Pediatric Environmental History (0-18 Years of Age)

The Screening Environmental History

Where does your child live and spend most of his/her time?

________________________

What are the age, condition, and location of your home?

________________________

Does anyone in the family smoke?

❏ Yes  ❏ No  ❏ Not sure

Do you have a carbon monoxide detector?

❏ Yes  ❏ No  ❏ Not sure

Do you have any indoor furry pets?

❏ Yes  ❏ No  ❏ Not sure

What type of heating/air system does your home have?

❏ Radiator  ❏ Forced air  ❏ Gas stove  ❏ Wood stove  ❏ Other__________________

What is the source of your drinking water?

❏ Well water  ❏ City water  ❏ Bottled water

Is your child protected from excessive sun exposure?

❏ Yes  ❏ No  ❏ Not sure

Is your child exposed to any toxic chemicals of which you are aware?

❏ Yes  ❏ No  ❏ Not sure

What are the occupations of all adults in the household?

________________________

Have you tested your home for radon?

❏ Yes  ❏ No  ❏ Not sure

Do you have any other questions or concerns about your child’s home environment or symptoms that may be a result of his or her environment?

________________________

Follow up/ Notes

This screening environmental history is designed to capture most of the common environmental exposures to children. The screening history can be administered regularly during well-child exams as well as to assess whether an environmental exposure plays a role in a child’s symptoms. If a positive response is given to one or more of the screening questions, the primary care provider can consider asking further questions on the topic provided in the Additional Categories and Questions to Supplement the Screening Environmental History.

The Screening Environmental History is taken in part from the following sources: