

# Healthy Home Assessment

## RESIDENT REPORTED INFORMATION

**Bolded** responses indicate areas of greater concern.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Have you received lead disclosure? Y N DK

### General Housing Characteristics

<b>Type of Ownership</b>	<input type="checkbox"/> Own house	<input type="checkbox"/> Market rate rental hsg.	<input type="checkbox"/> Subsidized rental hsg.	<input type="checkbox"/> Shelter	
<b>Age of Home</b>	<input type="checkbox"/> <b>Pre-1950</b>	<input type="checkbox"/> <b>1950-1978</b>	<input type="checkbox"/> Post-1978	<input type="checkbox"/> <b>Don't know</b>	
<b>Structural Foundation</b>	<input type="checkbox"/> Basement	<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawlspace		
<b>Floors Lived In</b> (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> or higher	
<b>Heating</b>	<b>Fuel Used</b>	<input type="checkbox"/> Natural gas / LPG	<input type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood
	<b>Sources in Home</b>	<input type="checkbox"/> Radiators	<input type="checkbox"/> Forced warm air	<input type="checkbox"/> Space heater or oven	<input type="checkbox"/> <b>Other:</b> _____
	<b>Filters Changed</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Don't know</b>	<input type="checkbox"/> No filters
	<b>Control</b>	<input type="checkbox"/> Easy to control heat	<input type="checkbox"/> Hard to control heat		
<b>Cooling</b>	<input type="checkbox"/> Windows	<input type="checkbox"/> Central/window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> None	
<b>Ventilation</b> (check all that apply)	<input type="checkbox"/> Open windows	<input type="checkbox"/> Kitchen/bathroom fans	<input type="checkbox"/> Central ventilation	<input type="checkbox"/> HEPA air filter	

### NOTES:

### Indoor Pollutants

<b>Mold and Moisture</b>	<input type="checkbox"/> Use dehumidifier <input type="checkbox"/> No damage	<input type="checkbox"/> <b>Use vaporizer or humidifier</b>	<input type="checkbox"/> <b>Musty odor evident</b>	<input type="checkbox"/> <b>Visible water / mold damage</b>	
<b>Pets</b>	<b>Presence</b>	<input type="checkbox"/> No pets	<input type="checkbox"/> <b>Cat #</b> _____	<input type="checkbox"/> <b>Dog #</b> _____	<input type="checkbox"/> <b>Other:</b> _____
	<b>Management</b>	<input type="checkbox"/> Kept strictly outdoors	<input type="checkbox"/> Not allowed in patient's bedroom	<input type="checkbox"/> <b>Full access in home</b>	<input type="checkbox"/> Sleeping location: _____
<b>Pests</b>	<b>Cockroaches</b>	<input type="checkbox"/> None	<input type="checkbox"/> <b>Family reports</b>	<input type="checkbox"/> <b>Evidence seen</b>	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	<b>Mice</b>	<input type="checkbox"/> None	<input type="checkbox"/> <b>Family reports</b>	<input type="checkbox"/> <b>Evidence seen</b>	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	<b>Rats</b>	<input type="checkbox"/> None	<input type="checkbox"/> <b>Family reports</b>	<input type="checkbox"/> <b>Evidence seen</b>	Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	<b>Bedbugs</b>	<input type="checkbox"/> None	<input type="checkbox"/> <b>Family reports</b>	<input type="checkbox"/> <b>Evidence seen</b>	Present in <input type="checkbox"/> bedroom <input type="checkbox"/> other
<b>Lead-based Paint</b>	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> <b>Not tested</b>	<input type="checkbox"/> <b>Loose, peeling, or chipping, paint</b>	
<b>Asbestos</b>	<input type="checkbox"/> Tested – None present	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> <b>Not tested</b>	<input type="checkbox"/> <b>Damaged or friable material</b>	
<b>Radon</b>	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> <b>Not tested</b>	<input type="checkbox"/> <b>Failed test but not mitigated</b>	
<b>Health and Safety Alarms</b>	<input type="checkbox"/> Smoke alarm working and well placed	<input type="checkbox"/> CO alarm working and one on each floor	<input type="checkbox"/> <b>CO alarm does not log peak level</b>	<input type="checkbox"/> <b>No smoke or CO alarm</b>	
<b>Environmental Tobacco Smoke</b>	<input type="checkbox"/> No smoking allowed	<input type="checkbox"/> Smoking allowed outdoors	<input type="checkbox"/> <b>Smoking allowed indoors</b> <input type="checkbox"/> bedroom <input type="checkbox"/> playroom	<input type="checkbox"/> <b>Total # smokers in household:</b> _____ <input type="checkbox"/> <b>Mother smokes</b>	
<b>Other Irritants</b>	<input type="checkbox"/> None	<input type="checkbox"/> <b>Air fresheners</b>	<input type="checkbox"/> <b>Potpourri, incense, candles</b>	<input type="checkbox"/> <b>Other strong odors:</b> _____	
<b>Type of Cleaning</b>	<input type="checkbox"/> Standard Vacuum (non HEPA)	<input type="checkbox"/> HEPA vacuum	<input type="checkbox"/> Damp mop and damp dusting	<input type="checkbox"/> <b>Sweep or dry mop</b>	

