Baltimore City Health Department
Healthy Homes Medical Assessment

PHI: _____ Date of visit: _____
Sanitarian assigned to case: _____
☐ EBL ☐ PPI
Case name: _____
Lead level: _____
Address: _____

Family ID:

Does the family require language assistance? ☐ Yes ☐ No

Introduction

Thank you for taking the time to meet with us today to talk about your child's health. We know you are concerned about your child's health, and we are here to help!

For EBL Case
When a child has an elevated blood lead level, it is often because of dust from lead paint on in their home. Today, I'll do a visual assessment of your home and ask you some questions to help understand how your child absorbed lead dust. There are many things that you can do to reduce lead exposure, and I'll share them with you today!

I'll also assess other health risks in the home.

Lead is not the only risk we face at home! In fact, some of the major health risks we face today are found in our homes. Therefore, we are not only going to talk about lead today, we are also going to discuss other issues that relate to the health of our families and our homes.

For PPI Case

Did you know that some of the major health risks we face today are found in our homes? Lead is one example, but there are many others, including asthma and injury. Today, I'll do a visual assessment of your home and ask you some questions to help better understand the health risks in your home.

Some people are starting to call this approach "HEALTHY HOMES."

1. Overall, how satisfied are you with your home?

☐ Very satisfied
☐ Somewhat satisfied
☐ Somewhat unsatisfied
☐ Very unsatisfied
☐ Don't know
☐ Refused

2. What is your idea of a healthy home?

_____
_____

Script:
I would like to ask you a few questions about some specific health topics. If you are not sure of an answer, that is okay. Give your best answer.

3. Smoking inside the home can trigger an asthma flare-up.

☐ True
☐ False
☐ Don't know
☐ Refused

4. Which of the following are sources of Carbon Monoxide **in the home? There can be more than one answer.**

- ☐ Space heater
- ☐ Stove
- ☐ Steam from the shower
- ☐ Cigarette smoke
- ☐ Don't know
- ☐ Refused

5. How often should you test your smoke alarm battery?

- ☐ 1 time a year
- ☐ 1 time a month
- ☐ 1 time a week
- ☐ Once every 2 years
- ☐ Don't know
- ☐ Refused

6. What is the best way to store poisons in the home, according to safety experts?

- ☐ In a place that is high up
- ☐ In a place with doors that close
- ☐ In a place with a lock or a latch
- ☐ In a place that children don't know about
- ☐ Don't know
- ☐ Refused

7. Which of the following are good ways to keep pests out of your home? **There may be more than one correct answer.**

- ☐ Keep food in sealed containers.
- ☐ Keep a lid on the garbage can.
- ☐ Clean thoroughly on a regular basis.
- ☐ Use buckets to collect water from leaky pipes and empty them regularly.
- ☐ Don't know
- ☐ Refused

PHI Note:

Go through the "correct answers" at the conclusion of the interview.
Correct answers are as follows:

#3 = True
#4 = Space heater, stove, cigarette smoke. All of these are sources of CO.
 # 5 = 1 time a month
#6 = In a place with a lock or latch.
#7 = All of them are good ways.

8. Look at the following list and please circle any of the following concerns you might have with your home and/or family.

Asthma	Smoking in the home	Rats
Leaks	Mold	Lead
Being evicted/ becoming homeless	Mice	Roaches
Keeping up with cleaning	Noise	Odors
Keeping warm in the winter	Electricity/gas being turned off	Safety
Appliances that don't work	Keeping cool in the summer	Holes in floor
Holes in walls/ceilings	Broken windows	Broken doors

Other: _____

Basic Demographics

9. Who was the primary referral for this case?

❑ Child with EBL	Name:_____	DOB: _____
❑ Pregnant mother (PPI)	Name:_____	DOB: _____
❑ Child < 12 (PPI)	Name:_____	DOB: _____

10. How many children under the age of 12 currently reside in this house?

_____

PHI Note:
If there is a child with an EBL, collect the following information for that child. If there is a pregnant mother, collect the following information for the mother. If there is NO child with an EBL or pregnant mother, collect the following information for the primary referral for the case.

