# RESIDENT REPORTED INFORMATION

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

## General Housing Characteristics

<table>
<thead>
<tr>
<th>Type of Ownership</th>
<th>Own house</th>
<th>Market rate rental hsg.</th>
<th>Subsidized rental hsg.</th>
<th>Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age of Home</td>
<td>Pre-1950</td>
<td>1950-1978</td>
<td>Post-1978</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Structural Foundation</td>
<td>Basement</td>
<td>Slab on grade</td>
<td>Crawlspace</td>
<td></td>
</tr>
<tr>
<td>Floors Lived In (check all that apply)</td>
<td>Basement</td>
<td>1st</td>
<td>2nd</td>
<td>3rd or higher</td>
</tr>
</tbody>
</table>

### Heating

- **Fuel Used**
  - Natural gas / LPG
  - Oil
  - Electric
  - Wood

- **Sources in Home**
  - Radiators
  - Forced warm air
  - Space heater or oven
  - Other: __________

- **Filters Changed**
  - Yes
  - No
  - Don’t know

- **Control**
  - Easy to control heat
  - Hard to control heat

### Cooling

- **Windows**
- **Central/window AC**
- **Fans**
- **None**

### Ventilation (check all that apply)

- **Open windows**
- **Kitchen/bathroom fans**
- **Central ventilation**
- **HEPA air filter**

## Indoor Pollutants

### Mold and Moisture

- Use dehumidifier
  - No damage
- Use vaporizer or humidifier
- Musty odor evident
- Visible water / mold damage

### Pets

- **Presence**
  - No pets
  - Cat #________
  - Dog #________
  - Other: __________

- **Management**
  - Kept strictly outdoors
  - Not allowed in patient’s bedroom
  - Full access in home
  - Sleeping location: __________

### Pests

- **Cockroaches**
  - None
  - Family reports
  - Evidence seen

- **Mice**
  - None
  - Family reports
  - Evidence seen

- **Rats**
  - None
  - Family reports
  - Evidence seen

- **Bedbugs**
  - None
  - Family reports
  - Evidence seen

### Lead-based Paint

- Tested and passed
- Tested, failed, and mitigated
- Not tested
- Loose, peeling, or chipping, paint
- Damaged or friable material

### Asbestos

- Tested – None present
- Tested, failed, and mitigated
- Not tested
- Damaged or friable material

### Radon

- Tested and passed
- Tested, failed, and mitigated
- Not tested
- Failed test but not mitigated

### Health and Safety Alarms

- Smoke alarm working and well placed
- CO alarm working and one on each floor
- CO alarm does not log peak level
- No smoke or CO alarm

### Environmental Tobacco Smoke

- No smoking allowed
- Smoking allowed outdoors
- Smoking allowed indoors
  - bedroom
  - playroom
- Total # smokers in household: ________
- Mother smokes

### Other Irritants

- None
- Air fresheners
- Potpourri, incense, candles
- Other strong odors: __________

### Type of Cleaning

- Standard Vacuum (non HEPA)
- HEPA vacuum
- Damp mop and damp dusting
- Sweep or dry mop
## Home Environment

<table>
<thead>
<tr>
<th>Drinking Water Source</th>
<th>Cleanliness</th>
<th>Ventilation</th>
<th>Kitchen</th>
<th>Bathroom</th>
<th>Basement</th>
<th>Living Room</th>
<th>Laundry area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public water system</td>
<td>No soiling</td>
<td>Functioning stove exhaust fan/vent</td>
<td>Public water system</td>
<td>No soiling</td>
<td>None/No Access</td>
<td>No soiling</td>
<td>None</td>
</tr>
<tr>
<td>Household Well</td>
<td>Trash or garbage sealed</td>
<td>Mold growth present</td>
<td>Household Well</td>
<td>Trash or garbage not sealed</td>
<td>Mold growth present</td>
<td>Trash or garbage not sealed</td>
<td>Well maintained</td>
</tr>
<tr>
<td>Shared Well</td>
<td>Broken stove exhaust fan/vent</td>
<td>Needs cleaning and maintenance</td>
<td>Shared Well</td>
<td>No stove exhaust fan/vent</td>
<td>Needs cleaning and maintenance</td>
<td>None</td>
<td>Dryer not vented outside</td>
</tr>
<tr>
<td>Wall/ceiling/floor damage</td>
<td>No stove exhaust fan/vent</td>
<td>Wall/ceiling/floor damage</td>
<td>Wall/ceiling/floor damage</td>
<td>Wall/ceiling/floor damage</td>
<td>Wall/ceiling/floor damage</td>
<td>Wall/ceiling/floor damage</td>
<td>Hang clothes to dry</td>
</tr>
</tbody>
</table>

