



NEW YORK STATE
**Healthy
Neighborhoods
Program**

MANUAL

**Guidance for Local Health Departments funded
to implement the NYS Healthy Neighborhoods Program**

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New York State Department of Health
Center for Environmental Health
Bureau of Community Environmental Health and Food Protection
Housing Hygiene Section

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Introduction

The New York State Healthy Neighborhoods Program (HNP) provides in-home assessments and interventions to improve the environmental health and safety of dwellings in selected communities throughout the state. Local health departments are funded to implement the program and use a combination of door-to-door canvassing and referrals to approach dwellings in high-risk, target areas. A surveyor assesses conditions in each home and provides interventions and guidance to address identified hazards. The specific interventions vary across local programs, but all provide education, referrals, and direct intervention to address tobacco control, fire safety, lead poisoning prevention, indoor air quality (including CO and radon), general conditions (including clutter, pests, mold/mildew, structural problems), and asthma control. About one-quarter of homes are revisited 3-6 months after the initial visit. During a revisit, the home is reassessed and any new or ongoing problems are addressed. Data is collected at the initial visit and revisit using a standardized form. Information collected includes demographics of the primary respondent; characteristics of the dwelling; enumeration and characteristics of the residents; physical conditions of the dwelling; education, referrals and products that were provided. This document provides guidance on using the HNP scannable form. However, it is important to note that specific assessment methods and interventions may vary across programs.

Page One-Home Intervention Form

Visit Type

Initial visit: The “Initial Visit” will include the first visit and all subsequent visits that are needed to complete the Home Intervention Form. The date to be recorded is the date when the actual initial interview/assessment was started.

Revisit: The “Revisit” is a visit performed three to six months after the completion of the initial visit (typically around 90 days). A revisit includes all additional visits required to complete the revisit Home Intervention Form. The date to be recorded is the date when the actual revisit interview/assessment was started. During a revisit, complete a reassessment of the problems found during the initial visit and provide follow-up action as needed. If new problems are identified during a revisit, record the problem and any action taken to address the problem on the revisit form.

Pilot: The “Pilot” bubble was used for a special demonstration project between managed care professionals and a Healthy Neighborhood Program. (Only use the Pilot bubble when permission is granted by NYSDOH.)

Reason for Initial Visit

Reason for Visit:
<input type="checkbox"/> Neighborhood Canvass <input type="checkbox"/> Tenant Complaint <input type="checkbox"/> Referral (from) _____

Neighborhood Canvass: Fill in this bubble if the home was targeted as part of a door-to-door canvassing effort in a specific neighborhood.

Tenant Complaint: Fill in this bubble if a visit was initiated by a tenant complaint.

Referral: Fill in this bubble if the residence was identified through a referral from a third party (e.g. a healthcare provider, school nurse, church, another agency, etc). Use a few words to describe the referral source in the blank space provided; this is not captured by the scannable form system.

Initial Visit

Initial Visit First Attempt:
Date <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Initiated <input type="checkbox"/> Refused <input type="checkbox"/> No one home <input type="checkbox"/> Vacant
Initial Visit Second Attempt:
Date <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Initiated <input type="checkbox"/> Refused <input type="checkbox"/> No one home <input type="checkbox"/> Vacant
Initial Visit Third Attempt:
Date <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Initiated <input type="checkbox"/> Refused <input type="checkbox"/> No one home <input type="checkbox"/> Vacant

First Attempt: The date on which HNP first attempted to initiate an interview and assessment. Record the date and the result of the attempt.

Second Attempt: If a first attempt was unsuccessful, record the date on which HNP next attempted to initiate an interview and assessment. Record the date and the result of the attempt.

Third Attempt: If neither the first or second attempt was successful, record the date on which HNP made a third attempt to initiate an interview and assessment. Record the date and the result of the attempt.

Date (Month/Day/Year): Record the date of each attempt in the format described (example: for an attempt made on April 10, 2007, enter 04/10/07). Once an attempt results in a successful initiation of the interview/assessment, you do not need to record any future initial visit dates even if it takes multiple visits to complete the initial assessment and interview.

Result of the visit

Fill in the bubble for the result of an initial visit attempt. There are four possible results to select from when an initial visit is attempted:

Initiated: Interview/assessment was started and/or completed.

- Be invited into the residence and complete an interview.
- Be invited into the residence and were able to complete a home assessment.
- Not invited into the residence but were able to complete an interview.
- Interview and/or home assessment were started, but not completed.

Refused: You were unable to gain entrance into the residence and were unable to do an interview.

- This may also apply if you are asked to return at a later date.
- If you are asked to return to the dwelling at another time, record the date of the attempt, select the “refused” bubble.

No one home: No one answered the door. If no one is home, use the same form for the 2nd and 3rd visit attempted.

Vacant: The dwelling is boarded up, electric meters missing, and/or appears to be empty.

Question: What if the resident answered the door and refused an interview but the resident took the information packet?

Answer: This is a refusal.

Question: How do I account for a presentation and information given out at a health fair, to an association or at a senior citizen complex?

Answer: You will need to develop a separate screening questionnaire and record your activity in the quarterly report and/or final narrative written report.

Question: What if I didn't finish the initial interview or home assessment in one visit?

Answer: You can complete the initial assessment and intervention over multiple visits if necessary. Continue recording data on the form started during the first visit, with the date of the first visit recorded. The initial visit will include all visits it takes to complete the first assessment and intervention.

A county may elect to keep track of multiple initial visits in a separate log, but it is not necessary to record additional dates this on the scannable form.

Revisit

The revisit should be performed between three and six months after the initial visit was completed.

During a revisit, complete a reassessment of the problems found during the initial visit and provide follow-up action as needed. In addition, if new problems are identified during a revisit, record the problem and any action taken to address the problem on the revisit form.

The instructions for completing the revisit attempts (1st, 2nd, 3rd), the date of the revisit, and the result of the revisit are the same as for the initial visit.

Question. What do we do if on a revisit and there is a new family in the dwelling?

Answer: Complete a new initial visit form for the new family (and the asthma form(s) if appropriate).

Question. What do you do if a family has moved to a new location/home prior to the revisit?

Answer: Go to the new location/home, if possible, and complete a new initial visit form with a new dwelling identification number. Asthma patients should be treated as a new initial visit for THIS location regardless of any forms filled out previously.

Question: What if I didn't finish the revisit interview or home assessment in one visit?

Answer: You can complete the revisit assessment and intervention over multiple visits if necessary. Continue recording data on the form started during the first revisit, with the date of the first revisit recorded. The revisit will include all visits it takes to complete the assessment and/or interventions. A county may elect to keep track of multiple revisit dates in a separate loc. but it is not necessary to record this information on the scannable

Surveyor

The name of the primary HNP staff member who is completing the interview with the respondent or family member.

Number of asthma assessment forms

Fill in the bubble for the number of asthma assessment forms that are being submitted.

There should be one asthma assessment form for each resident whose asthma was assessed.

Do not complete an asthma assessment form if an asthmatic is not at home and no one familiar with his/her asthma is present.

Housing information at initial visit

Fill this in at the initial visit ONLY.

Housing information (Initial Visit Only): <input type="radio"/> Rent, private <input type="radio"/> Rent, public <input type="radio"/> Own <input type="radio"/> Unknown If rental, renter receives: <input type="radio"/> Rental Assistance <input type="radio"/> Section 8 <input type="radio"/> Unknown Building is owner occupied? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown Units in building <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> >5 Age of Building <input type="radio"/> Post-1978 <input type="radio"/> 1950-1978 <input type="radio"/> Pre-1950 <input type="radio"/> Unknown

Rental type

Fill in one bubble only.

Rent, private: A dwelling unit is where the rent is paid to an individual, partnership, or to a corporation.

Rent, public: A dwelling unit is where the rent is paid to or the housing is provided by some sort of governmental agency (e.g., a housing authority).

Own: The residence is owned by the occupant or rent is not paid by the occupant (e.g., it's owned by a relative).

Unknown: The respondent does not know whether the property is a rental or owned.

If rental, renter receives:

Fill in one bubble only.

Rental Assistance: Some sort of aid provided to the renter for payment of the rent.

Section 8: This housing is private housing and the occupant receives a voucher from Section 8 for some portion of the rent.

Unknown: The respondent does not know if rental assistance is received.

Building is owner occupied?

Fill in one bubble only: Yes, No, or Unknown.

Units in building

Fill in one bubble only: 1, 2, 3, 4, 5, or more than 5 (>5).

A unit is one or more rooms with provisions for living and sleeping facilities arranged for the use of one household.

Dwelling units maybe occupied or vacant.

Count the number of mailboxes, meters, or doorbells, or ask a resident to determine the number of dwelling units in a building.

Age of Building

Fill in one bubble only: Post 1978, 1950-1978, or Pre-1950, or Unknown.

Ask the respondent, judge by construction, planning board, real property office, and/or ask the neighbors.

Household information

Household Information Race of respondent? (choose all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown Is the respondent Spanish/Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Does respondent have high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Does anyone in the household receive food stamps or public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Race of Respondent?

Select one or more races that apply: White, Black or African American, American Indian or Native American, Asian, Other, or Unknown.

This is the race of the respondent, not other residents.

You can determine race and ethnicity by asking the respondent “What race or races do you consider yourself?” You can use your judgement, although asking the respondent is preferable.

Is the respondent Spanish/Hispanic/Latino?

Fill in one bubble only: Yes, No, or Unknown.

This is the ethnicity of the respondent, not other residents.

You can determine ethnicity by asking the respondent “Do you consider yourself to be Spanish, Hispanic or Latino(a)?” You can use your judgement, although asking the respondent is preferable.

Does respondent have a high school diploma or GED?

Fill in one bubble only: Yes, No, or Unknown.

Ask the respondent.

Does anyone in the household receive food stamps, or public assistance?

Ask the respondent. Fill in one bubble only: Yes, No, or Unknown.

Food stamps is now known as the Supplemental Nutrition Assistance Program (SNAP).

What if there is more than one respondent?

Designate one individual as the respondent.

What if the respondent is under 18? Where do I list his/her information?

List the respondent as adult #1 (as the respondent) and enter his/her actual age. It may be helpful to make a note of this in one of the designated comments section. This may generate an error during the form verification process, but can still be entered.

Page Two-Home Intervention Form

General information

On page two, information about individual adults and children is collected and recorded.

The page has been divided into two main sections: the left side is used for initial visits only and the right side is used for all visits (initial and revisit).

At the revisit, you must use the same adult or child number as the initial visit.

When you fill in the age column boxes, start with the right-most box, and then move to the next left column box (i.e., right justify the number).

All ages should be recorded in whole numbers. Decimals are not allowed. Ages should be rounded down to the nearest whole number.

Use the asthma screening questions on the Asthma Information Sheet as a guide to identify residents with asthma or asthma symptoms. Use your own judgment to continue with the asthma questions and intervention.

Adults

The adult section contains five vertical columns for recording information about age, sex, asthma, does this person smoke, and have they ever been advised to quit smoking by a medical professional?

The “Respondent” is the primary person who is answering questions.

Adults (>=18 years old)	INITIAL VISIT ONLY			ALL VISITS	
	Age	Sex	Asthmatic? *	Does this person smoke?	Ever been advised to quit smoking by a medical professional?
Respondent 1	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Adult number 2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Adult number 3	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Adult number 4	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Adult number 5	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Adult number 6	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Adult number 7	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Adult number 8	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Adult number 9	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Adult number 10	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U

Children

The children section contains six columns for capturing age, sex, asthma, does this person smoke, ever been advised to quit smoking by a medical professional, and ever tested for lead. Verify blood lead levels with CLPP and/or Lead Web.

A child whose age is reported as “12 years and 8 months,” for example, should be recorded as 12 years old; a child that is 18 months old should be recorded as 1 year old. If a child is less than a year old, record zero.

Children (0-17 years old)				Ever been advised to quit smoking by a medical professional?		
	Age	Sex	Asthmatic? *	Does this person smoke?	Ever tested for lead?	
Child number 1	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Child number 2	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Child number 3	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Child number 4	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Child number 5	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Child number 6	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Child number 7	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Child number 8	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Child number 9	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U
Child number 10	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> O <input type="radio"/> U

Page Three-Home Intervention Form

Record assessment and interventions related to tobacco, fire safety, lead and indoor air quality on page three. Assessment can include observation and interview/self-report.

Page three is divided into two major columns:

Assessments

The left side of the page contains four boxes: Tobacco Control, Fire Safety, Lead (Pre 1978 dwellings) and Indoor Air Quality. Each box has a group of questions related to the heading topic.

The following are the possible responses for assessment questions. Fill in only one bubble.

Yes: the condition or problem was reported by respondent or observed.

Improved: Improved but not completely corrected. DO NOT USE FOR INITIAL VISITS.

No: the condition or problem was not reported or observed.

Unknown: Use this to indicate when information was not available: resident didn't know, outreach worker couldn't access the area to assess the condition/problem, the resident didn't answer or stopped answering the question, outreach worker didn't understand the response, or outreach worker was otherwise unable to determine the necessary information, etc. If you were unable or did not assess a particular item, do not fill in the bubble.

Interventions

The right side of the page contains five boxes: Tobacco Control Interventions, Fire Safety Interventions, Lead Interventions, Indoor Air Quality Interventions, and Comments.

The following are the response choices for actions/intervention. Fill in all the bubbles that apply.

Referral (Ref): A referral action was taken (such as formal referral, informal phone call, a letter, email, fax) was taken by the HNP staff on behalf of the respondent or provided to the respondent.

Education (Edu): HNP staff provided verbal education and/or a verbal message about how to improve a condition.

Brochure (Bro): A printed message (brochure, pamphlet, etc.) was given to the respondent.

Product (Prod): A product (such as amop, fire extinguisher, etc.) was given to the respondent.

Other: Other actions were taken.

Evidence: USE THIS ONLY AT A REVISIT. Use this bubble only if some action/intervention was taken at the initial visit AND there is evidence of use or result at the revisit. An

improvement and/or a change has occurred. Resident(s) appear to have used product or acted upon the referral, education, brochure provided at initial visit as observed or reported by resident.

TOBACCO CONTROL

Tobacco Control	Y	I	N	U	Tobacco Control Interventions	(check all that apply)					
						Ref	Edu	Bro	Prod	Other	Evidence
1) Does anyone smoke in the home or is there evidence of smoking (ashtrays, smell)? (If no, skip #2-4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1) Fax-to-Quit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Is smoking allowed in the home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2) Smokers' Quitline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Is smoking limited to certain rooms inside the home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3) Smoking cessation kit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Has anyone taken the Smoke Free Home Pledge?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4) Smoke Free Home Pledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					5) Other cessation programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tobacco control assessment

All the smoking questions can be answered during the interview process and/or by observation.

1. Does anyone smoke in the home or is there evidence of smoking (ashtrays or smell)? You can use the information about residents who smoke on the Resident Information on page 2.
2. Is smoking allowed in the home?
3. Is smoking limited to certain rooms inside the homes?
4. Has anyone taken the Smoke Free Home Pledge?

Tobacco control interventions

1. Fax to-Quit
2. Smokers' Quitline
3. Smoking cessation kit
4. Smoke Free Home Pledge
5. Other cessation programs

FIRE SAFETY

Fire Safety	Y	I	N	U	Fire Safety Interventions	(check all that apply)					
						Ref	Edu	Bro	Prod	Other	Evidence
1) Does residence have functional smoke detector(s) on every floor with living space?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1) Battery for smoke detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Is a smoke detector audible from each sleeping space?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2) Electrical cover plate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Is there a functional smoke detector in the common areas of multi-dwelling buildings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3) Electrical fuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Is there a functional fire extinguisher?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4) Fire Extinguisher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Do exits function properly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5) Multi-outlet strip with circuit breaker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Are there any electrical hazards?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6) Smoke Detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Are there improperly stored flammables?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7) EDITH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Are EDITH practiced?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							

Fire safety assessments

1. Does residence have functional smoke detector(s) on every floor with living space?
 - Check every floor including basement and attic. (If possible)
 - Are smoke detectors older than 10 years?

2. Is a smoke detector(s) audible from each sleeping space?
 - Audible means from every sleeping space and a smoke detector within 10 feet of the every sleeping space.
3. Is there a functional smoke detector in the common areas of multi-dwelling buildings?
 - Can this smoke detector be heard inside of the residence and in the bedroom?
4. Is there a functional fire extinguisher?
 - The fire extinguisher should be rated 2A-10BC, or higher, fully charged, inspected monthly and serviced annually.
 - Ask the resident/occupant to verbally demonstrate how they would use a fire extinguisher.
 - If the response is poorly stated, explain “PASS” to them, “PASS” stands for P-Pull the pin, A- Aim the hose, S-Squeeze the handle, and S-Sweep the hose back and forth.
5. Do exits function properly?
 - There must be two separate exits. {Note: Windows can be exits if the sill height is within 14 feet of the ground.}
 - Make sure exits are clear and useable from inside and outside.
 - Have the residents physically go and open all the exit doors.
 - Have the residents open the window to the fire escape.
 - Make sure that the fire escapes are not blocked or locked.
 - Are approved window guards in use?
 - Ask the residents/occupants to show you the exits.
 - Ask that the exits be cleared while you are there. If the exit was cleared during a visit, record this as “Other” under the interventions.
 - If there is garbage in a common exit way, or other problems, bring them to the attention of the landlord. Can you get to the street from the back yard?
6. Are there any electrical hazards?
 - Electrical hazards includes: tampered meter box, faulty electricity, a light bulb hanging by an electrical wire, missing cover plates, frayed wires, and outlets with two or more plugs.
 - Are electrical extension cords being used instead of fixed wiring?
 - Are electrical extension cords running under any rugs or through doorways (pinch points)?
 - Are electrical extension cords fixed to walls, run through ceilings, through floors, and under doors?
 - Are there Ground Fault Circuit Interrupters (GFCI) installed in the bathroom and kitchen?
 - Make sure portable electric heaters have three prong plugs.
 - Portable heaters should have a safety tip over switch, to turn them off.
 - Portable electrical heaters should be removed from the bathroom.
 - Portable electrical heaters should not be place near any combustibles such as paper, drapes/curtains, and upholstery. In addition, any bed covers should not be near the heater.
 - A minimum of 36 inches of clear space should be provided around portable electrical heaters.

- Clothes should not be hung or near a heater to dry.
 - Clothes and towels should not be draped over lamps to dry.
 - Combustibles should not be stored close to light bulbs (i.e. in closet).
 - Are electrical appliances and equipment (like radios) far enough away from sink or tub to avoid electrical shock?
7. Are there improperly stored flammables?
- Flammables such as gasoline and kerosene should be stored away from the residence in a locked and vented storage area. (Not in the garage).
 - Flammables (ex. paint thinners) should not be stored within 36 inches of a furnace/heat source and they should be eliminated or removed if possible.
 - Is gasoline stored in approved red color container?
 - Propane tanks for gas grills should not be stored inside any dwelling or structure.
 - Are they using candles?
8. Are EDITH (Exit Drills In The Home) practiced?
- Ask does the family practice fire drills?
 - It may also be phrased, "How would you get out in case of a fire." Do not use an elevator. Have you ever practiced getting out in the dark? Where do you meet, once your are outside? Once you are outside, never go back into the building. Is there a working flashlight in each bedroom?

Fire safety interventions

1. Battery for smoke detector
2. Electrical cover plate
3. Electrical fuse
4. Fire Extinguisher
5. Multi-outlet strip with circuit breaker
6. Smoke Detector
7. EDITH

LEAD (PRE-1978 DWELLINGS ONLY)

Lead (Pre-1978 dwellings only)	Y	I	N	U	Lead Interventions	(check all that apply)					
						Ref	Edu	Bro	Prod	Other	Evidence
1) Did tenant receive <i>Protect Your Family From Lead in Your Home?</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1) Lead-safe cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Were any renovations done recently?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2) Lead-safe work practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Is there chipping, peeling, deteriorated, chalking paint indoors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3) Lead-safe work training course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Is there chipping, peeling, deteriorated, chalking paint outdoors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
5) Has an elevated blood lead level been investigated by DOH at this address?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							

This section applies only to dwellings built before 1978. Buildings that were constructed after 1978, are very unlikely to have lead-based paint hazards.

If the dwelling is newer than 1978 then skip this section and leave it blank.

Lead hazard assessments

1. Did the tenant receive “Protect Your Family from Lead in Your Home”?
 - Determine this by asking the respondent.
2. Were any renovations done recently?
 - Determine this by observation, interview, or by checking building permits.
3. Is there chipping, peeling, deteriorated, chalking paint indoors?
 - Determine by observation.
 - Deteriorating paint means more than 2 square feet of defective painted surfaces or more than 10% of the total surface area of a component (HUD Guidelines).
4. Is there chipping, peeling, deteriorated, chalking paint outdoors?
 - Same as #3.
5. Has an elevated blood lead level been investigation DOH at this address?
 - Review records with county environmental and nursing staff.
 - Ask during the resident interview.

Lead hazard interventions

1. Lead-safe cleaning
2. Lead-safe work practices
3. Lead-safe work training course

INDOOR AIR QUALITY

Indoor Air Quality	Y	I	N	U
1) Is there a working carbon monoxide detector?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Carbon monoxide reading ppm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3) Are there any malfunctioning appliances that could result in an indoor air hazard?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Is the furnace/heat source filter dirty or missing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Is a humidifier or vaporizer used?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Temperature (indoor reading) °F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7) Relative humidity (indoor reading) %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8) Does every room have ventilation (windows open/bathroom ventilated)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Is there a chemical smell indoors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Is there an odor from scented home products?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Has the building been tested for radon?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indoor Air Quality Interventions	(check all that apply)				
	Ref	Edu	Bro	Prod	Other Evidence
1) CO detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Battery for CO detector	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Furnace filter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Radon kit placed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Thermometer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indoor air quality assessments

1. Is there a working carbon monoxide detector? (If any of the following conditions exist, test for carbon monoxide.)
 - Does anyone in the residence have any of the following signs and symptoms illness, cherry red skin color, headache, fatigue, nausea, dizziness, and confusion?

- Do you feel better when away from the residence?
 - Visually inspect the interior and exterior of the chimney and flue where accessible and note condition in the comment section.
 - Do cars idle next to dwelling unit windows or other vent pipe areas?
 - Do cars idle inside of the garage that is under or attached to the house?
 - Are gas appliances used?
 - Is the oven used for heat?
 - Are they using a barbecue grill inside the home?
 - Are they using a portable generator inside the home or adjacent to the home?
 - Do people smoke inside the home?
 - Are they using auxiliary heating devices such as: kerosene heaters, wood burning stoves, fireplaces, wood pellet stoves or dry whole corn burning stoves?
2. Carbon monoxide reading- Record Reading PPM
- All readings should be recorded in whole numbers. Decimals are not allowed.
 - Numbers should be right-justified.
 - Installation and readings follow the manufacturer instructions for the Carbon monoxide meter/detector. The Carbon monoxide detectors should be UL approved.
 - Take the readings in the middle of the room.
 - A CO detector should be near sleeping areas and additional detectors placed on every level of the dwelling provides extra protection.
3. Are there any malfunctioning appliances that could result in an indoor air hazard?
- Do you cook with electric or gas/propane?
 - Are the gas appliances burning with a yellow flame instead of a blue flame?
 - Malfunctioning shall mean not operating consistent with manufacturer's design and operation criteria.
 - Improperly vented appliances can emit carbon monoxide.
 - Is the clothes dryer vented to the outside?
 - Is the dryer vent pipe intact and properly used?
4. Is the furnace/heat source filter dirty or missing?
- Ask how the home is heated (hot air, hot water, steam, wood, etc.).
 - Locate the furnace/heat source.
 - You may not have access to the furnace room. If not, leave this item blank.
 - Filters need to be cleaned or replaced when there is a noticeable accumulation of dust/dirt on the surface or changed at least once a year.
 - Check if the filter be upgraded to a more efficient filter (HEPA).
5. Is a humidifier or vaporizer used?
- Determine by observation or interview.
 - If chemicals/treatments are used, remind residents to follow the manufacturer's recommendations for use and cleaning.
 - Remind the residents to only use these when the humidity ambient humidity is low.
6. Temperature (indoor reading)
- Record the temperature in Fahrenheit.
 - The Uniform Fire Prevention and Building Code (UFPBC) requires buildings intended for occupancy between September 15 and May 31 be provided with heating equipment to

achieve 68 degrees Fahrenheit at a distance of 2 feet and more from exterior walls and at a level of 5 feet above the floor in habitable spaces, bathroom, toilet rooms and kitchenettes.

- In the comments column you may want to record the outside temperature and weather conditions.
7. Relative humidity (indoor reading)
 - Record the reading as percent (%)/
 - All readings should be recorded in whole numbers.
 - The National Institutes of Health guidelines recommend that the humidity should be less than 50%, and the University of Montana recommends humidity should be higher than 35% to avoid skin drying and irritation.
 8. Does every room have ventilation (windows open/ bathroom ventilated?)
 - Check if the windows open or ask the resident to open them.
 - Turn on the ventilating fans. Do they work?
 - Are the ventilating fans vented to the outside?
 9. Is there a chemical smell indoors?
 - Use your judgement about whether you smell an odor.
 - A chemical smell may be from cleaning supplies, formaldehyde, pesticides, paint, newly installed carpets, etc.
 10. Is there an odor from scented home products?
 - Use your judgement about whether you smell an odor.
 - The source of scented products may be cleaning products, incense, air freshener, perfumes, and scented candles, laundry detergents and/or laundry fabric softeners.
 11. Has the building been tested for radon?
 - Ask the owner or resident if they know if testing has been done.
 - Ask the resident or owner if they have heard of radon and know what it is.

