

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):

- | | |
|---|--|
| <input type="checkbox"/> Health Care Provider (asthma or allergy testing) | <input type="checkbox"/> NC Division of Public Health, Communicable Diseases Branch (to address pests) |
| <input type="checkbox"/> Local Health Department (assessment agency) | <input type="checkbox"/> Landlord and/or Local Housing Code Enforcement * (for renters) |
| <input type="checkbox"/> Asthma Alliance of North Carolina | <input type="checkbox"/> NC Healthy Homes |
| <input type="checkbox"/> QuitLine NC | <input type="checkbox"/> UNC Center for Environmental Health and Susceptibility |
| <input type="checkbox"/> Local Cooperative Extension Program | <input type="checkbox"/> Other resources: |

Additional notes: _____