Asthma Home Assessment Pilot Project - CHECKLIST AND FOLLOW-UP

Assessor's name: ________________________	**Date of Assessment:** __________________	**Zip Code:** ________________

Part 1: Questions About Resident(s)			
Question	***Resident response***	***Assessor/Visitor observation***	***Notes/Recommendations***
1. How many people live in this household by age?	___ Children (under 18) ___ Adults (18 and older)		
2. Are any of these people pregnant?	❑ Yes ❑ No		
3. Is the asthma patient in the home…?	❑ Adult ❑ Child		
4. Has a resident visited the ER or been hospitalized in the past 12 months due to asthma or other respiratory illness?	❑ Yes ❑ No ❑ N/A		
5. Does the patient have an asthma action plan?	❑ Yes ❑ No ❑ N/A		
Part 2: General Housing Characteristics			
Question	***Resident response***	***Assessor/Visitor observation***	***Notes/Recommendations***
6. Is the home…?	❑ Owned ❑ Rented ❑ Occupied without payment of rent		
7. Living quarters are:		❑ Single unit building detached from any other building ❑ Single unit building attached to another building ❑ Building with two or more apartments ❑ Manufactured/mobile home	
8. Is there an attic or basement?	❑ Attic ❑ Basement ❑ Both attic and basement ❑ Neither		
9. How is the home heated? (Check all that apply)	___ Radiators ___ Baseboard heater ___ Forced hot air (vents) ___ Space heater ___ Fireplace/Wood-burning stove		

	___ Other ___________________ ❑ None		
8a. Is there evidence of ventilation to the outside?		❑ Yes ❑ No ❑ N/A	
10. How is the home cooled? (Check all that apply)	❑ Central AC ❑ Window AC (or portable free-standing unit ❑ Fans ❑ Evaporative cooler ❑ Other ____________________ ❑ None		
11. Is there a…	❑ working smoke detector? ❑ working carbon monoxide alarm? ❑ batteries available to replace in detectors every 6 months?		*Note location(s):*
Part 3: Smoking and Cooking			
Question	***Resident response***	***Assessor/Visitor observation***	***Notes/Recommendations***
12. What type of stove does the home have?		❑ Gas ❑ Electric ❑ Wood ❑ N/A	
13. Do the residents have and use an exhaust fan when cooking on the stove?	❑ Yes, we always use the exhaust fan when cooking ❑ Sometimes we use the exhaust fan when cooking ❑ No, we never use the exhaust fan when cooking ❑ N/A, there is no exhaust fan		
14. How often do residents or visitors smoke cigarettes, e-cigarettes (like Juuls, vape pens) cigars, little cigars, hookah, or other tobacco products in or around the home?	❑ Daily ❑ Weekly ❑ Weekly ❑ A few times a year ❑ Never. There is no smoking allowed in this home.		
15. Is the asthma patient in this home ever exposed to tobacco smoke in a car?	❑ Yes ❑ No ❑ Don't know		

Asthma Home Assessment Pilot Project - CHECKLIST AND FOLLOW-UP

Part 4: Pets			
Question	***Resident response***	***Assessor/Visitor observation***	***Notes/Recommendations***
16. Does the resident own any pets? (Check all that apply)	❑ Cat(s) ❑ Dog(s) ❑ Bird(s) ❑ Other furry pets (rabbits, guinea pigs, hamsters, mice) ____________________ ❑ Other non-furry pets ❑ None		
17. Where does the pet(s) sleep? (Check all that apply)	❑ Bedroom ❑ Kitchen ❑ Living room ❑ Outside ❑ Other ____________________ ❑ N/A, no pets		
18. Does the asthma patient have a physical reaction with the pet(s)?	❑ Yes ❑ No ❑ N/A. no pets		
Part 5: Household Dust and Dust Mites			
Question	***Resident response***	***Assessor/Visitor observation***	***Notes/Recommendations***
19. How often does the resident(s) clean household dust?	❑ Daily ❑ Weekly ❑ Monthly ❑ A few times a year ❑ Never		
20. What tools are used to clean household dust? (Check all that apply)	❑ Dry cloth ❑ Water or wet dust cleaner ❑ Vacuum Type: _________________		
21. Is there visible household dust present?		❑ Yes ❑ No *Note location(s):*	
22. Which of these items where dust mites can thrive are found inside the home? (Check all that apply)		❑ Stuffed toys ❑ Fabric upholstery on furniture ❑ Carpets and/or rugs ❑ Fabric curtains ❑ Other ____________________ ❑ None	

