

**NORTHERN COLORADO ALLERGY AND ASTHMA CLINIC, LLC
ENVIRONMENTAL AND BREATHING HISTORY**

NAME _____ DATE OF BIRTH _____

Choose the best SINGLE ANSWER for each question:

What type of home do you live in:	Single family	Apartment	Condominium	Townhouse	Mobile Home
What is the approximate age of your home:	# of Years				
How many years lived in this home:	# of Years				
How many years lived in COLORADO:	# of Years				
What other region have you have lived in:	Northeast	Southeast	Central	Northwest	Southwest
Type of heating system in your home:	Forced Air	Electric	Steam	Wood Stove	Fireplace
Type of cooling system in your home:	Air conditioner	Swamp Cooler	Window fan		
Do you have a humidifier?	YES	NO			
Majority of flooring in home is:	Carpet	Hard wood	Tile	Concrete	
What setting is your home located in?	Rural	Farm	Country	City	
Do you have water or mold damage?	None	Mild	Moderate	Severe	
What flooring do you have in the bedroom?	Carpet	Hardwood	Tile	Concrete	
Type of bed/mattress:	Foam	Feather	Air	Water	Other
Type of pillows:	Foam	Feather			
Do you have additional accessories on bed?	None	Extra pillows	Stuffed toys		
Are your pets in the bedroom?	Never	Rarely	Occasionally	Frequently	Always
At work, are you exposed to:	Smoke	Chemical fumes	Farm Products	Animals	Pollutants

Circle ALL that apply:

Do you have, care for or have exposure to:	Dog	Cat	Horse	Feather	Guinea Pig
Do the pets sleep on the bed? YES NO	Hamster	Rat	Gerbil	Rabbit	Mouse
	Cattle	Hog	Chicken	Duck	Reptiles

If you have breathing or asthma symptoms, please complete the reverse side.

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Circle ALL that apply:

My breathing/cough is made worse by:	Walking	Simple chores	Using stairs	Walking uphill	Lifting
	Aerobic sports	Dust	Pollens	Pets	Cold weather
	Weather changes	Tobacco smoke	Fumes	Perfume	Strong odors

My breathing problems/cough cause:	Insomnia	Unable to breathe deep	Wheezing	Excessive cough	1+ ER visit in the last year
	1 or more hospitalization	Symptoms less than twice/wk	Symptoms daily	Continuous symptoms	Night symptoms twice/month
	Night symptoms 1+ /week	Night symptoms Frequently			

I feel my breathing problems:	Cause stress & tension	Control my life too much	May shorten my life	Affect my health	
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My feelings about my asthma medications:	I use my inhaler too much	Don't like the side effects	They don't help enough		
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Additional history: