



In collaboration with  **SOPHIA EDUCATION**

Electrosmog Questionnaire

MEDICAL HISTORY

Have you been diagnosed with any of the issues below? Check appropriate box, enter as many details as you can and provide date of onset.

Past	Ongoing		Past	Ongoing	
		Gastrointestinal problems: _____ _____			Multiple chemical sensitivity: _____ _____
		Cardiovascular problems: _____ _____			Heavy metal toxicity: _____ _____
		Infertility: _____ _____			Hypo- or hyper- thyroidism: _____ _____
		Post-traumatic stress disorder: _____ _____			Liver diseases: _____ _____
		Autoimmune disorder: (Celiac, Crohn's, rheumatoid arthritis, Hashimoto's, lupus, etc.) _____			Cancer: _____ _____
		Neurodegenerative disease: (Alzheimer's, Parkinson's, Huntington's, Lou Gehrig's, etc.) _____			Exposure to toxic mold: _____ _____
		Vitamin or mineral deficiencies: _____ _____			Food allergies _____ _____
		Respiratory diseases: _____ _____			Chronic fatigue syndrome: _____ _____

Past	Ongoing		Past	Ongoing	
		MTHFR genetic mutation: <hr/> <hr/>			Skin diseases: <hr/> <hr/>
		Lyme disease, other co-infections or parasites: <hr/> <hr/>			

SYMPTOMS REVIEW

Have you experienced the following health problems in the past 30 days? Check appropriate box and provide date of onset.

Symptoms	Not at all	A little	Moderately	Fairly Strong	Very Strong	If yes, since when (month/year)
Anxiety						/
Blood pressure problems						/
Depression						/
Difficulty concentrating						/
Difficulty finding words						/
Disturbances of coordination						/
Dizziness						/
Ear noises, tinnitus						/
Exhaustion						/
Fatigue						/
Flu-like symptoms						/
Forgetfulness						/
Headaches or migraines						/
Heart palpitations						/
High blood pressure						/
Hyperactivity						/
Irritability						/
Joint pain						/
Muscle cramps or twitching						/
Muscle tension						/
Muscle weakness						/
Nausea						/
Noise sensitivity						/
Panic attacks						/
Restlessness, tension						/
Sensation of pressure in the ears						/
Sensitivity to light						/
Skin conditions						/
Sleep problems						/

Symptoms	Not at all	A little	Moderately	Fairly Strong	Very Strong	If yes, since when (month/year)
Tightness in the chest						/
Urinary urgency						/
Other (please state): _____ _____						/
Other (please state): _____ _____						/

VARIATION OF HEALTH PROBLEMS

<p>Which health problems do you perceive to be the most severe?</p>	<hr/> <hr/> <hr/>
<p>Since when have you been experiencing these health problems?</p>	<hr/> <hr/> <hr/>
<p>At what times do these health problems occur?</p>	<hr/> <hr/> <hr/>
<p>Is there a place or circumstances where the health problems increase or are particularly severe? <small>(e.g. at work, at home, long lasting mobile phone calls, body-worn mobile phone, working with wifi or other electronic devices)</small></p>	<hr/> <hr/> <hr/>
<p>Is there a place where the health problems fade or disappear altogether? <small>(e.g. at work, at home, other places, at the home of a friend, on holiday, at your weekend home, in the woods)</small></p>	<hr/> <hr/> <hr/>
<p>Do you have an explanation or personal hypothesis for these health problems?</p>	<hr/> <hr/> <hr/>
<p>Do you feel sensitive to cell phones, wifi, Bluetooth devices or other sources of electromagnetic field (EMF) pollution?</p>	<hr/> <hr/> <hr/>

LIFESTYLE

How many 8-oz. glasses of water do you drink a day? _____

What kind of water do you drink at home?
(e.g. tap, water bottles, Brita filter, reverse osmosis, etc.) _____

How many cups of coffee do you drink a day? _____

Did you have metal screws, rods, pins or plates surgically installed in any part of your body?

YES NO

Do you have any tattoos?

YES NO

Women: do you wear bras with a metal underwire? YES NO

Do you have silver fillings (dental amalgams) in your mouth? YES NO

If yes, how many? _____

Do you wear metal jewelry (including rings, pendants, necklaces, etc.) regularly?