Person	Medical Insurance Status	Primary Care Doctor & Telephone #
Child: _____ ❑EBL ❑PPI	❑Uninsured ❑MCHIP/MA: #_____ ❑Private: _____	
Child: _____ ❑EBL ❑PPI	❑Uninsured ❑MCHIP/MA: #_____ ❑Private: _____	
Pregnant Mother: _____	❑Uninsured ❑ MA ❑Private: _____	

Caregiver/Parent Information

PHI Note:
Ask questions #11-#20 of the parent/caregiver of the child, or of the pregnant mother.

11. What is your employment status?

- ☐ Unemployed
- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Occasional work
- ☐ Student
- ☐ Homemaker
- ☐ Retired
- ☐ Other _____

12. What are your family's sources of income? **Check all that apply.**

- ☐ Employment
- ☐ Social Services

- ☐ Child Support
- ☐ SSI/SSDI
- ☐ Unemployment benefits
- ☐ Retirement benefits
- ☐ Other: _____

13. What is the highest year of education you have attained?
    - ☐ 8th grade
    - ☐ High school diploma or GED
    - ☐ Some High school but no diploma
    - ☐ Some college/trade school/AAA
    - ☐ Bachelor's degree
    - ☐ Post-graduate education

14. What is the race/ethnicity that best describes you?
    - ☐ White
    - ☐ Black/African-American or of African descent
    - ☐ Hispanic/Latino (country of origin: _____)
    - ☐ Asian American
    - ☐ Native American/Pacific Islander
    - ☐ Other: _____

15. What is the primary language spoken in your home? _____

16. Are you an immigrant to the United States?
    - ☐ Yes → Have you immigrated in the last 3 years?
      - ☐ Yes
      - ☐ No
    - ☐ No

17. Please write down an Emergency Contact person:
    Name: _____
    Telephone: _____

18. In the last 3 months, have you received assistance from any of the following:
    - ☐ TCA
    - ☐ WIC
    - ☐ Food Stamps
    - ☐ SSDI → **PHI Note:** **If someone receives SSDI, they are eligible for special housing resources.**
    - ☐ SSI
    - ☐ Smoking cessation
    - ☐ Health Care Access
    - ☐ HEAP- energy assistance
    - ☐ Coalition to End Childhood Lead Poisoning
    - ☐ BCHD LAAP
    - ☐ Housing Inspection Services
    - ☐ Legal aid programs

- ☐ Job centers: _____
- ☐ Maternal and Infant nursing program: _____
- ☐ Other health dept
- ☐ Primary care doctor or specialty facility like Kennedy Krieger or Mt. Washington
- ☐ Other: _____

19. What is the approximate total income per month (all sources) for all the people in your current household?
_____

Address History

20. Current address: _____ 21. Current zipcode: _____

22. How many months have you been at this address? _____

23. Is this a rental property?

- ☐ Yes
- ☐ No → **Skip to Question # 28**

24. If you rent, do you have a written lease agreement?

- ☐ Yes
- ☐ No

25. If the family has a lease, please ask: What kind of a lease do you have?

- ☐ Month-to-month
- ☐ Year to year
- ☐ Other: _____

26. Are you named as a tenant on the lease?

- ☐ Yes
- ☐ No

27. Is the rental agreement with:

- ☐ Section 8/Housing Choice Voucher Program
- ☐ Housing Authority
- ☐ Private

28. Complete the following for all addresses where the family has lived during the past 12 months.

Dates of Residency	**Address (Include City Name and State)**	**Approximate Age of Dwelling**	**General Condition of Dwelling: 1 = Excellent, 2 = Good, 3 = Fair, 4 = Poor.**

Other Household Members

30. Please tell me how many people currently live with you in this housing unit.

Total people in the unit: _____

31. Number of persons under the age of 18: _____

32. Number of persons with a disability who require care: _____

33. Number of people in the house over the age of 60: _____

Script: There are relocation grants for which you might be eligible. This kind of grant could help you cover the cost of moving to a lead safe home.

