





ENVIRONMENTAL CONTROL WORKSHEET

Name: _____

Date: _____

Potential Triggers	My Triggers	Solutions
 Inside Your Home	(check those that bother you)	(check solutions that you will use or write in your own)
House Dust/Dust Mites		<input type="checkbox"/> keep house clean and dust-free, with emphasis on the bedroom <input type="checkbox"/> dust and vacuum regularly, wearing a mask; use a high quality vacuum filter. (Ideally, have someone else do it while you are out of the house.) <input type="checkbox"/> damp mop regularly <input type="checkbox"/> cover mattress, box springs and pillow with mite-proof encasing <input type="checkbox"/> wash bedding in hot water (at least 130°) every 1-2 wks <input type="checkbox"/> avoid "dust-collectors" (e.g., knick-knacks, books, etc.) or keep out of bedroom <input type="checkbox"/> use roll-up shades instead of blinds <input type="checkbox"/> wash curtains or drapes every 1-2 months <input type="checkbox"/> consider HEPA air filter <input type="checkbox"/> consider carpet removal, especially in bedroom <input type="checkbox"/> clean or replace heat and air conditioning filters every 6-to-8 weeks <input type="checkbox"/> consider a dehumidifier
Feathers		<input type="checkbox"/> relocate pet birds (ideally, out of the house, but at least out of the bedroom) <input type="checkbox"/> avoid feathers in the bedroom; if not possible, cover feather pillows, comforters and beds with mite-proof encasing <input type="checkbox"/> avoid contact, wash hands after touching feathers
Animal Dander/Hair/Fur		<input type="checkbox"/> relocate pets (ideally, out of the house, but at least out of the bedroom) <input type="checkbox"/> avoid contact, wash hands after petting <input type="checkbox"/> close the vents <input type="checkbox"/> bathe the pet every 2 weeks
Mold Spores (damp basements, mold in bathroom)		<input type="checkbox"/> clean mold with mild bleach solution (wear mask and increase ventilation when using cleaning solution) <input type="checkbox"/> increase ventilation <input type="checkbox"/> no humidifiers <input type="checkbox"/> consider dehumidifier <input type="checkbox"/> if mold problem in closet, consider 100 watt, light bulb running 24 hours/day until mold problem is resolved <input type="checkbox"/> consider relocating to a bedroom with lower humidity
Odors & Sprays (perfumes, cooking, hair spray, cleaning agents, spray paint)		<input type="checkbox"/> avoid exposure to strong odors or aerosol sprays <input type="checkbox"/> use exhaust fans or open windows when cooking <input type="checkbox"/> wear a mask when cleaning (charcoal filter masks are best) or use products that do not have strong scents or smells (ideally, leave the house and have someone else do the cleaning)
Cigarette smoke		<input type="checkbox"/> stop smoking <input type="checkbox"/> don't allow smoking in home or car <input type="checkbox"/> sit in nonsmoking areas in restaurants, waiting rooms, trains, etc. <input type="checkbox"/> request nonsmoking rooms in hotels
Smoke from wood, stove		<input type="checkbox"/> avoid woodstoves or wood burning fireplaces <input type="checkbox"/> avoid kerosene heaters
Cockroaches		<input type="checkbox"/> have home exterminated but stay away from house while sprayed and for several hours afterwards <input type="checkbox"/> all multi-family dwellings in the complex must be treated (apartments, housing projects, duplexes, condominiums, etc.)

 At Your Work	(check those that bother you)	(check solutions that you will use or write in your own)
Cigarette smoke		<input type="checkbox"/> choose nonsmoking areas <input type="checkbox"/> if you have a problem avoiding smoke, have your supervisor help you find a solution
Fumes (chemicals, cleaners)		<input type="checkbox"/> learn and follow safety guidelines when working with chemicals
Dusts (sawdust, chalk)		<input type="checkbox"/> wear a mask or scarf if you must be exposed
 Outside		
Pollens (grass, weeds, trees)		<input type="checkbox"/> close windows and stay indoors during pollen season as much as possible, especially early morning and late afternoon <input type="checkbox"/> keep car windows closed <input type="checkbox"/> change clothes and shower after outdoor activity in pollen
Smog		<input type="checkbox"/> stay inside
Temperature Change/Weather		<input type="checkbox"/> try to avoid being outside in severe weather <input type="checkbox"/> cover your mouth with a scarf in cold weather
 Other		
Exercise		<input type="checkbox"/> use inhaler before exercising <input type="checkbox"/> do not exercise outdoors when air pollution levels are high or in cold weather <input type="checkbox"/> warmup and cool down <input type="checkbox"/> swimming is an excellent exercise choice <input type="checkbox"/> modify exercise when asthma is unstable
Foods/Additives (including "sulfites")		<input type="checkbox"/> identify and avoid problem foods <input type="checkbox"/> check food labels, especially wine, for sulfites (review sulfite handout) <input type="checkbox"/> check with restaurants and supermarkets about the presence of sulfites
Colds/Infections		<input type="checkbox"/> wash hands, avoid contact <input type="checkbox"/> yearly flu shot <input type="checkbox"/> consider pneumovax
Emotions/Stress		<input type="checkbox"/> if emotions trigger your asthma, try to avoid stressful situations; if this is happening frequently, you may need to have your asthma control reevaluated <input type="checkbox"/> practice relaxation exercises when emotions or stress trigger your asthma
Medicines/Aspirin		<input type="checkbox"/> alert medical provider to all medications taken, especially beta blockers <input type="checkbox"/> if allergic to aspirin, avoid non-steroidal, anti-inflammatory medicines such as ibuprofen (Motrin®, Advil®, etc.)
Other		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____