

Environmental History Form for Pediatric Asthma Patient

Specify that questions related to the child's home also apply to other indoor environments where the child spends time, including school, daycare, car, school bus, work, and recreational facilities.

	Follow up/ Notes
Is your child's asthma worse at night? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Is your child's asthma worse at specific locations? If so, where? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Is your child's asthma worse during a particular season? If so, which one? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Is your child's asthma worse with a particular change in climate? If so, which? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Can you identify any specific trigger(s) that makes your child's asthma worse? If so, what? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Have you noticed whether dust exposure makes your child's asthma worse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Does your child sleep with stuffed animals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Is there wall-to-wall carpet in your child's bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Have you used any means for dust mite control? If so, which ones? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Do you have any furry pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Do you see evidence of rats or mice in your home weekly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Do you see cockroaches in your home daily? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Do any family members, caregivers or friends smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Does this person(s) have an interest or desire to quit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Does your child/teenager smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Do you see or smell mold/mildew in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Is there evidence of water damage in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Do you use a humidifier or swamp cooler? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Have you had new carpets, paint, floor refinishing, or other changes at your house in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Does your child or another family member have a hobby that uses materials that are toxic or give off fumes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Has outdoor air pollution ever made your child's asthma worse? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Does your child limit outdoor activities during a Code Orange or Code Red air quality alert for ozone or particle pollution? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Do you use a wood burning fireplace or stove? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Do you use unvented appliances such as a gas stove for heating your home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Does your child have contact with other irritants (e.g., perfumes, cleaning agents, or sprays)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	

What other concerns do you have regarding your child's asthma that have not yet been discussed?