Indoor air quality interventions

1. Carbon Monoxide detector
2. Battery for CO detector
3. Furnace filter
4. Radon kit placed
5. Thermometer

COMMENTS BOX

The comments box can be used to record information that is not captured on the form or to provide more detail about a particular item or items. For example, if you select the “other” bubble under the asthma interventions, you may want to make a note of what action was taken in the comments section.

This information will NOT become part of the scannable form dataset. Do not write personal identifiers (names, addresses, telephone numbers) in this space.

Page Four-Home Intervention Form

This page follows the same format as page 3. The left side of the page contains the General Conditions assessment.

Below the assessment items, is a list of agencies, services, or other contacts that the residents can be referred to, such as Environmental, Health, Food/Nutrition, and Social Services.

The right side of the page contains the interventions and a list of household/injury prevention products.

GENERAL CONDITIONS

General Conditions	Y	I	N	U
1) Is there significant dust accumulation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Is there significant clutter in the dwelling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Is there evidence of effective housecleaning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Is there improperly stored garbage or rubbish in the dwelling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Is there improperly stored garbage or rubbish in or near the building?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Are there rats? (evidence or reported)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Are there mice? (evidence or reported)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Are there cockroaches? (evidence or reported)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Is there food/harborage for cockroaches in the dwelling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Is there wall-to-wall carpeting or are there large rugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Are walls, ceilings, doors, floors, and stairs in good repair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Are there any roofing or structural leaks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) Are there any plumbing leaks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) Is there evidence of mold/mildew? (observed or musty smell)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General Conditions Interventions	(check all that apply)					
	Ref	Edu	Bro	Prod	Other	Evidence
1) Cleaning/housekeeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Clutter/clear exitways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Garbage control (interior/exterior)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Rats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Mice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Cockroaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Integrated Pest Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Other pests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Moisture problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Mold problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

General conditions assessment

1. Is there significant dust accumulation? (observed)
 - Dust accumulation is greater than you would expect to see in one week.
 - Note that in different areas of the state dust accumulation may differ.
 - A wood stove or fireplace may create more dust than other heating sources may.
2. Is there significant clutter in the dwelling?
 - Can you move around the dwelling safely?
 - How clean is the dwelling?
 - Is there a fire hazard?
 - Are the exits blocked?
3. Is there evidence of effective housecleaning?
 - Does the occupant have appropriate cleaning supplies such as a vacuum cleaner, mop, broom and detergent?
 - Are the floors and other surfaces free of accumulations of dirt, grime, grease, etc.?
 - Are there sheets and pillowcases?
 - If so, are they washed regularly (preferably in hot water)?

4. Is there improperly stored garbage or rubbish in the in the dwelling?
 - Look in the stairwells, around doors or egress to the doors.
 - Is there a fire hazards?
 - Do garbage receptacles have covers or lids?
 - Is there harborage of rodents and cockroaches?
5. Is there improperly stored garbage or rubbish in or near the building?
 - Same as #4.
 - This includes stairwells and lobbies in multi-dwelling buildings and outside the building.
6. Are there rats? (evidence or reported)
 - Look for evidence or ask the respondent.
 - Evidence includes burrows, rub marks, gnawed food, and droppings.
 - Explain to the respondent about indoor and outdoor harborage for rats and about sealing trash cans and dumpsters.
7. Are there mice? (evidence or reported)
 - Same as #6.
8. Are there cockroaches? (evidence or reported)
 - Look for evidence or ask the respondent.
9. Is there food/harborage for cockroaches in the dwelling?
 - Food includes uncovered food or remnants (e.g., crumbs) or water (look for leaks and standing water).
 - Harborage includes garbage or trash cans without lids.
10. Is there wall-to-wall carpeting or are there large rugs?
 - A large rug is one that is too large to be washed in a washing machine.
11. Are walls, ceilings, floors, doors, and stairs in good repair?
 - The interior of a structure and equipment is good repair, structurally sound, and sanitary.
 - Interior surfaces, including windows and doors, are maintained in good, clean and sanitary condition.
 - Peeling, chipping, flaking or abraded paint has been repaired.
 - There are no cracked or loose plaster, decayed wood, and other defective surfaces.
 - Every stair, ramp, landing, balcony, porch, deck or other walking surface including handrails is well maintained and in good repair.
 - Handrails and guards are firmly fastened and capable of supporting normal loads and are in good condition.
 - Interior and exterior doors fits fit reasonably well within its frame and can be opened and closed by being properly and securely attached to jambs, headers or tracks.
12. Are there any roofing or structural leaks?
 - The roof in good condition. Shingles are not curled, cracked, discolored, and/or missing and there are no pieces of shingles on the ground.
 - A metal roof is rusted, pitted, buckled or detached.
 - Look for stained ceilings (sheet rock or ceiling tiles).
 - Are there stained wall surfaces and/or peeling paint?
 - Look for evidence of possible leaks, including water leaks from the outside, holes in the floor, movement of floor up and down when you step on it due to repeated exposure to

water. Pay special attention to bathroom floors from water condensation from toilet and water from tub/shower units.

13. Are there any plumbing leaks?

- Faucets leak when turned on.
- Faucets drip when turned off.
- Leaks in the drain, waste, and vent piping?
- Other areas where water is used that could be the cause for leaks such as laundry room, utility room, water line to the refrigerator, piping to and from the hot water heater, and piping to and from the boiler (furnace).
- The counters or cabinets around the sinks are warped, falling apart from water damage.

14. Is there evidence of mold/mildew? (observed or musty smell)

- Look for visible mold or mildew.
- A musty smell is evidence of mold or mildew.

General Conditions Interventions

The following are the response choices for actions/intervention. Fill in all the bubbles that apply: referral, education, brochure, product, other. Fill in all the bubbles that apply.

Use the evidence of use at the revisit only.

1. Cleaning/housekeeping
2. Clutter/clear exits and entryways
3. Garbage control (interior/exterior)
4. Rats
5. Mice
6. Cockroaches
7. Integrated Pest Management
8. Maintenance
9. Other pests
10. Moisture problems
11. Mold problems
12. Other

AGENCIES/SERVICES/OTHER CONTACTS

The following are the response choices for these referrals to agencies, services, and other contacts that may be beneficial to the residents.