YES NO

Do you wear metal-framed glasses regularly? YES NO

Do you regularly walk barefoot on natural terrain (e.g. grass, sand, dirt, rock, etc.), or swim in natural environments (e.g. sea, lake, river, etc.)?

YES NO

If yes, how many hours per week? _____

LIFESTYLE

CELL PHONE

Do you own a cell phone? YES NO

If yes, how much time do you spend talking with your cell phone on your ear every day?

How much time do you spend texting, scrolling or talking on your speakerphone every day?

Where do you usually carry your cell phone?

(e.g. front pocket, back pocket, purse, bra, shirt pocket, etc.) _____

OTHER DEVICES

Do you own a tablet?

(e.g. Apple iPad, Samsung Galaxy Tab, Microsoft Surface, Asus ZenPad, etc.) YES NO

If yes, how many hours do you use it every day? _____

Do you own a laptop? YES NO

If yes, how many hours do you use it every day, and how do you use it?

(e.g. on my lap, on a desk, etc.) _____

Do you have a desktop computer at home? YES NO

If yes, how many hours do you use it every day? _____

Is it connected to wifi? YES NO

Do you own a wireless fitness tracker, Apple Watch or other wireless “wearable”?

YES NO

If yes, how many hours do you use it every day? _____

HOME

Do you have a wifi network at home? YES NO

If yes:

Where is the wifi router installed? _____

What is the brand of your router? _____

Do you turn off the wifi router at night? YES NO

Besides your own, how many wifi networks can you detect around your home using your cell phone or computer?

NONE

1-5

5-15

15+

NOT SURE

Do you have any of the following installed at home?

	YES	NO		YES	NO
Wireless phones			Microwave oven		
Baby monitor			Dimmer switches		
Video game console			Compact fluorescent bulbs (i.e. the curly light bulbs) or other fluorescent lighting		
Wireless virtual assistant (e.g. Alexa, Amazon Echo, Google Home, etc.)			LED light bulbs		
Digital media player (e.g. Apple TV, Mi Box, Amazon Fire, NVIDIA Shield, etc.)			Radiant electrical heating system (i.e. underfloor heating)		
Smart TV (i.e. a TV that can be connected via wifi or Bluetooth)			Solar panels		
Printer			Wind turbines		
Smart appliances (i.e. fridge, freezer, oven, washer, dryer which can be connected via wifi or Bluetooth)			Electric car battery charging station		
Wireless sound system			Energy efficient HVAC system (i.e. air conditioning system)		
Smart utility meter (e.g. electricity, water, gas)			Home alarm system		

Is your home within 150 feet or less of high voltage power lines?

YES NO NOT SURE

Is at least one cell phone tower in line of sight with your home?

YES NO NOT SURE

Is your home situated within 1 mile of an AM/FM/Digital TV Broadcast station ?

YES NO NOT SURE

Is your home situated within 1 mile of a police station, fire station, or hospital?

YES NO NOT SURE

Is your home situated within 1 mile of an airport or military base?

YES NO NOT SURE

Is your home situated within 1 mile of a solar park or wind turbines?

YES NO NOT SURE

Is your home situated within 1 mile of a railroad or subway station?

YES NO NOT SURE

BEDROOM

Do you have any of the following in your bedroom at night?

	YES	NO		YES	NO
Cell phone			Metal-spring mattress		
Tablet			CPAP machine		
Laptop or desktop computer			Electric blanket		
Digital alarm clock			Electric beds		
Bluetooth-enabled devices (any kind)			Water bed		
Portable heating system			Portable AC system		
Portable fan			Grounding/earthing pad, sheets or pillow		
Air filtration system			Bedside lamp		

CAR

Do you own an hybrid or electric car? YES NO

Is there a wifi hotspot in your car (e.g. 3G, 4G/LTE hotspot provided by OnStar)?

YES NO

AT WORK/SCHOOL

What's your occupation? _____

Do you work or study in an environment where there is a wifi network?

YES NO

Do you have a computer you use at work or at school? YES NO

If yes, how many hours do you use it every day? _____

Is it connected to wifi? YES NO

Do you work around industrial equipment? YES NO

Do you have multiple power bars or extension cords around your feet at work?

YES NO