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/or 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

Green Choices information is also online: www.plannedparenthood.org/greenchoices
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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Green Choices information is also online: [www.plannedparenthood.org/greenchoices](http://www.plannedparenthood.org/greenchoices)