

Name: _____

Date: _____

Environmental Health and Dwelling Assessment

		Yes	No	Notes
1.	Can you identify triggers in your home that make your asthma worse? If yes, list in notes.			
2.	<i>Secondhand smoke</i> <ul style="list-style-type: none"> Does anyone smoke inside your home? Do you ever smell smoke in your home coming from an outside source? 			
3.	Is there exposure to irritants or allergens in the home? (i.e., cleaning products, perfumes/cosmetics, air fresheners, chemical fumes, or paints/adhesives)			
4.	Is your asthma worse in specific locations (i.e., home, school, work, outdoors)? If yes, specify in notes.			
5.	<i>Dust/Clutter</i> <ul style="list-style-type: none"> Significant dust/dirt in the home (visible on furniture, walls, curtains, etc.)? Are stuffed animals or excess blankets/pillows present on the bed? Is there an allergen-proof cover on pillows? Is there an allergen-proof cover on mattress? Is there carpeted flooring present in the home? <ul style="list-style-type: none"> If yes, open to replacement? Is there significant clutter in the home? 			
6.	<i>Pests:</i> <ul style="list-style-type: none"> Presence or evidence of rodents? (rats, mice) Presence or evidence of cockroaches? Is food or garbage stored in a manner that could attract pests? Have pest control measures been used in last 12 months? If yes, describe (i.e., pesticides, traps) 			
7.	<i>Pets</i> <ul style="list-style-type: none"> Are there any pets in the home with fur or feathers? Are pets allowed in sleeping areas? 			
8.	<i>Moisture/Mold</i> <ul style="list-style-type: none"> Are there any moldy/musty smells in the home or concerns about humidity levels? If yes, describe. <ul style="list-style-type: none"> Is a humidifier used? Is a dehumidifier used? Is a hygrometer recommended? Is there evidence of water damage, moisture, leaks, or standing water? Are mold-like or mildew-like substance(s) observed in the home? If yes, describe. 			
9.	<i>Cooling</i> <ul style="list-style-type: none"> Presence of: Fan(s), swamp or evaporative cooler, or air conditioner (Central air, Window A/C, or free-standing unit) Specify in notes. <ul style="list-style-type: none"> If AC unit present, located in sleeping area? If no AC unit, is one recommended? <i>Heating</i> <ul style="list-style-type: none"> Presence of: Fireplace/wood-burning stove, gas stove or space heater, or furnace/forced hot air? Specify in notes. 			
10.	<i>Ventilation</i> <ul style="list-style-type: none"> Kitchen stove has a working exhaust fan that vents outside. <ul style="list-style-type: none"> Is the exhaust fan always used when cooking? Bathroom has a working exhaust fan that vents outside. <ul style="list-style-type: none"> Is the exhaust fan always used when bathing/showering? Does clothes dryer vent/exhaust outside? 			
11.	<i>Maintenance Issues</i> <ul style="list-style-type: none"> Evidence of broken pipes, cracks, or holes in the walls? 			