

# Asthma Allergy Centers of Southwest Michigan - ALLERGY SURVEY

Patient Name

Date of Birth

Account # (Optional)

## ENVIRONMENTAL HISTORY

**Residence Location**  Urban  Rural

**Type of Residence**  Apartment  House

**Basement**  Yes  Damp  Dry

### Heating System

Forced Air  Radiator  Space heaters  Fireplace  None

How often are furnace filters changed?

**Air Conditioner**  Central  Window unit  None

Dehumidifier  Humidifier

### Type of Floors

**Living Area :**  Carpet  Wood  Vinyl

Other :

**Bedroom :**  Carpet  Wood  Vinyl

Other :

### Type of bed

Water bed  Mattress  Box Spring

Other :

### Type of pillows

Feather  Polyester  Foam

**Pets**

- |                                  |                                  |                                 |                                  |
|----------------------------------|----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> No Pets | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Indoor | <input type="checkbox"/> Bedroom |
| <input type="checkbox"/> Dog     | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Indoor | <input type="checkbox"/> Bedroom |
| <input type="checkbox"/> Cat     | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Indoor | <input type="checkbox"/> Bedroom |
| <input type="checkbox"/> Birds   | <input type="checkbox"/> Outdoor | <input type="checkbox"/> Indoor | <input type="checkbox"/> Bedroom |

Other:

Comments

**SMOKING HISTORY (Select one of the below)**

- Current every day smoker [Recode - 1] \* Individual who has smoked at least 100 cigarettes during his/her lifetime and still regularly smokes everyday
- Current some day smoker [Recode - 2] \* Individual who has smoked at least 100 cigarettes during his/her lifetime and still regularly smokes periodically,yet consistently
- Former Smoker [Recode - 3] \* Individual who has smoked at least 100 cigarettes during his/her lifetime but does not currently smoke
- Never Smoker [Recode -4] \* Individual who has not smoked 100 or more cigarettes during his/her lifetime
- Smoker, current status unknown [Recode - 5] \*Individual who were known to have smoked at least 100 cigarettes in past but whether they still smoke is unknown
- unknown if ever smoked [Recode - 9]

Comments

**FAMILY HISTORY**

**ASTHMA**

- Father    Mother    Sibling    Paternal grandmother/father    Maternal grandmother/father    None

Other :

**Rhinitis / Hay fever**

- Father    Mother    Sibling    Paternal grandmother/father    Maternal grandmother/father    None

Other :

**Dermatitis**

- Father    Mother    Sibling    Paternal grandmother/father    Maternal grandmother/father    None

Other :

**Autoimmune Disease**

- Father    Mother    Sibling    Paternal grandmother/father    Maternal grandmother/father    None

Other :

**CURRENT MEDICATIONS**

Comments

**ADVERSE DRUG REACTIONS**

Comments