



QUIZ

How Toxic Is Your Home?

Scores

1. How many gadgets are plugged in within four feet of the head of your bed? Be sure to consider alarm clocks, mp3 docking stations, mobile phone chargers, baby monitors, lamps, etc. (3 pts each)													
2. While you sleep, where is your mobile phone? (Select one) <input type="checkbox"/> Under your pillow (8 pts) <input type="checkbox"/> In the room but not reachable (4 pts) <input type="checkbox"/> Right next to the bed (6 pts) <input type="checkbox"/> In another room (0 pts)													
3. How many major electrical appliances are near your bed? Consider fuse boxes, electric heating units, electric water heaters, air conditioning units, televisions, etc. Don't forget what's on the other side of the wall. (6 pts each)													
4. Do you use an electric blanket? <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Never</td> <td style="text-align: center;">Sometimes in the winter</td> <td style="text-align: center;">Always in the winter</td> <td style="text-align: center;">Always</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">0 pts</td> <td style="text-align: center;">3 pts</td> <td style="text-align: center;">7 pts</td> <td style="text-align: center;">12 pts</td> </tr> </table>	Never	Sometimes in the winter	Always in the winter	Always					0 pts	3 pts	7 pts	12 pts	
Never	Sometimes in the winter	Always in the winter	Always										
0 pts	3 pts	7 pts	12 pts										


Your "Electric" danger score

1-8	9-16	17-24	25+
Energy-efficient	Slightly charged	High voltage	Zapped



How Toxic Is Your Home?

Scores

1. How well do you typically sleep? (Select one)	
<input type="checkbox"/> Rarely wake (0 pts) <input type="checkbox"/> Toss and turn (8 pts)	
<input type="checkbox"/> Wake up once or twice a night (2 pt) <input type="checkbox"/> I'm awake more than I'm asleep (10 pts)	
<input type="checkbox"/> Wake up several times a night (4 pts)	
2. How light is your room during the hours you sleep?	
Pitch black Bright enough to read 	
0 pts 2 pts 4 pts 6 pts 8 pts 10 pts	
3. Do you need a blaring alarm clock to wake up on weekdays? Yes _____ (5 pts)	
4. Do you need a stimulant like caffeine in the morning to function? Yes _____ (6 pts)	
Your "Sleep" danger score	

1-7	8-14	15-21	22+
Sleeping soundly	Rested but not revived	Nearing a rude awakening	A complete nightmare



What Simple Solutions will you add to your Bedroom?

	Scores
<p>1. I will: (Select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Switch to natural fabrics for pajamas (4 pts) and/or sheets (4 pts) <input type="checkbox"/> Switch to organic cotton pajamas (6 pts) and/or sheets (6 pts) 	
<p>2. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Use a green, nontoxic laundry detergent (6 pts) <input type="checkbox"/> Switch to a fragrance-free, mainstream brand of detergent (3 pts) <input type="checkbox"/> Eliminate my use of dryer sheets (6 pts) 	
<p>3. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eliminate dry cleaning altogether (12 pts) <input type="checkbox"/> Reduce use of "perc" dry cleaning to real necessities (4 pts) <input type="checkbox"/> Air out dry cleaning before bringing it into the house (2 pts) <input type="checkbox"/> Switch to a green dry cleaner (8 pts) <input type="checkbox"/> Wear an undershirt made of natural fibers beneath dry-cleaned clothing (2 pts) 	
<p>4. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eliminate all constrictive clothing (10 pts) <input type="checkbox"/> Remove tight clothing, like bras and shirts with snug collars, when at home (4 pts) <input type="checkbox"/> Honestly assess my wardrobe and give away clothing items that are too tight (8 pts) 	
<p>5. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Switch to an organic or natural rubber mattress (15 pts) <input type="checkbox"/> Air out my mattress whenever laundering the bedding (3 pts) <input type="checkbox"/> Use a natural rubber or organic wool mattress cover (6 pts) 	

