

**KING COUNTY ASTHMA  
PROGRAM: CLINIC HOME  
CONNECTIONS**

**October 2017**

**ID #:** \_\_\_\_\_

# **HOME ENVIRONMENT CHECKLIST**

Participant ID \_\_\_\_\_


## G2P PROGRAM HOME ENVIRONMENTAL CHECKLIST

Q.#	SECTION A (A) -ASSESSMENT COVER SHEET	RESPONSE
	DATE: (MM/DD/YY): ____/____/____	Date
	ASSESSOR'S INITIALS: _____	Initials
	NAME: First: _____ Last: _____	Name
	LANGUAGE OF INTERVIEW: <input type="checkbox"/> <sub>1</sub> English <input type="checkbox"/> <sub>2</sub> Spanish	
	Date house was built: _____	____ A7a
	Source of date for when house of built? <b>(Check all that apply)</b> <input type="checkbox"/> <sub>1</sub> Official housing office info <input type="checkbox"/> <sub>2</sub> Client <input type="checkbox"/> <sub>3</sub> Other _____	____ A7b
	<p>The next step is to look for things in the home, both inside and outside, that can cause triggers that can make your asthma worse. We would like to do a walk-thru of your home with you, because you know your home best and together we can identify problems. Outside the home we can identify home vulnerabilities to water, roof issues, absent gutters and downspouts for example. Inside the home we can identify malfunctioning fans, mold, dust mites, cockroaches, and other asthma triggers that you may be aware of already. We can address any issues, questions, or concerns that you may have as well.</p>	

Q. #	SECTION B – BUILDING EXTERIOR/OUTSIDE (B)	RESPONSE
B1	<b>What is the type of building?</b> <input type="checkbox"/> <sub>1</sub> Apartment (with 3 or more units) <input type="checkbox"/> <sub>3</sub> Detached single house <input type="checkbox"/> <sub>2</sub> Duplex <input type="checkbox"/> <sub>4</sub> Trailer	_____ B1
B2	<b>Do you see any problems with the roof (for example sagging, holes, or missing materials)?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>9</sub> Can't see entire roof	_____ B2
B3	<b>Do you see any walls with missing bricks, siding, shingles, etc.?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> N/A <input type="checkbox"/> <sub>99</sub> Don't Know	_____ B3
B4	<b>Do you see any cracks in at-grade walls?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> N/A <input type="checkbox"/> <sub>99</sub> Don't Know	_____ B4
B5	<b>Would water drain toward the house (improper grading)?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> N/A <input type="checkbox"/> <sub>99</sub> Don't Know	_____ B5
B6	<b>Are there any visible sources of leaks?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> N/A <input type="checkbox"/> <sub>99</sub> Don't Know	_____ B6
B7	<b>Is there standing water near the foundation?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> N/A <input type="checkbox"/> <sub>99</sub> Don't Know	_____ B7
B8	<b>Do all vents have screens?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> N/A <input type="checkbox"/> <sub>99</sub> Don't Know	_____ B8
B9	<b>Is any paint peeling or flaking on the outside of the house?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> N/A <input type="checkbox"/> <sub>99</sub> Don't Know	_____ B9
B10	<b>Does water spill onto siding or foundation because of malfunctioning or absent gutters and/or downspouts?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> N/A <input type="checkbox"/> <sub>99</sub> Don't Know	_____ B10
B11	<b>Is soil or vegetation in contact with the siding of the house?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> N/A <input type="checkbox"/> <sub>99</sub> Don't Know	_____ B11
B12	<b>Is there accumulated garbage or debris on the property?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> N/A <input type="checkbox"/> <sub>99</sub> Don't Know	_____ B12

Participant ID \_\_\_\_\_

Q.#	SECTION C- PARTICIPANT ACTIONS (PA)	RESPONSE
	<i>I will now ask you some questions about things some people do in their homes to help control asthma triggers. Triggers are things that make your asthma worse. There is no right or wrong answer, just tell me what YOU do.</i>	READ
	<b>Please tell me some things you do to:</b>	
PA1	<b>Control dust mites</b> Response:	
PA2	<b>Keep roaches out of your home</b> Response:	
PA3	<b>Keep rodents (mice and rats) out of your home</b> Response:	
PA4	<b>Keep mold and moisture out of your home</b> Response:	
PA5	<b>Keep pets from making your asthma worse</b> Response:	
PA6	<b>Keep pollens from making your asthma worse</b> Response:	
PA7	<b>Keep tobacco smoke out of your home</b> Response:	
PA8	<b>Keep strong cleaners or other strong/irritating odors out of your home</b> Response:	
Q.#	GENERAL QUESTIONS (G)	RESPONSE
G2	<b>How many bedrooms are in the home?</b> # _____ (A bedroom is a room with a window and closet in which one or more people sleep) Enter "0" for studio.	_____ G2
G3	<b>Not counting bathroom(s), how many rooms are in the home?</b> # _____	_____ G3

Q.#	SECTION D - DUST AND CLEANING (DC)	RESPONSE
	<i>Next, I would like to ask you some questions related to dust, cleaning, and washing.</i>	READ
	<b>When people come into your house, do they:</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Sometimes	Answer set
DC1a	a. Remove their shoes?	_____ DC1a
DC1b	b. Use doormat or hall rug to wipe their feet?	_____ DC1b
DC4	<b>Do you have a working vacuum cleaner in the house, and does have Hepa filter?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ⇒ <b>Skip to</b> DC6 <input type="checkbox"/> 99 Don't Know ⇒ <b>Skip to</b> DC6	_____ DC4
	<b>During the last 14 days, how many times did you or anyone in the home:</b> Enter #. If unknown enter 99, if not applicable enter 98.	
DC6.	Vacuum the floor of the room in which you [or your child] sleep?	_____ DC6
DC7.	Vacuum the cloth covered furniture in the home?	_____ DC7
DC8.	Dust the room in which you [or your child] sleep?	_____ DC8
DC9.	Sweep, mop, dust or vacuum the kitchen or cooking area floor?	_____ DC9
DC10.	Clean the kitchen counter?	_____ DC10
DC11.	Wash your [or your child's] sheets and pillowcases?	_____ DC11
DC12.	Wash your [or your child's] pillows?	_____ DC12
DC13.	Scrub the tub or shower wall in the bathroom?	_____ DC13
	What do you use to scrub the tub or shower wall in the bathroom? <i>(Read choices)</i>	
DC14a.	a. Tilex or other store bought cleaner <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	_____ DC14a
DC14b.	b. Bleach and water solution ..... <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	_____ DC14b
DC14c.	c. Detergent and water ..... <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	_____ DC14c
DC14d.	d. Plain water ..... <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	_____ DC14d
DC14e.	e. Other  Specify _____ <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	_____ DC14e
DC16a	<b>When you wash your [or your child's] sheets and pillow cases what temperature do you use for the</b> <b>a. Wash cycle?</b> <input type="checkbox"/> 1 Hot <input type="checkbox"/> 2 Warm <input type="checkbox"/> 3 Cold <input type="checkbox"/> 99 Don't know	_____ DC16a
DC16b	<b>b. Rinse cycle?</b> <input type="checkbox"/> 1 Hot <input type="checkbox"/> 2 Warm <input type="checkbox"/> 3 Cold <input type="checkbox"/> 99 Don't know	_____ DC16b

Q.#	SECTION E - VENTILATION AND MOISTURE (VM)	RESPONSE
VM1	<b>Do windows other than in the bathroom and kitchen fog up?</b> <input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Rarely <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Always <input type="checkbox"/> 99 Don't know	_____ VM1
VM2	<b>Does the bathroom window or mirror stay fogged up for more than 15 minute after the shower is used?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 N/A <input type="checkbox"/> 99 Don't Know	_____ VM2
Q.#	SECTION F - PETS AND PESTS (PP)	RESPONSE
PP1	<b>Do you have any furry or feathered pets, such as dogs, cats, rabbits, birds, hamsters/gerbils/other rodents or others?</b>	_____ PP.1
PP1.a	<input type="checkbox"/> 1 Yes: Type: _____ <input type="checkbox"/> 2 No <b>PP1.a IF YES: Does it come inside?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ⇒ <b>Skip to PP2</b>	_____ PP.1.a
PP1.b	<b>PP1.b IF YES: Does it come inside your [or your child's] sleeping room?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	_____ PP.1.b
PP2	<b>Do you have cockroaches in your home now or in the past 3 months?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 2 If yes, within the past 3 months but not now <input type="checkbox"/> 3 No problem within the past three months ⇒ <b>Skip to PP3</b> <b>PP.2.a How often have you seen any live or dead cockroaches or cockroach feces INSIDE this home</b> _____	

Q. #	SECTION G – HOME WALK THROUGH
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*Now I would like to walk through several rooms of your home with you. I will be making observations, looking under sinks in the kitchen and bathroom, and recording information about these rooms. I will also be asking you questions related to specific items in some of the rooms we will be surveying. Let's start here in the living room*

UNDER EACH TASK RECORD INSPECTION OR IF NOT INSPECTED, WHY.		LR	BED	KIT	BATH	BASE	OTHER
1a	Type of floor covering: 1 = Carpet , 2 = Hardwood, tile, linoleum or vinyl, 3 = Other						
1c	Condition of carpet? 1 = Good, 2 = Fair, 3 = Poor						
2	Cloth covered furniture? Enter # (N=0)						
3a	Can at least one window be opened? 1= Y, 2 = N						
3b	When weather allows, do you open the window to ventilate? 1= Y, 2 = N						
3c	Type of window covering: 1 = Curtains/ drapes, 2 = Blinds or shades, 3 = None/not applicable						
3d	Is the window fall-proof? (e.g. grated, opening limited, etc) 1= Y, 2 = N					NO ANSWER SKIP	
	STRUCTURAL PROBLEMS:	LR	BED	KIT	BATH	BASE	OTHER
5a	Cracks (larger than thickness of a dime) 1= Y, 2 = N						
5b	Holes 1= Y, 2 = N						
5c	Peeling Paint 1= Y, 2 = N						
5d	Other: _____ 1= Y, 2 = N						

	<b>If YES to the above (5a-d), ask (5e-h):</b>						
5e	Have you tried to fix the problem yourself? 1= Y, 2 = N						
5f A	What did you do?						
5g	Have you asked your landlord to fix the problem? 1= Y, 2 = N						
5h A	What did he/she do?						
6	See evidence of Water damage 1= Y 2 = N						
7	See evidence of Condensation 1= Y, 2 = N						
8	See evidence of Water leaks/drips 1= Y 2 = N						
8a	If YES:, source of leaks/drips 1. outside 2. Inside 3. Both						
8b	For exposed pipes, condensation/damp exposed pipes: Plumbing pipes are? 1. dry 2. Moist 3. Dripping 99. unk						
	<b>MOLD AND OTHER</b>	<b>LR</b>	<b>BED</b>	<b>KIT</b>	<b>BATH</b>	<b>BASE</b>	<b>OTHER</b>
9	Mold/Mildew 1= Y, 2 = N						
9a	Location: 1. Wall/ceiling, 2. Carpet 3. Window tracks 4. Other						

9b	Size of mold/mildew area						
9bi	Record second measure if multiple areas						
9bii	Record third measure if multiple areas						
9c	Intensity of mold/mildew 1. Slight 2. Moderate 3. Sever						
	Would also note mold source: <input type="checkbox"/> Leaking roof <input type="checkbox"/> Leaking appliance <input type="checkbox"/> Leaking water pipe in wall or ceiling <input type="checkbox"/> Poor ventilation <input type="checkbox"/> Do not know (from HUD/CDC inspection manual)						
10	Cockroaches (including eggs, feces, insects) 1= Y, 2 = N						
11	Rodents (or droppings) 1= Y, 2 = N						
12	Food crumbs, open or unsecured food 1= Y, 2 = N						
13	Clutter ( dust traps, pest hiding places, boxes, piles) 1= Y, 2 = N						
13a	Level of dust on surfaces 1= none, 2 = slight, 3 moderate, 4= heavy						
14	Cigarette butts, ashtrays with ashes 1= Y, 2 = N						
15	Tobacco odor 1= Y, 2 = N						

Participant ID \_\_\_\_\_

16	Other odors: 1= Y, 2 = N						
	specify						

Q.#	SECTION H – CLIENT’S BEDROOM/SLEEPING AREA (CB)	RESPONSE
CB1	<b>At what temperature do you keep this room during the heating season? _____ °F</b> (Enter 98 if the heater does not work)	_____ CB1 Temperature
CB3	<b>Is the gap under the bedroom door at least 1"?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> No door	_____ CB 3
CB4	<b>Does the object (bed, mattress, etc.) on which client usually sleeps have a zippered allergy control cover?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>99</sub> Don't know	_____ CB 4
CB5	<b>Does the pillow have a zippered allergy control cover?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>98</sub> No Pillow	_____ CB 5
Q.#	SECTION I – KITCHEN (K)	RESPONSE
K1	<b>Hood/vent with working fan over the stove/oven?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ⇒ <b>Skip to K5</b> <input type="checkbox"/> <sub>99</sub> Don't know	_____ K1
K2	<b>Does the paper towel test show that the fan suction is adequate?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>99</sub> Don't know	_____ K2
K3	<b>How often is the fan/vent used when the stove is in use?</b> <input type="checkbox"/> <sub>1</sub> Never <input type="checkbox"/> <sub>2</sub> Rarely <input type="checkbox"/> <sub>3</sub> Sometimes <input type="checkbox"/> <sub>4</sub> Always <input type="checkbox"/> <sub>5</sub> Don't know	_____ K3
K4	<b>Is the vent over the stove vented to the outside?</b> <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>99</sub> Don't know	_____ K4
K5	<b>Stove type:</b> <input type="checkbox"/> <sub>1</sub> Gas <input type="checkbox"/> <sub>2</sub> Electric <input type="checkbox"/> <sub>3</sub> Don't know	_____ K5

