

Pediatric Environmental Home Assessment

HOME VISIT EXERCISE ANSWER SHEET

RESIDENT REPORTED INFORMATION

Bolded responses indicate areas of greater concern.

General Housing Characteristics

Type of ownership	<input type="checkbox"/> Own house	<input type="checkbox"/> Market rate rental hsg.	X Subsidized rental hsg.	<input type="checkbox"/> Shelter
Age of home	<input type="checkbox"/> Pre-1950	X 1950 -1978	<input type="checkbox"/> Post-1978	<input type="checkbox"/> Don't know
Structural foundation	X Basement	<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Don't know
Floors lived in (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 st	X 2 nd	<input type="checkbox"/> 3 rd or higher
Heating	Fuel used	<input type="checkbox"/> Natural gas / LPG	X Oil	<input type="checkbox"/> Electric
	Sources in home	X Radiators	<input type="checkbox"/> Forced hot air vents	<input type="checkbox"/> Space heater or oven
	Filters changed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	X Don't know
	Control	<input type="checkbox"/> Easy to control heat	X Hard to control heat	
Cooling	<input type="checkbox"/> Windows	X Central/window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> None
Ventilation (check all that apply)	X Opens windows	<input type="checkbox"/> Kitchen & bathroom fans	<input type="checkbox"/> Central ventilation	

NOTES: PARENT REPORTS BIGGEST CONCERNS ARE DUST AND MICE

Indoor Pollutants

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

NOTES: HOUSEHOLD IS NON-SMOKING BUT EXPOSED TO SMOKE FROM APT. BELOW; NEED TO RE-SEAL FOR MICE;

**HAS SMOKE ALARM BUT NOT CO ALARM. MAY HAVE LEAD PAINT AND REPAIRS TO IT APPEAR TO HAVE FAILED
NURSE OBSERVED INFORMATION**

Bolded responses indicate areas of greater concern.

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

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


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

NURSE OBSERVED INFORMATION (continued)


Home Safety * can indicate housing code violations				
<i>Young Children Present</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Coffee, hot liquids, and foods	<input checked="" type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach		
Cleaning supplies stored	<input type="checkbox"/> Out of child's reach	<input checked="" type="checkbox"/> Within child's reach		
Medicine and vitamins stored	<input type="checkbox"/> Out of child's reach	<input checked="" type="checkbox"/> Within child's reach		
Child (less than six years old) been tested for lead poisoning	<input type="checkbox"/> Within past 6 months Result: _____	<input checked="" type="checkbox"/> Within past year or more. When? <1 year Result: <10	<input type="checkbox"/> No	
Child watched by an adult while in the tub	<input type="checkbox"/> Always	<input checked="" type="checkbox"/> Most of the time	<input type="checkbox"/> No	
*Home's hot water temperature	<input type="checkbox"/> <120 F	<input type="checkbox"/> >120 F	<input checked="" type="checkbox"/> Don't know	
Non-accordion toddler gates used	<input type="checkbox"/> At top of stairs	<input type="checkbox"/> At bottom of stairs	<input type="checkbox"/> No	
Crib mattress	<input type="checkbox"/> Fits well	<input type="checkbox"/> Loose	<input checked="" type="checkbox"/> NA	
Window guards	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Window blind cords	<input type="checkbox"/> Split cord	<input checked="" type="checkbox"/> Looped cord		

NOTES: LOTS OF DUST FROM NEIGHBORHOOD CONSTRUCTION; HAS WINDOWS CLOSED AND A/C ON BUT STILL A PROBLEM; LOTS OF EXPOSED DIRT OUTSIDE DUE TO CONSTRUCTION; CABINET WITH CLEANING SUPPLIES IS NOT LOCKED AND IS AT CHILD LEVEL

Funded by The U.S. Environmental Protection Agency



and developed by



National Center for Healthy Housing

10227 Wincopin Circle, Suite 200 • Columbia, MD 21044 • Tel. (410) 992-0712
www.centerforhealthyhousing.org

With thanks to

N • E • E • T • F

The National Environmental Education & Training Foundation

We credit its *Environmental Management of Pediatric Asthma: Guidelines for Health Care Providers*
and model Pediatric Environmental History Form

and



The Center for Healthy Homes and Neighborhoods at Boston University

We credit its model Pediatric Asthma-Allergy Home Assessment form