

Healthy Homes Questionnaire (Front)

7127-071 MR 08/04



Children's Mercy
HOSPITALS & CLINICS
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Allergies and asthma can be made better or worse by the quality of a home's indoor health environment. Poor house and/or building upkeep, high indoor air moisture levels, heavy use of household chemicals and certain lifestyle choices can cause flare-ups or chronic problems with allergies, asthma and other health problems in children and their families.

The purpose of this questionnaire is to help you identify and remove possible problems that can have an effect on the environmental health inside your home. Unfortunately, there is no easy way to measure the overall effects of air pollutants, mite activity, mold and chemical exposure. However, by using this survey, you can begin to analyze the health of your home and try to use some of the attached solutions to reduce indoor air problems and improve the quality of your family's health. If you want more information or have any questions about this checklist, please feel free to ask the clinic staff for additional information and contacts.

Health Symptoms

YES **NO**

1. Does your child have any of the following symptoms when at home, and then seem to get better when you leave?
 - a. Headaches?
 - b. Itchy, watery, or burning eyes?
 - c. Breathing problems, coughing, or shortness of breath?
 - d. Nasal Congestion?
 - e. Dry, sore throat?
 - f. Drowsiness?
 - g. Skin rashes?
 - h. Fatigue?
 - i. Difficulty Concentrating?
 - j. Feelings of dizziness or confusion?
 - k. Increased allergies or respiratory diseases?
 - l. Increased asthma attacks?
2. Do your child's symptoms get better when away from certain rooms in the home?
3. Do your child's symptoms get worse at night, or on weekends?
4. Are your child's symptoms worse in the morning and get better during the day?
5. Does anyone else in the home have symptoms when at home?
6. Is anyone in your family particularly sensitive to chemicals?
7. Does anyone in the household suffer from allergies, asthma, bronchitis, emphysema, or heart problems?
8. Does your child cough, wheeze, have chest tightness, or feel short of breath year round?
9. Do your child's symptoms get worse in the spring or fall?

Total Yes Responses for This Section: _____

Home Assessment

YES **NO**

10. Can you see dust or dirt on your furniture, walls, ceiling, and curtains?
11. Do you vacuum less than once a week?
12. Do you have wall-to-wall carpeting in your kitchen or bathrooms?
13. Do you have wall-to-wall carpeting in more than half of the rooms in your home?
14. Have any recent changes been made to the home?
(Examples: painting, remodeling, new items purchased)
15. Have you ever had any problems with mice or rats in your home?
16. Have you ever had any problems with cockroaches, ants, or other insects in your home?
17. Do you have, or have you ever had, any furry and/or feathered pets?

**Healthy Homes
Questionnaire
(Back)**

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Home Assessment (continued)

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 18. Does your air conditioner ever leak water onto walls or carpeting?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Does moisture regularly build-up on your windows or walls? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Is any part of your living area under ground, and if so, does this area
ever get wet and/or stay wet for long periods (more than 1 week)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Has water entered your home through roof, window or plumbing leaks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Does your home have mold growing anywhere other than the shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| Total Yes Responses for This Section: _____ | | |

Indoor Air Quality

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 23. Does anyone smoke inside your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Does any part of your home seem extremely cold or hot? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are all your windows sealed shut or don't open? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Does your home sometimes smell "stuffy," "stale," or "musty"?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Is a gas stove, kerosene, or oil heater used without ventilation in your home?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Has it been 6 months or longer since your furnace filters were changed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Is a fireplace or wood-burning stove used regularly in your home?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Are household chemicals or sprays used regularly for household cleaning? | <input type="checkbox"/> | <input type="checkbox"/> |
| (Examples: cleansers, cleaning sprays, scrubbers, oven sprays, air fresheners) | | |
| 31. Does anyone use chemical pesticides inside your home for any reason? | <input type="checkbox"/> | <input type="checkbox"/> |
| (Examples: bug sprays, plant sprays, rat poison) | | |
| 32. Do any family members have hobbies that require chemicals or create dust?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (Examples: paints, solvents, glues, strippers, varnishes) | | |
| 33. Are there any activities in your home that generate odors, gases, or strong fumes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Total Yes Responses for This Section: _____ | | |

Total Yes Responses: _____

What do your answers mean?

In general, a score of 3 or more for each section means that you and your family are more likely to have home health-related problems. A score of 1 or less for each section means the chances that family health problems are caused by the environmental health problems in your home are much smaller. We look forward to receiving your responses and we hope that the enclosed page titled, "Some Solutions" is helpful in reducing potential allergens and asthma triggers in your home. Please detach it from this sheet and take it home to help you make your home healthier.

Thank you for filling out this questionnaire. It will be included in the patient's file for use by the medical staff, as we try to assist you in improving your home's health. If you have questions about this survey and its use, or if you are interested in participating in our ongoing research of home-based asthma and allergy triggers, you can contact the CMH Environmental Health Specialist at 816-234-3097 to get more information.

Healthy Homes Questionnaire Participant Information

Patient Name: _____

Guardian/Contact: _____

Address: _____
Street
City
State
Zip

Home Phone Number: (____) _____ - _____ Work Phone Number: (____) _____ - _____