Referred (Refer): The respondent or residents were referred to an agency or service. You may enter a referral at the revisit if it was provided.

Evidence (Evi): Use evidence at the revisit only. At the revisit, determine if there is evidence or the respondent reports having made use of the referral.

Environmental/residential

1. Code Enforcement

2. Cooperative Extension
3. County Lead Prevention Program (CLPP)
4. Fire department
5. Gas or utility company
6. Home Energy Assistance Program (HEAP)
7. Housing & Urban Development (HUD)
8. Landlord
9. Weatherization

Health

1. Alcohol or substance abuse treatment
2. American Cancer Society
3. American Lung Association
4. Blood lead testing
5. Child Health Plus
6. Community health workers
7. Environmental health program
8. Family Health Plus
9. Medicaid
10. Office of the Aging
11. Office of Temporary disability Assistance
12. Primary care provider (doctor or clinic)

Food/nutrition

1. Food Pantry
2. Food Stamp Program
3. Voucher for meals
4. Women, Infants & Children (WIC)

Social Services

1. Adult Protective Services
2. Child Protective Services
3. Continuing education or GED
4. Domestic violence program
5. Legal Aid Society
6. Senior citizen program

Other

Any other referral not listed in the agencies, services, or contacts listed above.

HOUSEHOLD/INJURY PREVENTION PRODUCTS

The following are the response choices for these referrals to agencies, services, and other contacts that may be beneficial to the residents.

Given: The respondent or residents were referred to an agency or service. You may enter a referral at the revisit if it was provided.

Evidence: Use evidence at the revisit only. At the revisit, determine if there is evidence or the respondent reports having made use of the referral.

1. Bathtub strip
2. Bike helmet
3. Cabinet lock
4. Clothes
5. First aid kit
6. Flashlight
7. Night light
8. Sash lock or window guard
9. Shock stop
10. Toothbrush
11. Water bottle
12. Other

Asthma Assessment Form

Complete a separate asthma assessment form for each adult or child with asthma or asthma symptoms.

Asthma revisits should be made 3-6 months after the completion of the initial asthma visit.

The Asthma Assessment Form has four sections:

Potential Asthma Triggers contains questions on possible household asthma triggers. These will have also been assessed during the home assessment.

Asthma Diagnosis and Symptoms contains questions to collect information about the individual's asthma symptoms and asthma related medical care.

Asthma Management contains questions about the individual's access to medical care, medication use, and asthma self management skills and knowledge.

Asthma Education, Products, and Referrals Provided are the interventions were provided by the outreach worker.

You may enter comments, but note that information entered in the comments section will not be captured in the scannable form dataset. Do not enter personal identifiers such as the person's name and address.

Asthma screening questions

Use the following screening questions as a guide to identify residents with asthma or asthma symptoms. If the resident has asthma or asthma symptoms, complete the asthma intervention and form. Ultimately, you may use your own judgment about whether to provide the asthma assessment and intervention.

For children who are not old enough to respond, you should interview an adult who is familiar with the child's asthma status. Likewise, if a resident is not home, you may interview another adult who is familiar with the person's asthma status.

1. Have you (*Has s/he*) ever been told by a doctor or other health professional that you have (*he/she have*) asthma **AND** do you (*does he/she*) still have asthma?
 - **If yes to both questions**, provide the asthma intervention and complete the asthma form.
 - **If no to either question**, go to question #2.

**New York State Department of Health
Healthy Neighborhoods Program
Home Intervention Form - Asthma Assessment**

COUNTY: ID#

Visit Type Initial Revisit
 Adult Child - D1 D2 D3 D4 D5 D6 D7 D8 D9 D10

Complete this form for each adult or child with asthma or asthma symptoms.*
 Asthma revisits should be made 3-6 months after the last asthma visit.

Potential asthma triggers	Status	Asthma management	Status	
1) Does anyone smoke inside the home?	O Y N O U	1) Has any other household member ever been told that smoking in the home affects asthma?	O Y N O U	
2) Is there evidence of significant dust accumulation?	O Y N O U	2) Does s/he have a primary medical care provider?	O Y N O U	
3) Are there rats? (evidence or reported)	O Y N O U	3) Does s/he have health insurance?	O Y N O U	
4) Are there mice? (evidence or reported)	O Y N O U	4) Does s/he have medicine prescribed by a doctor for "quick relief"?	O Y N O U	
5) Are there cockroaches? (evidence or reported)	O Y N O U	4b) If yes, how many times in the past week did s/he take his/her "quick relief" medicine?	<input type="text"/>	
6) Is there evidence of mold or mildew?	O Y N O U	5) Does s/he have medicine prescribed by a doctor for "controlling" his/her asthma?	O Y N O U	
7) Are there any pets with fur or feathers?	O Y N O U	5a) If yes, did s/he take the "controller" medication every day in the past week?	O Y N O U	
8) If yes to 6, does s/he sleep in the same room as the pet(s) with fur or feathers?	O Y N O U	6) Does s/he feel that their asthma is well controlled?	O Y N O U	
Asthma diagnosis and symptoms	Status	7) Does s/he use a peak flow meter?	O Y N O U	
1) Has s/he ever been told by a doctor or other health professional that s/he has asthma?	O Y N O U	8) Does s/he have a current written asthma management or action plan?	O Y N O U	
2) Number of days that s/he had asthma attacks, episodes or worsening asthma symptoms:	in past 3 months <input type="text"/>	9) Does s/he (or parent of her/him) know the early warning signs of worsening asthma?	O Y N O U	
3) Number of visits to a doctor or other health professional for worsening asthma or an asthma attack:	in past 12 months <input type="text"/>	10) Does s/he know what to do if his/her asthma gets worse?	O Y N O U	
4) Number of overnight stays in the hospital because of asthma:	in past 12 months <input type="text"/>	11) Does s/he know the triggers that make his/her asthma worse?	O Y N O U	
5) Number of visits to an ER or urgent care center because of asthma:	in past 12 months <input type="text"/>	12) Does s/he know what to do to get rid of or avoid asthma triggers?	O Y N O U	
6) Number of days of daycare, school, or work missed by the asthmatic because of his/her asthma:	in past 3 months <input type="text"/>	Asthma education, products, and referrals provided	Given	Evidence
7) Number of days of school or work missed by other family members because of the asthmatic's asthma:	in past 3 months <input type="text"/>	1) Verbal and written information:		
Comments:		a) About asthma	<input type="radio"/>	<input type="radio"/>
		b) About asthma triggers	<input type="radio"/>	<input type="radio"/>
		c) About smoking & asthma triggers	<input type="radio"/>	<input type="radio"/>
		2) Hypoallergenic pillow covers	<input type="radio"/>	<input type="radio"/>
		3) Hypoallergenic mattress covers	<input type="radio"/>	<input type="radio"/>
		4) Blank asthma management (or action) plan form	<input type="radio"/>	<input type="radio"/>
		5) Referral for asthma services or supplies	<input type="radio"/>	<input type="radio"/>
		6) Referral for primary care provider	<input type="radio"/>	<input type="radio"/>
		7) Referral for health insurance coverage	<input type="radio"/>	<input type="radio"/>
		8) Other (specify in Comments)	<input type="radio"/>	<input type="radio"/>

