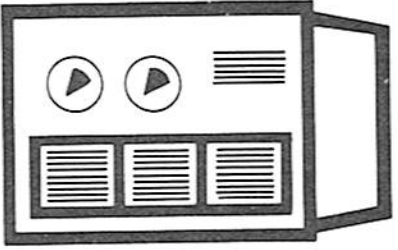
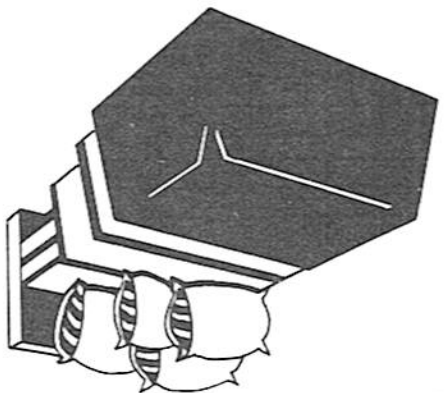


Is your heating system oil?			
Gas			
Coal			
Electric			
Other (describe)			
Is heat delivered by blower?			
Radiators			
Electric panels			
Other (describe)			



Do you use a humidifier?			
Do you have an air conditioner?			
At work			
At home			
In bedroom			
Central			



Do you sleep with a pillow?			
Is it dacron?			
Is it foam rubber?			
Is it feather?			
Is your mattress cotton?			
Feather			
Foam rubber			
Horse hair			
Other (describe):			

Do you live in: House?			
Apartment?			
In the city?			
In the suburbs?			
Is your dwelling: New?			
3-10 years old?			
11-25 years old?			
> 25 years old?			
Have you had any of the following?			
High blood pressure			
Migraine headaches			
Skin disease			
Heart disease			
Frequent headaches			
Sinus disease			
Stomach disease			
Asthma			
Nasal polyps			
Emphysema			
Broken nose			
Overactive thyroid			
Bronchitis			
Nasal surgery			
Underactive thyroid			
Hay fever			
Deviated septum			
Hormonal difficulty			
Hives			
Food allergy			
Drug allergy (describe):			
Other conditions (describe):			
Are you taking medication for any of the previous conditions? (describe):			
Do you think your occupation has anything to do with your symptoms?			
Describe your occupation:			
Are any materials used in your occupation that you think have something to do with your condition? (describe):			
At work, are your symptoms better?			
Worse			
The same			

Do you have animals in your home?			
Have you ever had animals in your home?			
Dog			
Cat			
Bird			
Rodent			
Other (list):			

Do you spend a good deal of time in activities?			
Photography			
Carpentry			
Camping			
Sewing			
Gardening			
Painting			
Cooking			
Movies			
Hobbies (list):			
Sports (list):			
Other (list):			

Do you take medications daily or frequently?			
Aspirin			
Cortisone			
Laxatives			
Sedatives			
Birth control pills			
Vitamins			
Ointments			
Nose drops/sprays			
Hormones			
Others (list):			

Do you smoke?			
Cigarettes #/day			
Pipe #/day			
Cigars #/day			
Years smoked?			
Stopped smoking in 19__			
Smokers in your home?			