Scores

<p>6. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Move electronics away from bed (3 pts for each item moved at least four feet) <input type="checkbox"/> Regularly unplug appliances and gadgets when not in use (5 pts) <input type="checkbox"/> Eliminate use of electric blanket or unplug it before getting into bed (10 pts) 	
<p>7. I will: (Select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduce bedroom light to zero while sleeping (7 pts) <input type="checkbox"/> Move or replace electronics in the bedroom that feature white or blue light (4 pts) 	
<p>8. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Take a melatonin supplement before bed to support the body's natural sleep processes (4 pts) <input type="checkbox"/> Heat or cool the room enough to ensure I don't wake up too hot or cold (3 pts) 	
<p>9. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Perform the weekend sleeping experiment on pages 55–56 to see how much rest my body really needs (4 pts) <input type="checkbox"/> Set a reasonable bedtime and stick to it—during weekdays and weekends (6 pts) <input type="checkbox"/> Adjust sleep schedule to get to bed before 10:30 p.m. to maximize melatonin and HGH production (6 pts) 	
<p>10. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get physical activity—“real work” as referenced in the text—each day (5 pts) <input type="checkbox"/> Eliminate caffeine or food three hours prior to bedtime (5 pts) <input type="checkbox"/> Create a winding down routine and follow it every night (3 pts) <input type="checkbox"/> Avoid stimulation like video games and television at least thirty minutes prior to bedtime (3 pts) 	
Your Simple Solutions positive score:	
Your “Rub” danger score:	-
Your “Electric” danger score:	-
Your “Sleep” danger score:	-
Your Bedroom Health total:	

You can track your quiz scores and solution points on *The Healthy Home Web* site at www.myhealthyhome.com.





QUIZ

How Toxic Is Your Home?

Scores

1. How much cologne or perfume do you typically wear? (Select one)	
<input type="checkbox"/> None (0 pts) <input type="checkbox"/> A full spritz (4 pts) <input type="checkbox"/> Just a dab (2 pts) <input type="checkbox"/> A big splash or multiple spritzes (6 pts)	
2. How many aerosol products do you use? Consider antiperspirants, hairsprays, and so forth. (7 pts each)	
3. Do you use an antiperspirant deodorant? (Check your product label if you're not sure.) Yes _____ (7 pts)	
4. How many personal-care products do you use each day? Consider products listed above as well as cosmetic, shaving, and skin-care products. (2 pts each)	

Your "Personal" danger score

1-8	9-16	17-24	25+
Natural beauty	Time to refresh	Some ugly habits	Chemical complexion



How Toxic Is Your Home?

Scores

1. Do you use fluoride toothpaste? Yes _____ (8 pts)	
2. Take stock of your teeth. How many silver-colored fillings do you have in your mouth? (10 pts each)	
3. If you don't have silver fillings, enter zero for this question. If you do have silver fillings, which of the following are regular habits for you? (Select all that apply.) <input type="checkbox"/> Chewing gum (4 pts) <input type="checkbox"/> Chewing ice (3 pts) <input type="checkbox"/> Drinking hot drinks (coffee, tea, etc.) (4 pts)	
4. Which do you use to reduce bad breath? (Select all that apply) <input type="checkbox"/> Gum (6 pts) <input type="checkbox"/> Mouthwash (4 pts) <input type="checkbox"/> Tongue Scraper (0 pts)	
Your "Pearly" danger score	

1-12	13-24	25-36	37+
Mile-wide grin	Straight-faced	Grimace	Scowl



How Toxic Is Your Home?