* For help in explaining asthma attacks, quick relief and controller medicines, or written asthma management plan, refer to the Asthma Information Sheet.

2. In the past 12 months have you (*has he/she*) had symptoms of asthma (such as wheezing, whistling in the chest) at any time?
 - **If yes**, provide the asthma intervention and complete the asthma form.
 - **If no**, go to question #3.
3. In the past 12 months, have you (*has s/he*) had wheezing during or after exercise?
 - **If yes**, provide the asthma intervention and complete the asthma form.
 - **If no**, go to question #4.
4. In the past 12 months, have you (*has s/he*) had a dry cough at night, apart from a cough from a cold or chest infection?
 - **If yes**, provide the asthma intervention and complete the asthma form.
 - **If no**, this person does not have asthma or asthma symptoms. It is not necessary to provide the asthma intervention.

POTENTIAL ASTHMA TRIGGERS

Responses to questions #1-6 should match the answers from the corresponding questions on the Home Intervention Form.

Questions #7 and #8 are only on this form.

There is no improvement bubble for the revisits on the asthma assessment form for the first eight questions. The revisit assessment will be captured on the Home Intervention Form.

Potential asthma triggers	Status
1) Does anyone smoke inside the home?	O Y O N O U
2) Is there evidence of significant dust accumulation?	O Y O N O U
3) Are there rats? (evidence or reported)	O Y O N O U
4) Are there mice? (evidence or reported)	O Y O N O U
5) Are there cockroaches? (evidence or reported)	O Y O N O U
6) Is there evidence of mold or mildew?	O Y O N O U
7) Are there any pets with fur or feathers?	O Y O N O U
8) If yes to pets, does s/he sleep in the same room as the pet(s) with fur or feathers?	O Y O N O U

ASTHMA DIAGNOSIS AND SYMPTOMS

All numbers on this form must be whole numbers (no decimals) and must be right justified.

1. Has s/he ever been told by a doctor or other health professional that s/he has asthma?

Yes (Y): The individual identified in the page heading (e.g. adult #3 or child #2) has been told by a health professional that he or she has asthma (or, in the case of a child, a parent or guardian has been told).

No (N): The individual has never been told by a health professional that he or she has asthma. You may be completing the

Asthma diagnosis and symptoms	Status
1) Has s/he ever been told by a doctor or other health professional that s/he has asthma?	O Y O N O U
2) Number of days that s/he had asthma attacks, episodes or worsening asthma symptoms:	in past 3 months <input type="text"/> <input type="text"/> <input type="text"/>
3) Number of visits to a doctor or other health professional for worsening asthma or an asthma attack:	in past 12 months <input type="text"/> <input type="text"/> <input type="text"/>
4) Number of overnight stays in the hospital because of asthma:	in past 12 months <input type="text"/> <input type="text"/> <input type="text"/>
5) Number of visits to an ER or urgent care center because of asthma:	in past 12 months <input type="text"/> <input type="text"/> <input type="text"/>
6) Number of days of daycare, school, or work missed <u>by this asthmatic</u> because of his/her asthma:	in past 3 months <input type="text"/> <input type="text"/> <input type="text"/>
7) Number of days of school or work missed by other family members because of this asthmatic's asthma:	in past 3 months <input type="text"/> <input type="text"/> <input type="text"/>

asthma assessment because the individual was identified as having asthma symptoms in the screening questions.

Unknown (U): The respondent doesn't know if he/she has ever been told that he or she has asthma.

2. Number of days that s/he had asthma attacks, episodes or worsening asthma symptoms in the past three months.
 - Record the number of days, not the number of times, the person had to use their rescue medication in the 3 months before the visit.
 - If an answer such, "about one attack per week" is given, use that information to estimate the number that would have occurred in a 3 month time period (one attack per week would be approximately 12 attacks in a 3 month time period).
3. Number of visits to a doctor or other health professional for worsening asthma or an asthma attack in the past 12 months.
 - Follow the same procedure as #2 but for 12 months.
 - These are outpatient visits and do not include visits to an emergency room or urgent care center (see #5 below).
4. Number of overnight stays in the hospital because of asthma in the past 12 months.
 - The number of overnight stays is the number of times he/she was admitted to the hospital because of asthma, including admissions from an emergency room.
5. Number of visits to an ER or urgent care center because of asthma in the past 12 months.
 - This is the number of ER visits without an admission to the hospital.
 - An ER visit that results in an admission to the hospital is recorded only in #4.
6. Number of days of daycare, school, and work missed by this asthmatic because of his/her asthma in the past 3 months.
 - These are number of days for the person with asthma only, not other household members.
7. Number of days of school and work missed by other family members because of this asthmatic's asthma in the past 3 months.
 - This is the number of days for any family member, not the person with asthma, that were missed.

ASTHMA MANAGEMENT

All questions except #4 are coded Yes, No, or Unknown. These must not be left blank.

1. Has any other household member ever been told that smoking in the home affects asthma?
2. Does s/he have a primary medical care provider?
 - This includes a physician, physician assistant, and/or by a clinic that he/she sees for regular healthcare.
3. Does s/he have health insurance?
 - This includes coverage under Medicaid and/or through NYS of Health.
 - The coverage must be for the person with asthma whether or not another family member is covered.

