

Healthy Homes Checklist:

- 1. Study ID _____
- 2. Visit number _____
- 3. Completion Date ___/___/___
- 4. Version _____
- 5. Interviewer Initials _____
- 6. Language : English 1
 Spanish 2
- 7. Address:
Inspector (first, last) _____ Date: _____ Time: _____

SITE INFORMATION

_____ - _____	_____ Street _____, _____ - _____	_____ St. Ext.	_____ District _____	_____ Zip Code _____	_____ Apt. # _____
_____ No	Does the owner live at this address? (circle):			1. Yes	2. _____
_____ No	Are you the owner? (Circle):			1. Yes	2. _____
_____ # of Living units	_____ # of business units	_____ # of Floor	<u>1. wood 2. brick 3. concrete 4. metal</u> Building Construction Material (circle)		_____ Bldg. Age

BUILDING SYSTEMS INFORMATION

Heating System Type (circle):					
0. Unknown	1. hot water	2. forced hot air	3. nonmechanical hot air		
	4. steam	5. cooking stove	6. space heater	7. wood or coal stove	
	8. apt. only univent				
Heating System Age: _____					
Heat Type (circle):					
0. Unknown	1. electric	2. remote steam/hot water loop		3. gas	
	4. oil/kerosene 5. coal or wood burning				
Hot Water System (circle):					
0. unknown	1. electric	2. off building heating system		3. gas	4. oil
Boiler insulation is?(circle):					
0. unknown	1. none	2. rubber	3. fiberglass	4. asbestos	
Pipe insulation is? (circle):					
0. unknown	1. none	2. rubber	3. fiberglass	4. asbestos	
Insulation condition (circle):					
0. unknown	1. intact	2. damaged covering		3. structurally damaged	
Condition of heating system pipes? (circle):					
	0. unknown	1. dry	2. moist	3. dripping	
Condition of heating system ducts? (circle):					
	0. unknown	1. dry	2. moist	3. dripping	
Unit walls insulated with? (circle):					
0. unknown	1. fiberglass	2. cellulose	3. Urea Formaldehyde		

Site Number: _____

A. Overview Questions: About the home and neighborhood

1. How would you describe your house?
 - 1 Single family
 - 2 Duplex (Two families)
 - 3 Triple-Decker (three-family)
 - 4 Apartment complex (More than 3 families)
2. How many rooms are there in your home? Count the kitchen but do not count the bathroom.
____ Rooms
3. Do you rent or own the home you are living in now?
 - 1 Rent
 - 2 Own
4. If you rent, do you have a Section 8 certificate?
 - 1 Yes
 - 2 No
5. What floor do you live on? _____
6. Was the house built before 1978?
 - 1 Yes
 - 2 No
 - 99 Don't know
7. How long has you and your family lived in your current location? ____ months or ____ years
8. Is there trash, litter, junk in the streets, roads, empty lots or on any properties within 300 feet of where you live?
 - 1 None
 - 2 Minor accumulation
 - 3 Major accumulation
9. Is your home directly next to or close to any of the following businesses? (circle all that apply):
 1. None
 2. Nail salon
 3. Dry cleaner
 4. Hair salon
 5. Auto Shop
 9. Other: _____
10. Which of the following would describe the area surrounding your home? (circle all that apply):
 1. busy street
 2. vacant lot
 3. parking lot
 4. businesses
 5. abandoned building
 6. other houses
 7. park
 8. trash transfer station
 9. other: _____
11. Any renovation/repair activity in the building within the last year?
 - 1 Yes (What?) _____
 - 2 No
 - 99 Don't know
12. Any demolition activity in the building within the last year?
 - 1 Yes (What?) _____
 - 2 No
 - 99 Don't know
13. Was painting, varnishing, or power sanding work done?
 - 1 Yes (Where?) _____
 - 2 No
 - 99 Don't know
14. If yes, were there any odors, dust, or vibrations?
 - 1 Yes
 - 2 No
 - 99 Don't know
15. If yes, was repainting by (circle any):
 1. Spray
 2. Brush
16. If yes, did you have to leave the house?
 - 1 Yes
 - 2 No
 - 99 Don't know
17. Do you ever smell any unfamiliar smells in your home?