Scores

<p>1. Which of the following products do you regularly use that contain triclosan or other antibacterial ingredients? (Select all that apply)</p> <p><input type="checkbox"/> Hand sanitizer (6 pts) <input type="checkbox"/> Antibacterial spray (6 pts)</p> <p><input type="checkbox"/> Antibacterial soap (3 pts) <input type="checkbox"/> Antibacterial toothbrush (3 pts)</p> <p><input type="checkbox"/> Antibacterial wipes (4 pts)</p>	
<p>2. Do you get a yearly flu shot? Yes _____ (8 pts)</p>	
<p>3. How many old, unused prescription drugs are you saving in your medicine cabinet for a rainy day? (5 pts each)</p>	
<p>4. When do you reach for pain medicine like aspirin, acetaminophen, or ibuprofen? (Select one)</p> <p><input type="checkbox"/> In anticipation of pain (12 pts) <input type="checkbox"/> If the pain is distracting (2 pts)</p> <p><input type="checkbox"/> At the first sign of discomfort (8 pts) <input type="checkbox"/> If the pain is unbearable (0 pts)</p>	
<p>5. How many over-the-counter or prescription drugs (cough syrup, antihistamines, nasal sprays, etc.) do you usually take when you get a cold? (3 pts each)</p>	

Your "Dope" danger score

1-15	16-30	31-45	46+
Drug-free	Recreational user	Gateway to overuse	Addict



What Simple Solutions will you add to your Bathroom?

	Scores
<p>1. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Find alternatives to products with parabens, formaldehyde-releasers, and other harsh chemical preservatives, especially those that stay on the skin all day (2 pts for every product you discontinue) <input type="checkbox"/> Cut the number of personal-care products used each day by 20 percent (8 pts) <input type="checkbox"/> Wash products off my face right when I get home in the evening instead of waiting until I go to bed (4 pts) <input type="checkbox"/> Cut back on highly scented personal-care products (2 pts for every product you replace with a lightly scented or unscented version) 	
<p>2. I will: (Select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stop using antiperspirant altogether and replace with natural deodorant (10 pts) <input type="checkbox"/> Wash off antiperspirant after I get home (5 pts) <input type="checkbox"/> Stop using antiperspirant on weekends and during cooler months (5 pts) 	
<p>3. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Switch to a fluoride-free toothpaste (5 pts) <input type="checkbox"/> Begin taking calcium, magnesium, and vitamin D supplements (4 pts) <input type="checkbox"/> Switch from mouthwash to a tongue scraper (4 pts) <input type="checkbox"/> Rinse with water flavored with a few drops of cinnamon, peppermint, or anise extract instead of mouthwash (3 pts) 	
<p>4. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safely dispose of all old prescriptions (5 pts) <input type="checkbox"/> Commit to listening to the doctor if he or she says I don't need an antibiotic (2 pts) <input type="checkbox"/> Reduce antibiotic ingestion by purchasing only organic meats/dairy (7 pts) <input type="checkbox"/> Discontinue use of triclosan antibacterial soaps in the home and workplace (6 pts) 	
<p>5. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Talk to the doctor about alternatives to statin drugs, such as lifestyle changes (7 pts) <input type="checkbox"/> Begin taking an omega-3 fatty acid supplement (3 pts) <input type="checkbox"/> Take a CoQ10 supplement every day (3 pts) <input type="checkbox"/> Add a good source of fiber to my daily breakfast (3 pts) 	

	Scores
6. I will: (Select all that apply)	
<input type="checkbox"/> Create a list of all the medications and supplements I take to place in my wallet or purse (2 pts)	
<input type="checkbox"/> Take stock of all of the over-the-counter medications taken over the course of the week; look for correlations with lifestyle choices (2 pts)	
<input type="checkbox"/> Eliminate the regular use of at least one over-the-counter medication through behavioral changes—for example, drinking plenty of water to avoid headaches (5 pts for each)	
Your Simple Solutions positive score:	
Your “Personal” danger score:	-
Your “Pearly” danger score:	-
Your “Dope” danger score:	-
Your Bathroom Health total:	

Are you making a positive difference?

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QUIZ

How Toxic Is Your Home?