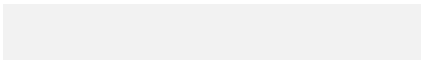
Participant ID \_\_\_\_\_

K6	<b>Significant grease buildup on stove?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ K6
<b>Q.#</b>	<b>SECTION J – BATHROOM (BA)</b>	<b>RESPONSE</b>
BA1	<b>Is there a working fan?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ⇒ <b>Skip to BA5</b> <input type="checkbox"/> 99 Don't know	_____ BA1
BA2	<b>Does the paper towel test show that the fan suction is adequate?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ BA2
BA3	<b>How often is the fan used during and after a shower?</b> <input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Rarely      3 <input type="checkbox"/> Sometimes <input type="checkbox"/> 4 Always <input type="checkbox"/> 99 Don't know	_____ BA3
BA4	<b>Is the fan vented to the outside?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ BA4
BA5	<b>Are there cracks or spaces around the tub, shower or sink caused by inadequate caulking or seals, missing tiles, etc.?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ BA5
<b>Q.#</b>	<b>SECTION K – BASEMENT (BT)</b>	<b>RESPONSE</b>
BT1	<b>Is there a basement in the house?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ⇒ <b>Skip to BT5</b> <input type="checkbox"/> 99 Don't know ⇒ <b>Skip to BT5</b>	_____ BT1
BT3	<b>Is the basement wet or damp?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ BT3
BT4	<b>Have you had water damage?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ BT4
BT6	<b>Is there a vapor barrier in crawl space?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ BT6

Q.#	SECTION L – CHEMICALS (PT)	RESPONSE
	<i>Now I have a few questions about chemicals inside and outside your home.</i>	READ
PT5	<p>Is there a place to store chemicals that is separated from the living area such as a shed or detached garage? (to keep fumes from getting into the living space)</p> <p><input type="checkbox"/> 1 Yes      <input type="checkbox"/> 2 No      <input type="checkbox"/> 99 Don't know</p> <p>IF YES: Specify location: _____</p>	_____ PT5
PT7	<p>Are there members of the household who work with hazardous materials on the job? (such as asbestos, batteries, lead, mercury, paint or pesticides)</p> <p><input type="checkbox"/> 1 Yes      <input type="checkbox"/> 2 No ⇒ <b>Skip to HS1</b>      <input type="checkbox"/> 99 Don't know ⇒ <b>Skip to HS1</b></p>	_____ PT7
PT8	<p>Before coming home, do they (check all that apply)</p> <p><input type="checkbox"/> 1 Change clothes    <input type="checkbox"/> 2 Change shoes    <input type="checkbox"/> 3 Shower    <input type="checkbox"/> 99 Don't know/none of these choices</p>	_____ PT8
PT9	<p>Are their work clothes laundered separately from the family wash?</p> <p><input type="checkbox"/> 1 Yes      <input type="checkbox"/> 2 No      <input type="checkbox"/> 99 Don't know</p>	_____ PT9