34. How much do you currently pay in rent each month? _____

35.Would you be interested in relocating to another house with fewer lead risks?

☐ Yes
☐ No

36. If you moved, how many people would move with you?

Dependents: _____

Independent adults: _____

37. For the adults who would move with you, what is their total income per month? _____

Script: We would also like to ask you a few questions about your pets.

38. Do you have any pets?

- ☐ Yes
- ☐ No

If you DO have pets, tell us what kind and how many below:

39. Number of cats: _____ →

Where do they sleep?
- ☐ bedroom
- ☐ kitchen
- ☐ living room
- ☐ multiple rooms in the house
- ☐ hallway
- ☐ porch
- ☐ basement
- ☐ outside
- ☐ other: _____

40. Number of dogs: _____ →

Where do they sleep?
- ☐ bedroom
- ☐ kitchen
- ☐ living room
- ☐ multiple rooms in the house
- ☐ hallway
- ☐ porch
- ☐ basement
- ☐ outside
- ☐ other: _____

Script:
Pets can increase your exposure to lead dust, when they track dirt in from the street. Many people, in particular people with asthma, are allergic to their pets. If you or someone you love has asthma, we recommend that the pet not sleep in same room as the child with asthma.

Lead: Child Behavior Risk Factors

Script:
Now we are going to talk about some things that young children do that may put them at risk for lead poisoning.

41. Please indicate which child these questions are being answered for.

- ☐ Child with EBL
- ☐ Other child (PPI)
- ☐ N/A- no child → **Skip to Question #45**

42. Does the child suck his/her fingers?

- ☐ Yes
- ☐ No

43. Does the child put metal objects such as batteries or keys in his/her mouth?

- ☐ Yes
- ☐ No

44. Assessment: Child at risk due to hand-to-mouth activity:

☐ Yes
☐ No

Script:
It is normal for young children to put their hands in their mouth. It is also very normal for children to put toys and other objects in their mouth.

As they put their hands in their mouth, that can get some lead dust into their system. That is why it is very important to wash children's hands frequently and to clean their toys. That way, your child will get less lead in their body.

Metal objects such as batteries and keys can also have small amounts of lead. It is important that you keep these items out of reach of your child.

Lead: Household Risk Factors

Script:
Now we are going to talk about other things in your house that might be risk factors for lead poisoning.

45. Do you ever use any homemade remedies or herbal treatments? [**Show them Home Remedies and Lead Handout if necessary]**

☐ Yes ⟶ Describe: _____
☐ No

46. Has there been any repainting, remodeling, renovation, window replacement, sanding or scraping of painted surfaces inside or outside of this dwelling unit in the past 12 months?

☐ Yes
☐ No
☐ Don't know

48. Do you have a doormat?

☐ Yes
☐ No

Script:
Doormats are one way to keep lead dust out of the home because you can wipe your shoes on the mat before coming inside your house. But a better thing to do is to encourage all family members to leave their shoes at the door when entering the home.

Lead: Other Risk Factors

Script: Sometimes children can get lead poisoning from things outside of the home.

49. Can you tell me about any hobbies that any family members might have? (explain about hobbies that might lead to lead exposure)? **FOR EBL CASES ONLY.**

_____

50. Where do adult family members work? (include mother, father, older siblings, other adult household members). **FOR EBL CASES ONLY.**

Relationship	**Occupation or Job Title**	**Probable Lead Exposure** **(YES or NO)**

51. Do you have any questions for me about your child's lead level, or anything else to do with lead in your home?

_____

52. Do you feel like you can make a difference and prevent your child from getting lead?

Would you say you know:

☐ Many things you can do to make a difference
☐ Some things I can do to make a difference
☐ A few things I can do to make a difference
☐ I can't make much of a difference

53. If so, how? (**Ask person to give examples of how he/she can make a difference**.)

_____
_____

PHI Note:
Go through Lead section of the Healthy Homes booklet. At the end, describe BALTIMORE INFANTS & TODDLERS, and offer a referral if the family is not currently participating.

Asthma

Script: Now we are going to move away from lead and talk about other Healthy Homes issues. Another issue that comes up a lot with families is asthma. Sometimes things that happen in the home can impact asthma.

54. Does anyone in your household have asthma or other respiratory problems?

☐ Yes
☐ No

56. If YES, how many members of this household have asthma or other respiratory problems?

_____

57. How many **children** in this household have asthma?

_____

Script: We need to ask a few specific questions for each child in the household who has asthma. These questions will help us understand if we can link you to any resources that might be able to help your child.

PHI Note
Fill out the table. Get information for each child that has asthma in the household.

Asthma Symptoms	Name: _____ DOB: _____ ❑EBL ❑PPI	Name: _____ DOB: _____ ❑EBL ❑PPI
During the **night** time, in the last 2 weeks, how many nights did he/she wake up because of wheezing, shortness of breath, tightness in chest, or from coughing?		
During the **day** time, in the last 2 weeks, how many nights did he/she have symptoms like wheezing, shortness of breath, tightness in chest, or from coughing?		
What medications have been described for this child?		
During the past 3 months, how many times did this child have to stay in the hospital overnight because of asthma?		
During the past 3 months, how many times did this child go to the ER because of asthma?		
How in control do you feel of your child's asthma? [**PHI: Circle their response]**	Very much in control Somewhat in control Not in control	Very much in control Somewhat in control Not in control

59. Does anyone currently participate in the Breathmobile program?

- ☐ Yes
- ☐ No

If YES, indicate the name(s) of the children that participate: _____

60. Does anyone currently participate in the BCHD Asthma program?

- ☐ Yes
- ☐ No

If YES, indicate the name(s) of the children that participate: _____

PHI Notes

If the family has household members who have asthma, go through asthma section of the Healthy Homes booklet. At the end, describe the Breathmobile and/or the BCHD asthma program, and offer a referral if the family is not currently participating.

Smoking

Script: I want to spend just a few minutes talking about smoking in the home.

61. How many people regularly smoke in the home?

_____

☐ N/A- nobody smokes in the home. → **Skip to Question #64**

62. Where do household smokers regularly smoke? (**Try to get specific information: not just 'indoors,' but also, if they are smoking in bedrooms etc**.)

_____

☐ N/A- nobody smokes in the home

63. Is anyone interested in a QUIT smoking program?

- ☐ Yes
- ☐ No
- ☐ N/A- nobody smokes in the home

PHI Note:

If the family has household members who smoke indoors go through the Smoking section of the Healthy Homes booklet. Be sure to emphasize the importance of smoking outdoors if you must smoke! Refer to a QUIT smoking program if necessary. Also, emphasize that smoking in the home can make the overall quality of the air unhealthy for families. It can sometimes accidentally start fires.

Fire Safety

PHI Note:
Give a brief introduction to fire safety.

64. How many smoke alarms do you have?

_____

65. How many of your smoke alarms are currently working?

_____

PHI NOTE:
Emphasize the importance of checking your smoke alarms to see that they work. Educate on how often smoke alarms should be tested: correct answer is 1 time a month. Also emphasize that batteries should be changed twice per year, when you change your clocks for daylight savings time.

66. Can you tell me what you think a 'fire safety' plan is? If you aren't sure, that is okay. We will talk about it.

_____

67. Does your family have a fire safety plan?

- ☐ Yes
- ☐ No

68. **If YES**, please talk to me a bit about your fire safety plan. What is your family's meeting place in case of a fire?

