

**ENVIRONMENT EVALUATION:**

**THIS FORM IS TO FOCUS ON THE MOST IMPORTANT DETAILS OF YOUR ENVIRONMENT AND SHOULD TAKE YOU FIVE MINUTES OR LESS TO COMPLETE. IF YOU FEEL THAT YOU NEED A MORE COMPLETE FORM PLEASE ASK THE RECEPTIONIST FOR ONE:**

DO YOU HAVE A PET? WHAT?

• \_\_\_\_\_

WHERE DOES SHE SLEEP?

\_\_\_\_\_

DO YOU LIVE IN? PLEASE CHECK

- Apartment less than 20 yrs old
- Apartment more than 20 yrs old
- Suburban house more than 20 yrs old
- Suburban house less than 20 yrs old
- Other \_\_\_\_\_

Would you characterize your house as any of the following. Please check all that apply:

- Damp Basement
- Damp House
- Many curtains and draperies
- Thick wall to wall carpet throughout house
- Thick wall to wall carpet in bedroom
- Central Air
  - With humidifier
  - With electronic filter
- Window Air conditioners
- Radiator heat
- Forced Air heat
  - With humidifier
  - With dehumidifier
- Dusty house
- House set in wooded area
- I am most sick at home
- I am most sick in a specific room in my house \_\_\_\_\_
- When the heat goes on it makes me worse
- Air conditioning makes me worse
- Down Pillows
- Down Comforters

- Mattress not covered by hypoallergenic cover
- Box Springs not covered by hypoallergenic cover
- Pillow not covered by hypoallergenic cover
- How many plants do you have in house? \_\_\_\_\_
- How many plants do you have in your bedroom? \_\_\_\_\_
- House surrounded by dense foliage
- Wool Carpet
- Synthetic Carpet
- Felt under padding for carpet
- Many upholstered pieces of furniture
- Does any noxious substance vent into your house, especially your bedroom. e.g. a restaurant, cleaning establishment or factory.

**THE NEXT QUESTIONS CONCERN YOUR WORKPLACE AND IF THEY ARE POSITIVE WE WILL DISCUSS IN MORE DETAIL:**

- Do your symptoms increase or actually only occur at your workplace? Y N
- Do other workers in your workplace have the same symptoms as you? Y N
- Do your symptoms diminish or disappear when you leave the workplace or on weekends? Y. N.

**THE PURPOSE OF ALL OF THE ABOVE QUESTIONS IS TO PINPOINT YOUR EXPOSURE TO MITE, MOLD, FEATHERS AND PETS. IT IS DELIBERATELY NOT AN EXHAUSTIVE QUESTIONNAIRE. THEREFORE IF THERE ARE ANY OMISSIONS PLEASE BRING THEM UP AT OUR CONSULTATION.**

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE RETURN IT TO THE RECEPTIONIST AND I WILL BE WITH YOU SHORTLY.**