Scores

<p>1. How many brightly colored (red, green, blue, purple, orange, etc.) fruits and vegetables were on your plate at dinner last night?</p> <p>3 or more 2 1 0</p> <p>← 0 pts 1 pt 3 pts 7 pts →</p>													
<p>2. Which is most similar to what you eat for your typical breakfast? (Select one)</p> <table border="0"> <tr> <td><input type="checkbox"/> Veggie omelet (0 pts)</td> <td><input type="checkbox"/> Eggs, bacon, and hashbrowns (4 pts)</td> </tr> <tr> <td><input type="checkbox"/> Whole wheat toast and fresh fruit (0 pts)</td> <td><input type="checkbox"/> Pastry and coffee (7 pts)</td> </tr> <tr> <td><input type="checkbox"/> Steel-cut oatmeal and fresh fruit (0 pts)</td> <td><input type="checkbox"/> Bagel and cream cheese (6 pts)</td> </tr> <tr> <td><input type="checkbox"/> Yogurt (4 pts)</td> <td><input type="checkbox"/> Drive-through meal (8 pts)</td> </tr> <tr> <td><input type="checkbox"/> Candy bar/energy bar (4 pts)</td> <td><input type="checkbox"/> What's breakfast? (10 pts)</td> </tr> <tr> <td><input type="checkbox"/> Cold cereal (6 pts)</td> <td><input type="checkbox"/> Coffee (15 pts)</td> </tr> </table>	<input type="checkbox"/> Veggie omelet (0 pts)	<input type="checkbox"/> Eggs, bacon, and hashbrowns (4 pts)	<input type="checkbox"/> Whole wheat toast and fresh fruit (0 pts)	<input type="checkbox"/> Pastry and coffee (7 pts)	<input type="checkbox"/> Steel-cut oatmeal and fresh fruit (0 pts)	<input type="checkbox"/> Bagel and cream cheese (6 pts)	<input type="checkbox"/> Yogurt (4 pts)	<input type="checkbox"/> Drive-through meal (8 pts)	<input type="checkbox"/> Candy bar/energy bar (4 pts)	<input type="checkbox"/> What's breakfast? (10 pts)	<input type="checkbox"/> Cold cereal (6 pts)	<input type="checkbox"/> Coffee (15 pts)	
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<input type="checkbox"/> Cold cereal (6 pts)	<input type="checkbox"/> Coffee (15 pts)												
<p>3. What do you estimate is the ratio of fruits/veggies to meats/dairy in your diet?</p> <p>Ratio 10:0 8:2 6:4 5:5 4:6 6:4 8:2 0:10</p> <p>Fruits/Veggies ← 0 pts 0 pts 1 pt 3 pts 5 pts 8 pts 10 pts 15 pts → Meats/Dairy</p>													
<p>4. How often do you go grocery shopping? (Select one)</p> <table border="0"> <tr> <td><input type="checkbox"/> Monthly (15 pts)</td> <td><input type="checkbox"/> Every 2 weeks (8 pts)</td> </tr> <tr> <td><input type="checkbox"/> Weekly (1 pt)</td> <td><input type="checkbox"/> Every few days (0 pts)</td> </tr> </table>	<input type="checkbox"/> Monthly (15 pts)	<input type="checkbox"/> Every 2 weeks (8 pts)	<input type="checkbox"/> Weekly (1 pt)	<input type="checkbox"/> Every few days (0 pts)									
<input type="checkbox"/> Monthly (15 pts)	<input type="checkbox"/> Every 2 weeks (8 pts)												
<input type="checkbox"/> Weekly (1 pt)	<input type="checkbox"/> Every few days (0 pts)												

Your "Food" danger score

1-12	13-24	25-36	37+
Gourmet	Fine diner	Fast food junkie	Starving

QUIZ

How Toxic Is Your Home?