Site Number: _____

1 Yes 2 No 99 Don't know

18. If yes, where do they MOSTLY seem to come from? (circle):

1.in the building 2.outside 99. Don't know

19. Is your garbage pickup service frequent enough to prevent nuisance odors and littering?

1 Yes 2 No 99 Don't know

20. Has Department of Inspectional Services (ISD) been to your home?

1 Yes 2 No 99 Don't know

21. If yes, how many times have they been? _____

A: Overview Questions about Sanitary Code Violations :

22. Does the (house/apartment) have open cracks or holes in the inside walls or ceilings?*(Cracks thicker than a dime.)*

1 Yes 2 No 99 Don't know

23. Does the (house/apartment) have holes in the floors? *(big enough for someone to trip in)*

1 Yes 2 No 99 Don't know

24. Does the (house/apartment) have any area of peeling paint or broken plaster bigger than 8 inches by 11 inches? *(the size of a standard letter)*

1 Yes 2 No 99 Don't know

25. Last winter was there any time when the (house/apartment) was so cold for 24 hours or more that it caused anyone in your household discomfort?

1 Yes 2 No 3 Did not live here last winter 99 Don't know

26. In the last 3 months, was there any time when all the toilets in the home were not working? *(while household was living here if less than 3 months)*

1 Yes 2 No 99 Don't know

27. Is all the wiring in the finished areas of your home concealed either in walls or metal coverings? *(exclude appliance cords, extension cords, chandelier cords, telephone, antenna, or cable TV wires)*

1 Yes 2 No 99 Don't know

28. Was your home ever completely without running water in the last 3 months? *(while household was living here if less than 3 months)*

1 Yes 2 No 99 Don't know

29. Has water leaked into your home from outdoors in the last 12 months? *(exclude plumbing or other inside leaks...while household was living here if less than 12 months)*

1 Yes 2 No 99 Don't know

30. Have there been water leaks in the house/apartment from INSIDE the building in the last 12 months? *(while household was living here if less than 3 months)*

1 Yes 2 No 99 Don't know

Site Number: _____

FILL OUT A COPY OF THIS FORM FOR EACH INDIVIDUAL ROOM IN THE HOME

Room Code #	Rating at Worst Area of Mold	Total Square Feet Affected at Worst Mold Area

Use the chart to the left to rate the surfaces of the room for water/mold related damage. Under condition, use the following scale of 0 to 4:
0.= No visible signs of water/mold damage, intact
1.= Visible water stains only
2.= Visible mold, with or without water stains
3.= Visible mold (with or without water stains) and some damage to the base material (peeling wallpaper, warped wood, etc.)
4.= Mold and water damage so extensive that it affects the structural integrity of the surface

Room Codes:

- | | |
|--------------------|-------------------------|
| 1. Living room | 9. 4th Bedroom |
| 2. Dining Room | 10. Hallway |
| 3. Kitchen | 11. Basement |
| 4. First Bathroom | 12. Asthmatic's Bedroom |
| 5. Second Bathroom | |
| 6. Master bedroom | |
| 7. 2nd Bedroom | |
| 8. 3rd Bedroom | |

In the second column, note the number of square feet of the surface affected by the condition coded in the first column. Also, please note the room that you are coding for in the first cell of the chart. Please use the room codes give above.

31. Type of floor(circle):
- | | | |
|------------------------|-----------------------|--------------------|
| 1. wall to wall carpet | 2. area rugs | 3. wooden flooring |
| 4. ceramic tile | 5. linolieum/VAT tile | 6. concrete |
| 7. earthen | 9. other:_____ | |

32. If carpet, how old is it? (check):

- | | | | |
|--------------|-------------------|---------------|------------|
| 1. <6 months | 2. 6 to 12 months | 3. >12 months | 99 unknown |
|--------------|-------------------|---------------|------------|

33. Number of Windows:_____

Number that can be opened: _____

DO you open them? 1. Yes 2. No

34. Type of Windows (circle):

1. single pane	2. multiple pane
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35. If single pane, number of Storm Windows:_____

36. Number of air Supply Vents:_____

Air flow is? 1. none 2. weak (passive) 3. strong (mechanical)

37. Number of air Exhaust Vents:_____

Air flow is? 1. none 2. weak (passive) 3. strong (mechanical)