_____
- ☐ **N/A**

69. **If YES**, when is the last time your family practiced your fire safety plan?

_____
- ☐ **N/A**

PHI Note:
Go through the Fire Safety section of the Healthy Homes booklet. Go through what a fire safety plan is with the family if they do not have one. Also, if they suggest an unsafe meeting place, please suggest an alternative meeting place in the case of a fire.

Household Injury

Script: There are many ways we can get hurt in our homes. We are going to spend a few minutes talking about household injury, and some things you can do to protect your family.

70. Have there been any accidents or injuries in the house in the past 3 months? (trips, falls, scalds/burns etc.)

- ☐ Yes
- ☐ No
- ☐ Don't know

71. If YES, describe the injury and the age of the person who was injured.

_____

72. If YES, did any of these accidents or injuries require a trip to the Emergency Room?

- ☐ Yes
- ☐ No
- ☐ Don't Know

Ask questions #73-76 only if there is a child under the age of 12 in the house.

73. Do you travel in a car with your child?

- ☐ Yes
- ☐ No

74. If YES, do you have a car seat?

- ☐ Yes
- ☐ No
- ☐ N/A- does not travel in car with child

75. Are there any infants (less than 1 year old) in this house?

- ☐ Yes
- ☐ No

76. If YES, do they each have their own crib?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ N/A

PHI Note:
Offer a crib if they are interested, and if the child is less than 1 years old. Educate on the ABC's of safe sleep, and fill out the Safe Sleep checklist.

77. Is anyone in the house currently pregnant?

- ☐ Yes
- ☐ No
- ☐ Don't know

78. If YES, does this person currently have any prenatal care?

- ☐ Yes
- ☐ No
- ☐ Don't know

☐ N/A

PHI Note:
If there are infants in the household, go through the Safe Sleep section of the Healthy Homes booklet. Describe the ABC's of safe sleep. If the family does not have prenatal care, offer a referral to Health Care Access.

Other Health Concerns

Script: We are going to talk briefly about other health issues.

79. Does anyone in the household have any other chronic health problems?

☐ Yes
☐ No
☐ Don't know

80. If YES, please list:

Health Issue: _____
Health Issue: _____
Health Issue: _____
Health Issue: _____

Pest Management

Script: Now we are going to talk about any pest problems you may have in your house. This is important because sometimes pests can cause health problems for our families.

81. Do you have problems with any pests?
☐ Yes →
☐ No

☐ Roaches
☐ Mice
☐ Rats
☐ Other: _____

82. What do you do about these pests in your home?

_____

PHI Note:
Please educate about the hazards of using sprays, particularly to asthma. Also explain that sprays don't work that well. They make roach motels less effective.

Go through the Pest Management section of the Healthy Homes booklet. If the family is currently using sprays, be sure to describe other methods to control pests that are safer. Explain that roach monitors are an effective way to track how bad a roach problem is in the house. Offer roach motels, monitors, and mousetraps if necessary.

Quality of Life

Script: I would like for you to think for a few minutes about how you feel overall about your family's health and home. Answer these questions as honestly as you can. If you don't feel comfortable, you don't have to answer.

83. How confident do you feel that you can do something to improve your family's health?

Not confident	1	2	3	4	5	6	7	8	9	10	Very Confident

84. How confident do you feel that you can do something to improve your family's home?

Not confident	1	2	3	4	5	6	7	8	9	10	Very Confident

85. In general, I feel that I am in control of my family's health.

Strongly Disagree	1	2	3	4	5	6	7	8	9	10	Strongly Agree

86. If I take the right actions, I can improve my family's home.

Strongly Disagree	1	2	3	4	5	6	7	8	9	10	Strongly Agree

The Neighborhood

Script: Our home does not just stand by itself. We are all part of some neighborhood or community. Let's talk a few minutes about your neighborhood.