## Sleep Environment

<table>
<thead>
<tr>
<th>Patient’s sleep area</th>
<th># Beds</th>
<th>Allergen impermeable encasings on beds</th>
<th>Pillows</th>
<th>Bedding</th>
<th>Flooring</th>
<th>Dust/mold catchers</th>
<th>Window</th>
<th>Other irritants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own room</td>
<td>0</td>
<td>On mattress and boxspring (zippered)</td>
<td>Allergen-proof</td>
<td>Washable</td>
<td>Hardwood/Tile/Linoleum</td>
<td>Stuffed animals/washable toys</td>
<td>Washable shades/curtains</td>
<td>Abundant cosmetics and fragrances</td>
</tr>
<tr>
<td>Shared</td>
<td>1</td>
<td>On mattress only (zippered)</td>
<td>Washable</td>
<td>Wool/not washable</td>
<td>Small area rug</td>
<td>Non-washable toys</td>
<td>Washable blinds</td>
<td></td>
</tr>
<tr>
<td># in room</td>
<td>2</td>
<td>On mattress (not zippered)</td>
<td>Feather/down</td>
<td>Feather/down</td>
<td>Large area rug</td>
<td>Plants</td>
<td>Curtains/drapes</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td>feather/down</td>
<td>Feather/down</td>
<td>Wall-to-wall carpet</td>
<td>Other</td>
<td>No window/poor ventilation</td>
<td></td>
</tr>
<tr>
<td>More than 2</td>
<td></td>
<td></td>
<td>feather/down</td>
<td>Feather/down</td>
<td>Wall-to-wall carpet</td>
<td>Other</td>
<td>No window/poor ventilation</td>
<td></td>
</tr>
</tbody>
</table>

## Home Safety

* can indicate housing code violations

<table>
<thead>
<tr>
<th>General</th>
<th>Active renovation or remodeling</th>
<th>*Stairs, protective walls, railings, porches</th>
<th>*Hallway lighting</th>
<th>Poison control number</th>
<th>**Family fire escape plan</th>
<th>Electrical appliances (radio, hair dryer, space heater)</th>
<th>Matches and lighters stored</th>
<th>Exterior environment</th>
<th>NOTES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Adequate</td>
<td>Posted by phone</td>
<td>Developed and have copy available</td>
<td>Not used near water</td>
<td>Out of child’s reach</td>
<td>Well maintained</td>
<td>Abundant trash and debris</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Inadequate</td>
<td>Not posted by phone</td>
<td>None</td>
<td>Used near water</td>
<td>Within child’s reach</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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NOTES:

NURSE OBSERVED INFORMATION

Bolded responses indicate areas of greater concern.
**NURSE OBSERVED INFORMATION (continued)**

<table>
<thead>
<tr>
<th>Home Safety</th>
<th>❑ Yes</th>
<th>❑ No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Young Children Present</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coffee, hot liquids, and foods</td>
<td>❑ Out of child’s reach</td>
<td>❑ Within child’s reach</td>
</tr>
<tr>
<td>Cleaning supplies stored</td>
<td>❑ Out of child’s reach</td>
<td>❑ Within child’s reach</td>
</tr>
<tr>
<td>Medicine and vitamins stored</td>
<td>❑ Out of child’s reach</td>
<td>❑ Within child’s reach</td>
</tr>
<tr>
<td>Child (less than six years old) been tested for lead poisoning</td>
<td>❑ Within past 6 months Result: ______</td>
<td>❑ Within past year or more. When? ______ Result: _____</td>
</tr>
<tr>
<td>Child watched by an adult while in the tub</td>
<td>❑ Always</td>
<td>❑ Most of the time</td>
</tr>
<tr>
<td>*Home’s hot water temperature</td>
<td>❑ &lt;120 F</td>
<td>❑ &gt;120 F</td>
</tr>
<tr>
<td>Non-accordion toddler gates used</td>
<td>❑ At top of stairs</td>
<td>❑ At bottom of stairs</td>
</tr>
<tr>
<td>Crib mattress</td>
<td>❑ Fits well</td>
<td>❑ Loose</td>
</tr>
<tr>
<td>Window guards</td>
<td>❑ Yes</td>
<td>❑ No</td>
</tr>
<tr>
<td>Window blind cords</td>
<td>❑ Split cord</td>
<td>❑ Looped cord</td>
</tr>
</tbody>
</table>

**NOTES:**

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www.centerforhealthyhousing.org

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