38. Number of Heating Units:_____

Type(check): 1. radiators 2. baseboard heaters
 3. hot air vents 4. space heaters 5. fireplace/wood stove

39. Plumbing pipes are? (circle): 1. dry 2. moist 3. dripping 99 unknown

40. Heating pipes are? (circle): 1. dry 2. moist 3. dripping 99 unknown

41. Dust on surfaces? (circle): 1. none 2. slight 3. moderate 4. heavy

Site Number:_____

42. **In this room**, are there any visible rodent droppings?
1 Yes 2 No 99 Don't know

43. **In this room**, are there any visible insects/cockroaches? _____
1 Yes 2 No 99 Don't know

44. If Yes Number alive: _____ Number dead: _____

45. **Is the room** above Ground? 1 Yes 2 No 99 Don't know

46. **In this room**, are there odors present? (check all that apply)

1 none 2 mold 3. chemical 4. burning 5. gas 6. cigarettes

B. Health Hazard questions with Take Home Points for Education:

Dust- Dust can live in sheets, pillows, stuffed animals. Wash them often in hot water.

47. Are there dust collectors present? 1 Yes 2 No 99 Don't know
48. Do you use hypoallergenic mattress/pillow covers? 1 Yes 2 No 99 Don't know
49. Do you wash the sheets in hot water? 1 Yes 2 No 99 Don't know
50. If yes, how often? 0.never 1.daily 2.weekly 3.monthly 4.< once a month
51. Do you have carpets? 1 Yes 2 No 99 Don't know
52. Do you use any of the following methods for cleaning your carpets? (circle):
1. vacuum only 2. steam clean 3. shampoo
4. send out for cleaning 5. none of these
53. How often do you vacuum your carpets? (circle):
0. never 1. once a day 2. once a week
3. twice a month 4. once a month 5. >once a month
54. How often do you shampoo or steam clean your carpets?
0. never 1. once a day 2. once a week
3. twice a month 4. once a month 5. >once a month
55. How often do you mop your floors?
0. never 1. once a day 2. once a week
3. twice a month 4. once a month 5. >once a month
56. How often do you sweep your floors? (circle):
0. never 1. once a day 2. once a week
3. twice a month 4. once a month 5. >once a month

Molds- Use bathroom fans if they work or open windows. Avoid bleach.

57. How would you describe the moistness of your home? (circle):
1. dry 2. average 3. moist (humid)
58. How would you describe the USUAL temperature of the house?(circle):
1. hot 2. cold 3. Moderate
59. Can you control your own heat? 1 Yes 2 No 99 Don't know
60. Can you see visible gray-black powder (mildew) on any surface?
1 Yes 2 No 99 Don't know
61. If yes, where? _____(use room codes designation)

PESTS- Keep food stored in air-tight containers, seal cracks

62. Do you have, or have you ever had, an insect problem?
1 Yes 2 No 99 Don't know
63. If yes, what type of insect? (circle):
1.cockroaches 2.ants 3.flies 4.other:_____
64. If yes, how do you control it? (circle):
1.traps 2.spray/chemicals 3.professional exterminator
65. Do you have, or have you ever had, a mouse problem?
1 Yes 2 No 99 Don't know
66. If yes, how do you control it? (circle):
1.poison 2. traps 3. professional exterminator
67. Have pesticides been applied in your home? 1 Yes 2 No 99 Don't know
68. If yes, were they applied by a professional exterminator?
1 Yes 2 No 99 Don't know
69. If yes, what type of pesticide was applied?
1 Spray 2 Gel 3 Glue Trap 4 Bait
5 Gas 99 Don't know
70. If yes, did anyone give you health information about pesticides before applying them?
1 Yes 2 No 99 Don't know
71. If yes, how frequently are they applied? (circle)
1.Once a year 2.Twice a year 3. 4 Times a year
4.Once a month 5.Once a week 99 Don't know
72. If yes, when were they last applied? (circle)
1.Last year 2. 6 months ago 3. 4 months ago
4.One month 5.One week 99 Don't know
73. Did you ever have to leave your house because of pesticides?
1 Yes 2 No 99 Don't know
74. In the last 3 months have you seen any rats or signs of rats in the building?
1 Yes 2 No 99 Don't know

