

H.E.L.P. FOR KIDS PROJECT

Home Environmental Review Personal Checklist

Following are a few questions that will help you to begin identifying environmental conditions in and around your home that may be a hazard to your family. A brief explanation of the possible hazard and action(s) that you can take to correct the problem are provided in the attached Action Plan. If you would like more information on these conditions, be sure to ask the reviewer during the home visit.

Definition of Symbols Used in the Checklist and Action Plan:

- -- condition that indicates a high priority, critical hazard
- +** -- issues that can directly or indirectly affect asthma conditions

Response Action

Is anyone in the home pregnant?	No	Yes	1
Does anyone in the home have (circle):			
+ ② Allergies, or sensitivity or reaction to chemicals or smells?	No	Yes	2a/4-6
+ ② Asthma?	No	Yes	2b/4-6
Do any household members have the following symptoms other than with colds or other temporary ailments? (circle those that apply)	No	Yes	3
+ ② Wheezing, shortness of breath, or cough			
+ ② Headache, dizziness, fatigue			
+ ② Irritated eyes (itchy or teary)			
+ ② Frequent runny nose, cough, sneezing, nasal congestion			
+ ② Ear infections in children			
+ ② Other _____			
+ Have any children been hospitalized for respiratory illnesses (asthma, bronchitis, pneumonia)?	No	Yes	3
+ Does anyone smoke inside this home?	No	Yes	4
+ Have you seen evidence of cockroaches or rodents anywhere in the home (live or dead insects, body parts, droppings)?	No	Don't Know /Yes	5
+ Are there any places in the home that are moldy, or persistently damp or wet?	No	Don't Know /Yes	6
Was your home built before 1980, or do you suspect there is a lead problem?	No	Don't Know /Yes	7
Are there any problems with the quality of your drinking water?	No	Don't Know /Yes	8
Are kitchen counter tops and cutting boards cleaned after each use?	Yes	No	9
Is a separate cutting board used for meat?	Yes	No	10

Response Action

	<u>At least twice/month</u>	<u>Less than twice/month</u>	
How often do you:			
+ ② Vacuum home	NA <input type="checkbox"/>	<input type="checkbox"/>	11a
+ ② Damp-mop bare floors and damp-dust furniture, shelves, and window sills	NA <input type="checkbox"/>	<input type="checkbox"/>	11b
+ ② Clean bathroom sink, bathtub, toilet	<input type="checkbox"/>	<input type="checkbox"/>	11c
+ ② Wash sheets and pillowcases in hot water of 130°F	<input type="checkbox"/>	<input type="checkbox"/>	11d
+ ② Wash pillows and blankets in hot water of 130°F	<input type="checkbox"/>	<input type="checkbox"/>	11d
+ Do you and your children wash your hands with warm water and soap after using the bathroom, before eating, and before taking a nap or bedtime?	Yes	No	12
Is your heating equipment in safe operating condition?	Yes	Don't Know /No	13
If you have firearms in or around your home:	None - Skip to Next Question	Yes	14
② Are they unloaded, and locked up and inaccessible to children?	NA <input type="checkbox"/>	<input type="checkbox"/>	14
When playing outside do you protect your children from the sun?	Yes	No	15
Do children use helmets with bicycles, skateboards, rollerblades, or when sledding?	NA <input type="checkbox"/>	<input type="checkbox"/>	16