Q.#	SECTION M – HEAT SOURCES (HS)	RESPONSE																																								
HS1	<p>Does the hot water tank leak?</p> <p><input type="checkbox"/> 1 Yes      <input type="checkbox"/> 2 No      <input type="checkbox"/> 99 Don't know</p>	_____ HS1																																								
HS2.a	<table border="1"> <thead> <tr> <th>HS.2 Identify heat sources in</th> <th>Yes</th> <th>No</th> <th>Don't know</th> <th></th> </tr> </thead> <tbody> <tr> <td>HS.2 a. Baseboard</td> <td></td> <td></td> <td></td> <td>_____ HS2.a</td> </tr> <tr> <td>HS.2 b. Gas</td> <td></td> <td></td> <td></td> <td>_____ HS2.b</td> </tr> <tr> <td>HS.2 c. Oil</td> <td></td> <td></td> <td></td> <td>_____ HS2.c</td> </tr> <tr> <td>HS.2 d. Wood stove/fireplace</td> <td></td> <td></td> <td></td> <td>_____ HS2.d</td> </tr> <tr> <td>HS.2 e. Space heater</td> <td></td> <td></td> <td></td> <td>_____ HS2.e</td> </tr> <tr> <td>HS.2 f. If forced air, check condition of filter (record one)</td> <td>1-Clean</td> <td>2-Partially dirty</td> <td>3-Dirty</td> <td>4-Unable to check</td> </tr> <tr> <td>HS.2 g Date filter was last changed or washed</td> <td></td> <td></td> <td></td> <td>_____ HS1.f</td> </tr> </tbody> </table>	HS.2 Identify heat sources in	Yes	No	Don't know		HS.2 a. Baseboard				_____ HS2.a	HS.2 b. Gas				_____ HS2.b	HS.2 c. Oil				_____ HS2.c	HS.2 d. Wood stove/fireplace				_____ HS2.d	HS.2 e. Space heater				_____ HS2.e	HS.2 f. If forced air, check condition of filter (record one)	1-Clean	2-Partially dirty	3-Dirty	4-Unable to check	HS.2 g Date filter was last changed or washed				_____ HS1.f	
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Q. #	SECTION N – SAFETY (OPTIONAL) – (S)	RESPONSE
S1	<b>Is lighting adequate for safety for the following places?</b>	
S1.a	a. Hallway <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (NO LIGHT) <input type="checkbox"/> 3 No (LIGHT BURNED OUT) <input type="checkbox"/> 98 N/A	_____ S1.a
S1.b	b. Staircase <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (NO LIGHT) <input type="checkbox"/> 3 No (LIGHT BURNED OUT) <input type="checkbox"/> 98 N/A	_____ S1.b
S1.c	c. Porch/front door <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (NO LIGHT) <input type="checkbox"/> 3 No (LIGHT BURNED OUT) <input type="checkbox"/> 98 N/A	_____ S1.c
S1.d	d. Walkway to home <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (NO LIGHT) <input type="checkbox"/> 3 No (LIGHT BURNED OUT) <input type="checkbox"/> 98 N/A	_____ S1.d
S2.	<b>Are these structures in poor or deteriorating condition in any area of the home? (inside or outside)</b>	
S2.a	a. Staircase <input type="checkbox"/> 1 Yes: continue <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S2.a
S2.b	b. Porch/balcony platform <input type="checkbox"/> 1 Yes: continue <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S2.b
S2.c	c. Railings <input type="checkbox"/> 1 Yes: continue <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S2.c
S3	<b>Is there a smoke detector on each floor in your home? (test detector by pushing test button)</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S3
S3.a	<b>IF YES, test detector by pushing test button. Is the smoke detector working?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S3.a
S3.b	<b>If No, what is the problem?</b> <input type="checkbox"/> 1 Dead battery <input type="checkbox"/> 2 Broken <input type="checkbox"/> 3 Can't test	_____ S3.b
S3.c	<b>Is there a CO detector on each floor in your home? (test detector by pushing test button)</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S3.c
S3.d	<b>IF YES, test detector by pushing test button. Is the smoke detector working?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S3.d
S3.e	<b>If No, what is the problem?</b> <input type="checkbox"/> 1 Dead battery <input type="checkbox"/> 2 Broken <input type="checkbox"/> 3 Can't test	_____ S3.e
S4	<b>Is there a poison center number on or near the phone?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S4
S5	<b>In case of fire are there at least 2 ways to get out of the home? (ways may include fire escape, exit door, balcony, window you can crawl through, or stairs from a public hall)</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S5
S6.	<b>Are any firearms kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ⇒ <b>Skip to S7</b> <input type="checkbox"/> 99 Don't know ⇒ <b>Skip to S7</b>	_____ S6.1
S6.a	S6.1.a <b>Are any kept loaded?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S6.a
S6. b	<b>Q.6b. Are any kept unlocked?</b> <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S6.b
S7	<b>Are there any non-asthma medicines in the home that may be accessible to children?</b> <input type="checkbox"/> 1 Yes: Specify: _____ <input type="checkbox"/> 2 No <input type="checkbox"/> 99 Don't know	_____ S7
S8	<b>Products in or around your home (please enter Y, N or specify)</b>	



Participant ID \_\_\_\_\_

	1. Yes/No	2. Is container damaged?	3. Where is it?	4. Could a child get to it?
S8a. Flammable product type				
S8b. Hazardous product type				

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