



***CAP Collaborative***  
***Community Asthma Prevention Program***  
***Programa de Prevencion para Asma en la***  
***Comunidad***

**HOUSING (Parent Report)**

<b>Initial Home Assessment</b>
Date ___/___/___
Group ID: _____
D.O.B. ___/___/___
HV: _____

1. Type of housing: 1 \_\_\_\_\_ single family-detached home  
 2 \_\_\_\_\_ row house  
 3 \_\_\_\_\_ apartment  
 4 \_\_\_\_\_ other

Rent      or      Own

2. In a typical month, how many nights does the child sleep at another residence? \_\_\_\_\_ nights
3. Is gas the source of home heating? **Y** or **N**
4. Is method of heating forced hot air (vents)? **Y** or **N**
5. Do you ever use a kerosene heater? **Y** or **N**
6. Do you ever use a gas stove to heat the house? **Y** or **N**
7. Do you ever use an electric space heater to heat your home? **Y** or **N**
8. Number of people in home who smoke cigarettes, cigars, or pipes (indoors or outside) \_\_\_\_\_
9. Does the family have pets with fur or feathers? **Y** or **N**
- Species \_\_\_\_\_ Quantity \_\_\_\_\_
- Species \_\_\_\_\_ Quantity \_\_\_\_\_
10. Do you have an air conditioner in the TV/living room (window unit or central air)? **Y** or **N**
11. Does the family own a vacuum cleaner ? **Y** or **N**

**HOME ASSESSMENT/OBSERVATION (By Home Visitor)**

12. Evidence or report of roaches **Y** or **N**
13. Evidence or report of rodents **Y** or **N**
14. Upholstered furniture in TV/Living Room **Y** or **N**
15. Wall to wall carpet in TV/Living Room **Y** or **N**
16. Evidence or report of mold, water in basement **Y** or **N**
17. General assessment of home's condition

- 1 \_\_\_\_\_ POOR ( 3 of 5 )  
 2 \_\_\_\_\_ FAIR ( 2 or less of 5 )  
 3 \_\_\_\_\_ GOOD (none)

- Clutter in all rooms  
 Food left out  
 Evidence of roaches/rodents  
 Water damage  
 Structural damage