Cleaners, Other Chemicals- Only use non-ammonia based cleaners, Open windows when possible

75. Do you have have any of the following at home hobbies? (circle)
1. ceramics/clay 2. painting 3. jewelery 4. model making
5. indoor plants/gardening 6. wood working 7. electronics/soldering
8. metal casting 9. other:_____

76. Do you ever store household chemicals in any container other than their original labeled container?

1 Yes 2 No 99 Don't know

77. Do you ever mix household cleaning agents? 1 Yes 2 No 99 Don't know

78. If yes, which cleaners?_____

79. Do you dispose of any cleaning agents in the kitchen or bathroom sink?

1 Yes 2 No 99 Don't know

80. Do children under 7 years old use chemicals to help clean?

1 Yes 2 No 99 Don't know

81. Do you use air fresheners?

1 Yes 2 No 99 Don't know

82. If yes, how often? 0.never 1.daily 2.weekly 3.monthly 4.> monthly

83. Do you use candles?

1 Yes 2 No 99 Don't know

84. If yes, do you use scented or unscented candles?

1 Scented 2 Unscented 99 Don't know

85. If yes, how often do you use candles?(circle)

0.never 1.daily 2.weekly 3.monthly 4.> monthly

86. If yes, do the candles have metal wicks?

1 Yes 2 No 99 Don't know

Home Appliances- Use kitchen exhaust fan or open window when using gas stoves

87. What kind of stove do you have? 1 Gas 2 Electric 99 Don't know

88. What kind of clothes dryer in the home/building? (circle):

0. none 1. Electric 2. Gas 99 Don't know

89. If yes, is it vented outdoors?

1 Yes 2 No 99 Don't know

90. Do you use a Humidifier/Vaporizer in the home? (circle):

1. none 2. steam 3. ultrasonic 4. Evaporative 99.Don't know

91. If yes, how often is it cleaned? (circle):

1. weekly 2. monthly 3. yearly 4. Never 99. Don't know

92. Air cleaning device in the home? (circle): 0. none 1. electrostatic 2. HEPA filter

93. If yes, how often is it cleaned? (circle):

1.weekly 2.monthly 3.yearly 4.never 99. Don't know

94. Dehumidifier in the home? (circle):

1 Yes 2 No 99 Don't know

95. If yes, how often is it cleaned? (circle):

1.weekly 2.monthly 3.yearly 4.never 99. Don't know

Heat and Air Conditioning

96. Do you have a fireplace? 1 Yes 2 No 99 Don't know
97. If yes, how often do you use it? (circle):
 1.never 2.once a year 3.monthly 4.more often 99. Don't know
98. If yes, do you ever smell any odors from your fireplace or furnace?
 1 Yes 2 No 99 Don't know
99. Do you ever use your cooking stove or a kerosine/gasoline space heater to heat the house?
 1 Yes 2 No 99 Don't know
- 100.If yes, is it vented outside? 1 Yes 2 No 99 Don't know
- 101.Air conditioning in the home? (circle):
 1. none 2. central 3. window 4. Uni-vent 99. Don't know
- 102.If yes, has the filter been cleaned in the last year?
 1 Yes 2 No 99 Don't know
- 103.If yes, has the drip pan been cleaned in the last year?
 1 Yes 2 No 99 Don't know

Tobacco- Smoke outside!

- 104.Does anyone smoke? 1 Yes 2 No 99 Don't know
- 105.How many people regularly smoke in the home?_____
- 106.About how many total cigarettes per day are smoked in the home?_____
- 107.Would you like a referral for a QUIT program? 1 Yes 2 No

Pets: Keep pets out of certain rooms for people who are allergic. Vacuum often with window open.

- 108.What types and numbers of pets do you keep in the house?
Bird(s) Cat(s) Dog(s) Other None
 Number: _____

Lead- Any home built before 1978 has some lead in its paint or soil. Test any chipping or peeling paint and put a mat by your doors to prevent tracking in lead in soil.

- 109.Does your house/apartment have lead paint?
 1 Yes 2 No 99 Don't know
- 110.Has your house been tested?
 1 Yes 2 No 99 Don't know
- 111.Do you know if outside your home (soil) has been tested?
 1 Yes 2 No 99 Don't know
- 112.Has any child in the home been tested for lead?