87. How would you rate your neighborhood as a place to live?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

88. What things concern you about your neighborhood?

_____

89. Do you have any of the following in your neighborhood?

- ☐ Library
- ☐ School
- ☐ Bus route/MTA
- ☐ Grocery stores
- ☐ Parks
- ☐ Churches
- ☐ Good place to shop (besides for groceries)
- ☐ Friendly people

90. Of those you checked above, which ones are the most important to you in your neighborhood? (List the top 3).

_____
_____

_____

Overall Assessment

PHI Note:
When you are finished with the assessment, think about what issues hit you as the most pressing for this family. Put a check box by any of the following issues:

- ☐ Inadequate plumbing; non-working toilets/sink
- ☐ Not enough food to eat
- ☐ No heat
- ☐ No electricity

What 3 things concern you the most about this case?

1. _____
2. _____
3. _____

If you do not have any major concerns, please make a note of that.

Overall, is this family:

- ☐ Very high risk
- ☐ High risk
- ☐ Medium risk
- ☐ Low risk

Check the boxes below if you need to follow-up with the HH Program Manager or Nurse Supervisor regarding this case.

☐ Refer to HH Program Manager
☐ Refer to Nurse Supervisor

Action Checklist

Lead

Education on the symptoms of lead exposure
Education on preventing lead exposure
Demonstration of cleaning
Provision of cleaning supplies
Distribution of books
Counseling on reading to children
Counseling on nutrition
Description of Baltimore Infants & Toddlers.
Referral to the Baltimore Infants and Toddlers
Did the family accept the referral?
Yes
No
Provide information on WIC
Provide information on Food Stamps

Asthma

Asthma education
Referral to BCHD asthma program
Did family accept referral to BCDA asthma program?
Yes
No
Referral to the Breathmobile
Did family accept referral to Breathmobile?
Yes
No
Offered mattress cover
Did family accept mattress cover?
Yes
No

Smoking

Education about the risks of smoking in the home
Referral to a QUIT smoking program (list program _____)
Was the referral accepted?
Yes
No

ABC's of Safe Sleep

Conducted education on the ABC's of Safe Sleep (if family has an infant)
Gave crib
Description of prenatal care programs (if pregnant woman lacks prenatal care)
Referral to Health Care Access
Was the referral accepted?
Yes
No

Fire Safety

□ Education on appropriate use of fire alarms
□ Education on how to create a fire safety plan
□ Provided educational materials on fire safety

Integrated Pest Management
□ Education on IPM
□ Provided mouse traps
□ Provided roach monitors
□ Provided roach motels
□ Provided tube of caulk
□ Provided "how to caulk" educational sheet
□ Demonstrated caulking techniques
□ Referral to 311 (311 tracking #: _____)

Household Injury
□ Education on household injury
□ Provided nightlight
□ Provided outlet plugs
□ Referral to the Johns Hopkins Safety Center

Housing
□ Referral to the Coalition (for a Relocation Grant)
Was the referral accepted?
□ Yes
□ No
□ Education on "How to Look for a Healthy House"
--No leaks
--No chipping, peeling paint; new windows
-- Well-maintained
--Well ventilated
--Wood or linoleum floors (no carpet)

Is the family eligible for a qualified offer? (EBL >= 15 ug/dL, with a lead certificate at turnover)
□ Yes
□ No

□ If family is eligible for a qualified offer, explain that Coalition can provide counseling.
□ Referral to the Coalition (for qualified offer counseling)
Was the referral accepted?
□ Yes
□ No

Social Service Referrals

		Date of Referral	Referral Contact
Department of Social Services (DSS)	❑		
The Family Tree	❑		
Bon Secours	❑		
National Student Partnerships	❑		
CPS (child protective services)	❑		
Mental health services (list program: _____)	❑		

Other BCHD program (list: _____)	❑		
Transitional housing (list program: _____)	❑		
Hispanic/Latino services (list program: _____)	❑		
Legal Aid	❑		
Other (list: _____)	❑		
Other (list: _____)	❑		
Other (list: _____)	❑		