

Allergy/Home Questionnaire

Patient Name: _____

- 1 Number of years in house: _____
- 2 Flooring in bedroom: Hardwood Carpet
- 3 Windows: Single Pane Double Pane
- 4 Mattress Age: _____
- 5 Pillow age: _____ Pillow Type: Tempurpedic Feather Foam
- 6 Comforter Age: _____ Comforter Type: Feather Non-Feather
- 7 Do you have Dust Mite Covers? Yes No Pillows Mattress Comforter
- 8 Pets: _____ How Many? _____ Years Owned? _____
- 9 Heating: Forced Radiant
- 10 Vacuum Frequency: _____
- 11 Vacuum Type: HEPA Non-HEPA
- 12 Books in Bedroom Yes No
- 13 Upholstered furniture: Yes No
- 14 Suburb Yes No
- 15 City Yes No