Scores

<p>1. Do you use nonstick pans?</p> <p>Always Sometimes Never</p> <p>← 10 pts 5 pts 0 pts →</p>	
<p>2. How do you like your veggies? (Select one)</p> <p><input type="checkbox"/> Raw (0 pts) <input type="checkbox"/> Puréed (7 pts)</p> <p><input type="checkbox"/> Cooked but crunchy (1 pt) <input type="checkbox"/> Deep fried (10 pts)</p> <p><input type="checkbox"/> Cooked until soft (4 pts)</p>	
<p>3. Select the three methods you most often use to prepare your evening meals.</p> <p><input type="checkbox"/> Grill/charbroil (5 pts) <input type="checkbox"/> Slow cook (2 pts)</p> <p><input type="checkbox"/> Deep fry (8 pts) <input type="checkbox"/> Microwave (1 pt)</p> <p><input type="checkbox"/> Boil (5 pts) <input type="checkbox"/> Steam (0 pts)</p> <p><input type="checkbox"/> Bake (2 pts) <input type="checkbox"/> Cut raw produce (0 pts)</p> <p><input type="checkbox"/> Sauté/Fry (1 pt) <input type="checkbox"/> Call for takeout (8 pts)</p>	
<p>4. If you eat steak, how do you typically order or prepare it? If you don't eat steak, enter 0.</p> <p>Raw (tartare) Well done</p> <p>← 0 pts 1 pt 2 pts 3 pts 4 pts 5 pts →</p>	
<p>5. What role does plastic play in your kitchen? (Select all that apply).</p> <p><input type="checkbox"/> Plastic or foam containers for heating food in the microwave (8 pts)</p> <p><input type="checkbox"/> Plastic wrap for covering food that's being heated in the microwave (8 pts)</p> <p><input type="checkbox"/> Plastic wrap for covering stored food (4 pts)</p> <p><input type="checkbox"/> Plastic or foam containers for storing food/leftovers (4 pts)</p> <p><input type="checkbox"/> Plastic or foam cups, plates, bowls, etc. (5 pts for each)</p>	

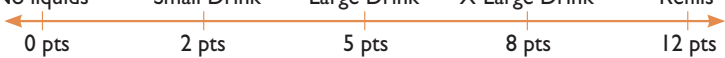
Your "Cooking" danger score

1-15	16-30	31-45	46+
Master chef	Line cook	Prep cook	Dishwasher



How Toxic Is Your Home?

Scores

1. Is milk your main source of calcium? Yes _____ (8 pts)	
2. Which of the following beverages do you often consume? (Select all that apply) <input type="checkbox"/> Store-bought fruit drinks/cocktails (8 pts) <input type="checkbox"/> Home-squeezed juice (0 pts) <input type="checkbox"/> Store-bought 100 percent juice (4 pts) <input type="checkbox"/> I don't drink my fruit (0 pts)	
3. Is your home water fluoridated? Yes _____ (10 pts)	
4. How many beverages, including water, do you consume at a typical meal? No liquids Small Drink Large Drink X-Large Drink Refills 	
5. How many caffeinated beverages do you consume each day? Count those "extra large," "grande," and "super-big" beverages as two or more drinks. (4 pts each)	

Your "Drink" danger score

1-12	13-24	25-36	37+
Hydrated	Getting thirsty	Parched	Bone-dry

What Simple Solutions will you add to your Kitchen?

