

Electromagnetic Radiation Exposure Questionnaire

Patient Name: _____

1. Mark off the below that currently exist in your work or home environment:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cordless Phone | <input type="checkbox"/> Smart Meter | <input type="checkbox"/> CFL or Fluorescent Light bulbs |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> eBook Reader | <input type="checkbox"/> Dimmer switches |
| <input type="checkbox"/> Wifi Router | <input type="checkbox"/> Wireless Baby Monitor | <input type="checkbox"/> Major Power lines within 150 meters |
| <input type="checkbox"/> Wife Enabled printer | <input type="checkbox"/> Hybrid or Electric vehicle | <input type="checkbox"/> Electric Blanket |
| <input type="checkbox"/> Wireless Laptop | <input checked="" type="checkbox"/> Microwave Oven | <input type="checkbox"/> Electric Massage Chair |
| <input type="checkbox"/> Wireless Desktop | <input type="checkbox"/> Treadmill | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Wireless Mouse/Keyboard | | |

2. Do you turn off or put your phone into airplane mode before bed? Yes No

3. Do you use a Pong branded case for your cell phone? Yes No

4. Do you use a Bluetube headset when speaking on your cell phone? Yes No

5. Do you turn off your computers before bed? Yes No

6. When meditating or sitting at your desk, do you use an Earthing or grounding mat? Yes No

7. Do you use a DefenderPad Laptop shield when using your laptop on your lap? Yes No

8. Do you turn off or disable the wireless signal on your Wifi router before bed? Yes No

9. Has PG&E removed your Smart Meter? Yes No

If they have not removed it, have you encased it with an aluminum or lead shield? Yes No

10. Do you drive a hybrid or fully electric vehicle? Yes No

If yes, which type is it? Hybrid Fully Electric

11. What is the number of CFL or fluorescent light bulbs you have in your home? < 5 Too many to count

12. What is the estimated number of hours you fly on an airplane per year?

< 2 hours 3-12 hours 12-72 hours 72 hours -7 days Weeks

13. What is the number of 2-prong outlets (no ground)? _____

14. What is the number of EMF filters (Greenwave or Stetzerizer®) you have installed? _____

15. What is the number of Tube Computer monitors, Tube Television and Plasma TV's installed? _____

16. Do you know how far the nearest cell phone tower is from your home/office? Yes No

17. What is the number of ultrasounds, x rays, MRI, CT scans you have done in your life? _____

OFFICE USE Only (Do not write below this line)

MFT: Geopathic Stress NRT: Radiation X

Solutions: Eleuthero Gingko Forte Rhodiola & Ginseng Cyruta®/Cyruta-Plus® Super-Eff®