Asthma Home Assessment Pilot Project - CHECKLIST AND FOLLOW-UP

Part 6: Chemicals			
Question	***Resident response***	***Assessor/Visitor observation***	***Notes/Recommendations***
23. Which of these products are used? (Check all that apply)	❑ Aerosol/spray air fresheners ❑ Scented candles/wax warmers ❑ Scented household cleaners ❑ Incense ❑ Other ____________________ ❑ None	*Note location(s):*	
24. Does the resident with asthma have a physical reaction when any of these products are used in the home?	❑ Yes ❑ No ❑ N/A	*Note location(s):*	
Part 7: Pests (roaches and rodents)			
Question	***Resident response***	***Assessor/Visitor observation***	***Notes/Recommendations***
25. Is there evidence of pests like cockroaches or rodents (bodies, fecal pellets, or gnaw marks)?		❑ Yes ❑ No ❑ Don't know *Note location(s):*	
26. How often has the resident seen cockroaches in the home?	❑ Daily ❑ Weekly ❑ Monthly ❑ A few times a year ❑ Never		
27. How often has the resident seen mice or rats in the home?	❑ Daily ❑ Weekly ❑ Monthly ❑ A few times a year ❑ Never		
28. In the last 12 months, has the resident or an exterminator used any pest control measures (pesticides, traps, etc.) to control cockroaches, mice, or rats in the home?	❑ Yes ❑ No ❑ I don't know ❑ If renting, it is possible that the landlord uses control measures.		
a. If yes, what was used?	___________________________ ___________________________		

	____________________________		
29. In the last 12 months, has the resident or an exterminator used any pest control measure (pesticides, traps, etc.) to control OTHER pests in the home?	❑ Yes ❑ No ❑ I don't know ❑ If renting, it is possible that the landlord uses control measures.		
Part 8: Dampness and Mold			
Question	***Resident response***	***Assessor/Visitor observation***	***Notes/Recommendations***
30. In the last 12 months, has the resident noticed signs of mold in the home?	❑ Yes ❑ No ❑ I don't know		
31. Is there evidence of dampness or water from…?	❑ Leaks, flooding, water damage, or condensation on windows ❑ Visible mold or a damp or musty smell ❑ Bulging, buckling, or holes in the ceilings, floors, or walls	❑ Yes ❑ No *Note location(s):*	
32. In the last 12 months, how often has the resident noticed any moldy/musty smells inside the home?	❑ Daily ❑ Weekly ❑ Monthly ❑ A few times a year ❑ Never		
33. Does the resident use a humidifier? If so, where?	❑ Yes ______________________ ❑ No		
34. Does the resident use a dehumidifier? If so, where?	❑ Yes ______________________ ❑ No		
35. Is there an operable ventilation fan or window present in bathroom?		❑ Yes, ❑ No ❑ I don't know	
36. Does the clothes dryer vent to the outside?		❑ Yes ❑ No ❑ I don't know ❑ N/A, no clothes dryer present	

Additional healthy homes concerns: ___________________________________

____

____

Intervention tools used: ☐ asthma trigger kit ☐ humidity monitor

Intervention tools given to patient or family: ☐ roach baits ☐ HEPA vacuum ☐ cleaning materials ☐ food bags/containers ☐ furnace filters ☐ pillow/mattress covers ☐ Other: _______________________________________

Asthma Home Assessment Pilot Project - CHECKLIST AND FOLLOW-UP

Three Month Follow-Up Questionnaire (occurs within 60 to 90 days)	
1. What actions have you taken as a result of the Asthma Home Assessment?	
2. Do you feel that your knowledge about maintaining a healthy home has increased?	□Yes □No □DK
3. Have there been any barriers/challenges to implementing any of the actions?	□Yes; if yes, why: □Cost □No □Time □DK □Where to go for info □Other: ____________________ ____________________
4. Do you feel that your child's health has improved?	□Yes □No □DK
a. How has your child's health improved?	
5. Do you feel your child's asthma is more controlled at home as a result of the assessment?	□Yes □No □DK □N/A
6. Has your child visited the emergency room or been hospitalized since the initial assessment due to asthma?	□Yes □No □N/A
7. What referral agencies did you take advantage of? ***(Review recommended referrals and check all that apply):***	
□ Health Care Provider (asthma or allergy testing) □ Local Health Department (assessment agency) □ Asthma Alliance of North Carolina □ QuitLine NC □ Local Cooperative Extension Program	□ NC Division of Public Health, Communicable Diseases Branch (to address pests) □ Landlord and/or Local Housing Code Enforcement * (for renters) □ NC Healthy Homes □ UNC Center for Environmental Health and Susceptibility □ Other resources:

Additional notes: ____

____