Scores

<p>1. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cut consumption of high-glycemic “white” foods like white bread, white rice, and potatoes in half (10 pts) <input type="checkbox"/> Add more brightly colored fruits and vegetables to my diet each day (2 pts per additional daily serving) <input type="checkbox"/> Switch from one daily high-glycemic snack like potato chips to a low-glycemic snack like almonds (2 pts) <input type="checkbox"/> Replace white flour with whole, multi-grain flour (5 pts) <input type="checkbox"/> Serve one meal a day that consists of 60–80 percent alkalizing fruits and vegetables (8 pts) 	
<p>2. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Eliminate processed, high-sodium foods like condensed soups, frozen meals, and cured meats from my diet (3 pts for each food regularly eaten) <input type="checkbox"/> Add more potassium-rich food sources to my daily diet (3 pts for each) <input type="checkbox"/> Trade in regular table salt for natural sea salt (2 pts) <input type="checkbox"/> Drink a glass of lemon water every morning (3 pts) <input type="checkbox"/> Throw out any trans-fats in the refrigerator or cupboards and replace them with extra virgin olive oil, canola oil, or grape seed oil (8 pts) 	
<p>3. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Switch from boiling vegetables to steaming them (5 pts) <input type="checkbox"/> Eliminate unnecessary chopping and slicing of fresh vegetables (3 pts) <input type="checkbox"/> Maintain a safe distance (at least five feet) from the microwave when it’s running (4 pts) <input type="checkbox"/> Stop grilling meat (5 pts) or reduce the heat on the grill (2 pts) to reduce charring <input type="checkbox"/> Trade in nonstick cookware for pans that are free of Teflon (PTFE) (2 pts for each pan) <input type="checkbox"/> If keeping nonstick cookware, use only medium or lower heat (2 pts) 	
<p>4. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Switch my plastic/foam containers to glass (10 pts) <input type="checkbox"/> If keeping plastic kitchenware, stop putting it in the microwave (6 pts) and/or dishwasher (4 pts) <input type="checkbox"/> Stop using plastic wrap in the kitchen (8 pts) <input type="checkbox"/> Remove restaurant leftovers from plastic/foam containers as soon as I get home (3 pts) 	

Scores

<p>5. I will: (Select one)</p> <p><input type="checkbox"/> Install a reverse osmosis water purification device in the kitchen (15 pts)</p> <p><input type="checkbox"/> Use an inexpensive pitcher filter to eliminate some tap water contaminants (8 pts)</p> <p><input type="checkbox"/> At the very least, give infants and small children distilled water if the tap water is fluoridated (3 pts)</p>	
<p>6 I will: (Select all that apply)</p> <p><input type="checkbox"/> Drink at least 64 oz. of purified water each day (6 pts)</p> <p><input type="checkbox"/> Trade in plastic bottled water for filtered tap water in a reusable stainless steel bottle (5 pts)</p>	
<p>7. I will: (Select all that apply)</p> <p><input type="checkbox"/> Stop drinking soda, whether it's diet or not (8 pts)</p> <p><input type="checkbox"/> Cut out processed juices and "juice drinks" for the family (5 pts)</p> <p><input type="checkbox"/> Make juice with a juicer/blender and include the pulp and skins (2 pts)</p> <p><input type="checkbox"/> Reduce milk consumption (3 pts)</p> <p><input type="checkbox"/> Cut back on water/drinks with meals (6 pts for no beverages; 4 pts for small drinks)</p>	
Your Simple Solutions positive score:	
Your "Food" danger score:	-
Your "Cooking" danger score:	-
Your "Drink" danger score:	-
Your Kitchen Health total:	

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QUIZ

How Toxic Is Your Home?

Scores

<p>1. What are the two most common methods you use for talking on the phone?</p> <p><input type="checkbox"/> Corded landline (0 pts) <input type="checkbox"/> Mobile phone with Bluetooth® headset (6 pts)</p> <p><input type="checkbox"/> Landline on speaker (0 pts) <input type="checkbox"/> Mobile phone with wired headset (3 pts)</p> <p><input type="checkbox"/> Cordless phone (2 pts) <input type="checkbox"/> Mobile phone using speaker (3 pts)</p> <p><input type="checkbox"/> Mobile phone (10 pts)</p>	
<p>2. Imagine that you have been separated from your mobile phone for the day. (Let's say you left it at home or it has lost its charge.) How would you feel for those 10 hours?</p> <p>More relaxed than usual A nervous wreck</p> <p>← 0 pts 8 pts 16 pts →</p>	
<p>3. How often do you get your heart rate up from physical activity? (Select one)</p> <p><input type="checkbox"/> Daily (0 pts) <input type="checkbox"/> A few times a month (8 pts)</p> <p><input type="checkbox"/> A few times a week (2 pts) <input type="checkbox"/> Never (12 pts)</p> <p><input type="checkbox"/> Weekly (5 pts)</p>	
<p>4. Have you switched your home's lighting to compact fluorescent bulbs?</p> <p>All Half None</p> <p>← 10 pts 5 pts 0 pts →</p>	

Your "High Tech" danger score:

1-12	13-24	25-36	37+
The brightest bulb	Low-wattage	Fizzling fast	Burned out



What Simple Solutions will you add to your Living Areas?

	Scores
1. I will: (Select all that apply) <input type="checkbox"/> Reduce current chemical cleaning products by at least half (8 pts) <input type="checkbox"/> Wear rubber gloves every time when using cleaning products (5 pts) <input type="checkbox"/> Switch to some of the natural homemade cleaners found in this book or online (5 pts) <input type="checkbox"/> Eliminate the use of room/carpet fresheners (6 pts)	
2. I will: (Select all that apply) <input type="checkbox"/> Use a vacuum with a fully sealed HEPA filter system (10 pts) <input type="checkbox"/> Get my home professionally tested for contaminants like radon, mold, carbon monoxide, and lead (10 pts) <input type="checkbox"/> Switch from chemical hard-surface cleaners to a steam cleaner—one that uses only heated water (10 pts)	
3. I will: <input type="checkbox"/> Make all living areas a “no-shoe” zone and stick to it (10 pts)	
4. I will: (Select all that apply) <input type="checkbox"/> Stop all use of compact fluorescent bulbs (10 pts) <input type="checkbox"/> If keeping compact fluorescent bulbs, I will learn (and use) proper disposal procedures in the case of a broken bulb (4 pts)	
5. I will: (Select all that apply) <input type="checkbox"/> Use the mobile speakerphone setting whenever possible (5 pts) <input type="checkbox"/> Use a hands-free, wired headset with my mobile device (5 pts) <input type="checkbox"/> Always use a landline from a corded telephone for calls from home and work (5 pts) <input type="checkbox"/> Stop clipping the mobile phone to my belt or waistband (3 pts) <input type="checkbox"/> Maintain a mobile-free rule—at least when the phone is transmitting—for kids under fourteen (10 pts)	
6. I will: (Select all that apply) <input type="checkbox"/> Use wired Internet at home instead of wireless (10 pts) <input type="checkbox"/> Place the Wi-Fi router far from bedrooms and main living areas (3 pts) <input type="checkbox"/> Shut off the Wi-Fi router at bedtime (5 pts) <input type="checkbox"/> Set a “disconnect” time each day, when I shut off the computer, TV, and mobile phones (8 pts)	
Your Simple Solutions positive score:	
Your “Clean” danger score:	-
Your “High Tech” danger score:	-
Your Living Areas Health total:	

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Are you making a positive difference?



How Toxic Is Your Home?

Scores

1. Do you have an attached garage? Yes _____ (8 pts)	
2. If you marked yes to question 1, please select all of the following that apply to your garage: <input type="checkbox"/> The walls/ceiling are unfinished or just drywall (6 pts) <input type="checkbox"/> Two or more vehicles pull in and out most days (6 pts) <input type="checkbox"/> Small, gas-powered devices (lawnmower, snowblower, chain saw, etc.) are stored inside (2 pts each) <input type="checkbox"/> Painting products and pesticides are stored there (5 pts)	
3. Select all of the following things that describe your vehicular habits. If you don't have a car, enter 0. <input type="checkbox"/> Use the recirculated air button (3 pts) <input type="checkbox"/> Use air fresheners of any kind (3 pts) <input type="checkbox"/> Generally keep the windows rolled up (5 pts)	
4. If you selected one or more of the car habits on question 3, please select how much time you typically spend in your car each day: 30 minutes or less 1 hour 90 minutes 2 hours+  0 pts 2 pts 4 pts 6 pts	
5. Do you or your spouse work on your own car? Yes _____ (6 pts)	

Your "Garage" danger score

1-10	11-20	21-30	31+
Zippering by	On cruise control	Check engine light	Stalled



How Toxic Is Your Home?

Scores

<p>1. How many synthetic pesticides/herbicides do you use around your home and yard?</p> <p>Anything growing is sprayed Several It's pesticide-free</p> <p>← →</p> <p>14 pts 7 pts 0 pts</p>	
<p>2. How often do you get at least ten minutes outside each day without sunscreen? (Select one)</p> <p><input type="checkbox"/> Daily (0 pts) <input type="checkbox"/> Rarely (5 pts)</p> <p><input type="checkbox"/> A few times a week (1 pt) <input type="checkbox"/> Never (8 pts)</p>	
<p>3. Do you pay someone to do your yard work? Yes _____ (5 pts)</p>	
<p>4. Do you run in marathons or participate in other types of very strenuous, endurance exercise? Yes _____ (4 pts)</p>	

Your "Yard" danger score

1-8	9-16	17-24	25+
Green thumb	Environmentally challenged	Wilting	Agricultural wasteland



What Simple Solutions will you add to your Garage and Yard?

	Scores
<p>1. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Finish and seal any drywall, ductwork, electric wiring, and seams in the garage walls and ceiling (8 pts) <input type="checkbox"/> Install a fan in the garage to remove polluted air (10 pts) <input type="checkbox"/> Properly dispose of any of the dangerous chemical products like pesticides, paints, and motor fluids that may be currently stored in the garage (5 pts for half; 10 pts for all) <input type="checkbox"/> Seal any remaining paint cans by placing plastic wrap under the lid and turning it upside down (2 pts) <input type="checkbox"/> Move any small gas-powered devices out of the garage and into a separate shed or storage area (4 pts) <input type="checkbox"/> Park the car outside the garage or leave the garage door open whenever possible (4 pts) 	
<p>2. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always wear gloves when working on the car (5 pts) <input type="checkbox"/> Wash hands with soap and water, not paint thinner, when finished working in the garage (3 pts) 	
<p>3. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Get at least a few minutes of daily sunshine without sunscreen (8 pts) <input type="checkbox"/> Take a vitamin D supplement in the winter or when I can't get outside (8 pts) <input type="checkbox"/> Add plants indoors as natural air fresheners (4 pts) <input type="checkbox"/> Add a water feature, such as a miniature waterfall or fountain, to my living area (4 pts) 	
<p>4. I will: (Select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trade in use of pesticides and herbicides for a more integrated approach to controlling pests (15 pts) <input type="checkbox"/> If continuing use of pesticides or herbicides, commit to read the labels carefully and take precautions to protect family and pets (4 pts) <input type="checkbox"/> Learn what native plants in my area are good for pest control (5 pts) <input type="checkbox"/> Ask my yard-care company and/or neighbors about what pest control treatments they use (3 pts) <input type="checkbox"/> Replace non-native plants in the yard with hardier, native species (2 pts for each new species) <input type="checkbox"/> Plant natural pest-repelling plants like lemon basil, rosemary, catnip, and marigolds (1 pt for each) <input type="checkbox"/> Add a bird feeder or other bird-friendly feature to my yard to naturally reduce bugs (4 pts) <input type="checkbox"/> Add more types of plant life to the yard (1 pt for each) 	
Your Simple Solutions positive score:	
Your "Garage" danger score:	-
Your "Yard" danger score:	-
Your Garage and Yard Health total:	

Are you making a positive difference?