Light:** Do you use screens (phone/TV/laptop) within 2 hours of bedtime without blue-light blocking glasses?
 - ☐ **Sleep Environment:** Is your phone kept on your nightstand (turned on) or do you have a Wi-Fi router in your bedroom?
 - ☐ **Morning Light:** Do you spend the first 30 minutes of your day indoors without exposure to natural sunlight?
 - ☐ **Tech Density:** Do you wear "smart" tech (watches/rings) or use Bluetooth headphones for several hours a day?
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Section 4: Reflection & Scoring

The "Toxic Bucket" Visualization: Based on your answers above, how full do you feel your "bucket" is? (Circle one) * **Low (Empty):** Few exposures, proactive habits. * **Medium (Half-Full):** Moderate historical exposure, some daily chemical use. * **High (Overflowing):** Multiple "Big Three" triggers (Mold/Metals/Glyphosate) + high daily load.

Observations: What are the top 3 sources of exposure you feel are most impacting your health right now? 1. _____ 2. _____ 3. _____

Next Steps:

- ☐ **Priority 1:** _____
 - ☐ **Swap as You Drop:** Identify one product (e.g., laundry detergent or face wash) to replace with a non-toxic version this week.
 - ☐ **Download:** Get the *EWG Healthy Living App* to scan current household items.
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