113.If yes, do you know the results? 1 Yes 2 No 99 Don't know

114.If you know the results, what were they? (child name_____)
1 High(#_____) 2 Normal 99 Don't know

Radon- Comes from basements and wells. Can cause cancer. Cheap tests are available.

115.Has your building ever been checked for radon?
1 Yes 2 No 99 Don't know

Asbestos- From insulation in homes built before 1980. Can cause cancer. Check for insulation from pipes or tiles that looked ragged.

116.Has your building ever been checked for asbestos?
1 Yes 2 No 99 Don't know

117.Do you have asbestos in your home or basement?
1 Yes 2 No 99 Don't know

Childhood Injuries

118.How many smoke detectors are installed in your home? _____99 Don't know

119.How many of these smoke detectors work now? _____99 Don't know

C. Childhood injury sheet (* also elderly injury questions)

16 questions for a SAFE HOME follow-up	Safe	Unsafe	
1. Is the hot water set for between 110F and 130F?	Yes	No	Not Sure
2. Do windows have guards, or window locks?	Yes	No	Not Sure
3. Do all windows have secure screens?	Yes	No	Not Sure
*4. Are there two unobstructed exits in case of fire?	Yes	No	Not Sure
*5. Are electrical cords (extensions and appliances) in safe condition?	Yes	No	Not Sure
*6. Are stairs, protective walls, railings, porches and balconies sturdy and in good condition?	Yes	No	Not Sure
*7. Are hall and stairway lighting adequate?	Yes	No	Not Sure
8. Is there any loose, chipping or peeling paint?	Yes	No	Not Sure
*9. Is there a working smoke detector properly placed?	Yes	No	Not Sure
*10. Is there a poison center number on or near the phone?	Yes	No	Not Sure
11. Is there Syrup of Ipecac in the home?	Yes	No	Not Sure
12. Are there safety latches or locks on cabinets and drawers?	Yes	No	Not Sure
13. Are there outlet covers on all exposed electrical outlets?	Yes	No	Not Sure
14. If you have radiators, do they have safety covers?	Yes	No	Not Sure
15. Do children ride buckled up in all auto travel?	Yes	No	Not Sure
16. Do you feel safe in your neighborhood?	Yes	No	Not Sure

B. Demographics

120. Do you have trouble paying your rent or mortgage?

- 1 Yes 2 No

121. Has your rent or mortgage increased in the last year?

- 1 Yes 2 No

122. How old are you? ____ years

123. What country were you born in? _____

124. How would you identify yourself racially or ethnically?

- | | | |
|--------------------------|----------------|--------------------------|
| 1 White, non-Hispanic | 4 Carribean | 7 Asian/Pacific Islander |
| 2 Hispanic or Latino | 5 African | 8 Native American |
| 3 African American/Black | 6 Cape Verdean | 9 Other_____ |
| 99 Not sure | | |

125. What language do you speak most comfortably?

- | | | |
|------------------|---------------------|---------------|
| 1 English | 4 Portuguese Creole | 7 Arabic |
| 2 Spanish | 5 Portuguese | 8 Other _____ |
| 3 Haitian Creole | 6 Chinese | 99 Not sure |

126. How much schooling have you finished?

- | | | |
|---|----------------------------|---------------|
| 1 Less than 9 th grade | 3 High school graduate/GED | 5 College gra |
| 2 9 th to 12 th grade | 4 Some college | 6 Not sure |

E. Medical Questions:

127. Please list the first name or initial of each person in your household, their relation to you, and their age in years.

<i>Full Name</i>	Date birth	<i>Relation</i>	<i>Asthma (check)</i>	Health center	Doctor	Last Visit Mo/Yr
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

128. Have any one been hospitalized in the last 12 months?

1 Yes 2 No 99 Don't know

129. If yes, who? _____

130. If yes, for what? _____

131. Does your child have a written asthma management plan?

1 Yes 2 No 99 Don't know

132. Have any one been injured in the last 12 months?

1 Yes 2 No 99 Don't know

133. If yes, who? _____

134. If yes, how? _____

135. Has anyone been to the emergency room in the last 12 months?

1 Yes 2 No 99 Don't know

136. If yes, who? _____

137. If yes, for what? _____

Notes:
