

ALLERGY & ASTHMA CENTER OF THE ROCKIES

Environmental History

NAME:	DOB:
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HOME

- WHAT TYPE OF HOME DO YOU LIVE IN? SINGLE FAMILY APARTMENT TOWNHOUSE; OWN RENT
- AGE OF HOME? _____
- HOW MANY YEARS HAVE YOU LIVED AT THIS RESIDENCE? _____
- WHAT OTHER PARTS OF THE COUNTRY HAVE YOU LIVED IN? _____
- HEATING SYSTEM? FORCED AIR OIL HOT WATER ELECTRIC WOOD STOVE FIREPLACE
- COOLING SYSTEM? AIR CONDITIONER SWAMP COOLER OPEN WINDOWS
- DO YOU HAVE A HUMIDIFIER? YES NO
- IS YOUR HOME MOSTLY CARPETED? YES NO
- WHERE IS YOUR HOME LOCATED? RURAL URBAN SUBURBAN
- DO YOU HAVE WATER DAMAGE OR MILDEW IN THE HOME? YES NO

BEDROOM

- DO YOU HAVE BEDDING OR FURNITURE MOVED HERE FROM ANOTHER PART OF THE COUNTRY? YES NO
IF YES, WHICH STATE? _____
- DO YOU HAVE CARPETING OR LARGE RUGS IN THE BEDROOM? YES NO
IF YES, WHAT TYPE ARE THEY? COTTON WOOL SYNTHETIC
- DO YOU HAVE A SOWN COMFORTER? YES NO

BED

- ARE YOU SLEEPING ON A BED ON THE FLOOR? YES NO
- WHAT IS YOUR MATTRESS MADE OUT OF? FOAM FEATHERS SYNTHETIC
- WHAT IS YOUR PILLOW MADE OUT OF? FOAM FEATHERS
- DO YOU HAVE EXTRA PILLOWS ON YOUR BED? YES NO
- DO YOU HAVE STUFFED ANIMALS ON YOUR BED? YES NO

INDOOR PETS

- DO YOU HAVE ANY PETS WITH FUR OR FEATHERS? YES NO
IF YES, WHAT TYPE? DOG CAT BIRD HAMSTER RABBIT OTHER _____
- DO YOUR PETS SLEEP IN YOUR BED OR BEDROOM ON THE FLOOR? YES NO
- DO YOU HAVE OUTDOOR ANIMALS? YES NO

SMOKING HISTORY

- HAVE YOU EVER SMOKED? YES NO
IF YES, HOW MANY YEARS _____ PACKS PER DAY _____
- DO YOU CURRENTLY SMOKE? YES NO
- ARE YOU READY TO QUIT SMOKING? YES NO
- HAVE YOU BEEN EXPOSED TO SECOND HAND SMOKE? YES NO
IF YES, HOW MANY YEARS? _____

OCCUPATION / ACTIVITIES

- AT WORK WHAT ARE YOU EXPOSED TO? SMOKE DUST CHEMICALS FUMES FARM PRODUCTS ANIMALS
- WHILE DOING YOUR DAILY ACTIVITIES ARE YOU EXPOSED TO THESE AS WELL? YES NO
- WHAT HOBBIES DO YOU HAVE?