**NOTES:**

**OBSERVED INFORMATION**

*Bolded responses indicate areas of greater concern.*

Home Environment					
Drinking Water Source		<input type="checkbox"/> Public water system	<input type="checkbox"/> <b>Household Well</b>	<input type="checkbox"/> <b>Shared Well</b>	
Kitchen	Cleanliness	<input type="checkbox"/> No soiling	<input type="checkbox"/> Trash or garbage sealed	<input type="checkbox"/> <b>Trash or garbage not sealed</b>	<input type="checkbox"/> <b>Wall/ceiling/floor damage</b>
	Ventilation	<input type="checkbox"/> Functioning stove exhaust fan/vent	<input type="checkbox"/> <b>Mold growth present</b>	<input type="checkbox"/> <b>Broken stove exhaust fan/vent</b>	<input type="checkbox"/> <b>No stove exhaust fan/vent</b>
Bathroom		<input type="checkbox"/> Functioning exhaust fan/vent/window	<input type="checkbox"/> <b>Mold growth present</b>	<input type="checkbox"/> <b>Needs cleaning and maintenance</b>	<input type="checkbox"/> <b>Wall/ceiling/floor damage</b>
Basement		<input type="checkbox"/> None/No Access	<input type="checkbox"/> <b>Mold growth present</b>	<input type="checkbox"/> <b>Needs cleaning and maintenance</b>	<input type="checkbox"/> <b>Wall/ceiling/floor damage</b>
Living Room		<input type="checkbox"/> No soiling	<input type="checkbox"/> <b>Mold growth present</b>	<input type="checkbox"/> <b>Needs cleaning and maintenance</b>	<input type="checkbox"/> <b>Wall/ceiling/floor damage</b>
Laundry area		<input type="checkbox"/> None	<input type="checkbox"/> Well maintained	<input type="checkbox"/> <b>Dryer not vented outside</b>	<input type="checkbox"/> Hang clothes to dry

Sleep Environment					
Sleep area	<input type="checkbox"/> Own room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Other		
# Beds	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> More than 2	
Allergen impermeable encasings on beds	<input type="checkbox"/> On mattress and boxspring (zippered)	<input type="checkbox"/> On mattress only (zippered)	<input type="checkbox"/> On mattress (not zippered)	<input type="checkbox"/> <b>No mattress covers</b>	
Pillows	<input type="checkbox"/> Allergen-proof	<input type="checkbox"/> Washable	<input type="checkbox"/> Feather/ down		
Bedding	<input type="checkbox"/> Washable	<input type="checkbox"/> Wool/not washable	<input type="checkbox"/> Feather/ down		
Flooring	<input type="checkbox"/> Hardwood/Tile/Linoleum	<input type="checkbox"/> Small area rug	<input type="checkbox"/> Large area rug	<input type="checkbox"/> <b>Wall-to-wall carpet</b>	
Dust/mold catchers	<input type="checkbox"/> Stuffed animals/washable toys	<input type="checkbox"/> <b>Non-washable toys</b>	<input type="checkbox"/> <b>Plants</b>	<input type="checkbox"/> <b>Other _____</b>	
Window	<input type="checkbox"/> Washable shades/curtains	<input type="checkbox"/> Washable blinds	<input type="checkbox"/> Curtains/ drapes	<input type="checkbox"/> <b>No window/ poor ventilation</b>	
Other irritants	<input type="checkbox"/> Abundant cosmetics and fragrances				

**NOTES:**

Home Safety <i>* can indicate housing code violations</i>					
<i>General</i>					
Active renovation or remodeling	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> No			
*Stairs, protective walls, railings, porches	<input type="checkbox"/> Yes	<input type="checkbox"/> <b>No</b>			
*Hallway lighting	<input type="checkbox"/> Adequate	<input type="checkbox"/> <b>Inadequate</b>			
Poison control number	<input type="checkbox"/> Posted by phone	<input type="checkbox"/> <b>Not posted by phone</b>			
**Family fire escape plan	<input type="checkbox"/> Developed and have copy available	<input type="checkbox"/> <b>None</b>			
Electrical appliances (radio, hair dryer, space heater)	<input type="checkbox"/> Not used near water	<input type="checkbox"/> <b>Used near water</b>			
Matches and lighters stored	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> <b>Within child's reach</b>			
Exterior environment	<input type="checkbox"/> Well maintained	<input type="checkbox"/> <b>Abundant trash and debris</b>	<input type="checkbox"/> <b>Chipping, peeling paint</b>	<input type="checkbox"/> <b>Broken window(s)</b>	

**NOTES:**

**OBSERVED INFORMATION (continued)**

**Home Safety**

*\* can indicate housing code violations*

<b>Young Children Present</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Coffee, hot liquids, and foods</b>	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
<b>Cleaning supplies stored</b>	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
<b>Medicine and vitamins stored</b>	<input type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
<b>Child (less than six years old) been tested for lead poisoning</b>	<input type="checkbox"/> Within past 6 months	<input type="checkbox"/> Within past year or more.	<input type="checkbox"/> No
<b>Child watched by an adult while in the tub</b>	<input type="checkbox"/> Always	<input type="checkbox"/> Most of the time	<input type="checkbox"/> No
<b>*Home's hot water temperature</b>	<input type="checkbox"/> <120 F	<input type="checkbox"/> >120 F	<input type="checkbox"/> Don't know
<b>Non-accordion toddler gates used</b>	<input type="checkbox"/> At top of stairs	<input type="checkbox"/> At bottom of stairs	<input type="checkbox"/> No
<b>Crib mattress</b>	<input type="checkbox"/> Fits well	<input type="checkbox"/> Loose	
<b>Window guards</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Window blind cords</b>	<input type="checkbox"/> Split cord	<input type="checkbox"/> Looped cord	

**NOTES:**

Name	DOB	Medicaid #	Race	Sex	Hispanic Y/N

Adapted from the Pediatric Environmental Home Assessment Survey by