Asthma management	Status
1) Has any other household member ever been told that smoking in the home affects asthma?	O Y O N O U
2) Does s/he have a primary medical care provider?	O Y O N O U
3) Does s/he have health insurance?	O Y O N O U
4) Does s/he have medicine prescribed by a doctor for "quick relief"? *	O Y O N O U
4a) If yes, how many times in the past week did s/he take his/her "quick relief" medicine?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5) Does s/he have medicine prescribed by a doctor for controlling his/her asthma? *	O Y O N O U
5a) If yes, did s/he take the "controller" medication every day in the past week?	O Y O N O U
6) Does s/he feel that their asthma is well controlled?	O Y O N O U
7) Does s/he use a peak flow meter?	O Y O N O U
8) Does s/he have a current written asthma management (or action) plan?	O Y O N O U
9) Does s/he (or parent of her/him) <u>know</u> the early warning signs of worsening asthma?	O Y O N O U
10) Does s/he know what to do if his/her asthma gets worse?	O Y O N O U
11) Does s/he know the triggers that make his/her asthma worse?	O Y O N O U
12) Does s/he know what to do to get rid of or avoid asthma triggers?	O Y O N O U

4. Does s/he have medicine prescribed by a doctor for "quick relief"?
 - Quick-relief or rescue medicines are used to stop an asthma attack once it has already started. These medicines help to stop the tightness and open up the airways.
 - Ask the person with asthma to show you their medication. If he/she doesn't know if it's a quick relief or controller medication.
- 4a. **If #4 is yes:** How many times in the past week did s/he take his/her "quick relief" medicine?
 - This is the number of times (not the number of days) that the person used the quick relief medicine.
 - Leave this item blank if they do not have a quick relief medicine.
5. Does s/he have medicine prescribed by a doctor for controlling his/her asthma?
 - Long-term control medications help to prevent asthma symptoms and attacks. These medicines work slowly over many days to stop the swelling in a person's airways so it is important to take long-term control medication every day as directed by a doctor. Long-term control medicines do not stop an asthma attack once it has started.
 - If he/she doesn't know if it's a controller medication, then if they take it when they have an asthma attack or ask them to show you their medication..
- 5a. **If #5 is yes:** Did s/he take the "controller" medication every day in the past week?
6. Does s/he feel that their asthma is well controlled?

The best approach is to let each person with asthma decide if s/he feels that his or her asthma is under control. If asked what asthma control means, the national asthma clinical guidelines state that good asthma control means:

- Minimal (or no) chronic symptoms, including nocturnal symptoms
- Minimal (or no) exacerbations
- No emergency visits or hospitalizations

- Minimal (or no) need for as needed quick-relief medications (usually less than twice a week, but up to once per day for severe asthmatics is acceptable)
 - No limitations on activities, including exercise
 - No school or work missed
 - Minimal (or no) adverse effects from medications
7. Does s/he use a peak flow meter?
 - A peak flow meter is a tool that you breathe into to measure how well you are breathing. It can be used to help keep track of an individual's asthma and may even help them and their doctor identify what makes their asthma worse.
 - If a peak flow meter is not used, encourage him or her to ask their healthcare provider about peak flow meters.
 8. Does s/he have a current written asthma management (or action) plan?
 - If the person has a plan, it must be filled out and up-to-date (i.e., something that they could still use).
 - A written plan is similar to the NYS Asthma Action Plan Form #4850.
 - If they have no plan, explain that there may be many benefits to using this kind of tool that can help keep track of their asthma and help them know what to do when their asthma gets worse. Encourage them to discuss it with their healthcare provider.
 9. Does s/he (or parent of an asthmatic child) know the early warning signs of worsening asthma?
 - Early warning signs are the changes that occur just before or at the very beginning of an asthma attack that tell the person that their asthma is getting worse. In general, these signs are not severe enough to interfere with daily activities, but if they recognize the warning, they can stop an asthma attack or prevent it from getting worse.
 - Encourage residents with asthma to speak with their healthcare provider about early warning signs of an asthma attack. Give them a copy of a blank asthma action plan.
 10. Does s/he know what to do if his/her asthma gets worse?
 - Typically they would use their quick relief medicine. Encourage them to see their healthcare provider if they can't control their asthma.
 11. Does s/he know the triggers that make his/her asthma worse?
 - A trigger is anything in the environment that causes or contributes to an attack occurring. Not everyone with asthma has the same asthma triggers.
 - Their doctor can help them figure out what triggers their asthma and what they can do to avoid those triggers.
 - Common triggers include: dust, mold, rodents, cockroaches, tobacco smoke, pets and other animals, air pollution, other allergens, weather, exercise, colds/infections, strong emotions, chemicals and irritants.
 12. Does s/he know what to do to get rid or avoid asthma triggers?
 - Getting rid or avoiding asthma triggers in the homes includes damp mopping, keeping pets out of the bedroom, removing rugs, controlling pests.

- If the response is no, provide verbal education, written information and/or products to help control environmental triggers.▪Urge any members of the household to quit smoking.

ASTHMA INTERVENTIONS

Do not give medical advice unless you it lands in the scope of your professional training. Do not interpret medical instructions of any kind including medications, asthma action plans, peak flow meter use or scores. Instead, encourage them to visit their healthcare provider.

You may provide general information about trigger avoidance, supplies, referrals, and written and verbal information about general asthma concepts.

The following are the response choices for these referrals to agencies, services, and other contacts that may be beneficial to the residents.

Given: The respondent or residents were referred to an agency or service. You may enter a referral at the revisit if it was provided.

Evidence: Use evidence at the revisit only. At the revisit, determine if there is evidence or the respondent reports having made use of the referral.

Asthma education, products, and referrals provided	Given	Evidence
1) Verbal and written information:		
a) About asthma	<input type="radio"/>	<input type="radio"/>
b) About asthma triggers	<input type="radio"/>	<input type="radio"/>
c) About smoking & asthma triggers	<input type="radio"/>	<input type="radio"/>
2) Hypoallergenic pillow covers	<input type="radio"/>	<input type="radio"/>
3) Hypoallergenic mattress covers	<input type="radio"/>	<input type="radio"/>
4) Blank asthma management (or action) plan form	<input type="radio"/>	<input type="radio"/>
5) Referral for asthma services or resources	<input type="radio"/>	<input type="radio"/>
6) Referral for primary care provider	<input type="radio"/>	<input type="radio"/>
7) Referral for health insurance coverage	<input type="radio"/>	<input type="radio"/>
8) Other (specify in Comments)	<input type="radio"/>	<input type="radio"/>

1. Verbal and written information
 - a) About asthma
 - b) About asthma triggers
 - c) About smoking & asthma triggers
2. Hypoallergenic pillow covers
3. Hypoallergenic mattress covers
4. Blank asthma management (or action) plan form
5. Referral for asthma services or resources
6. Referral for primary care provider
7. Referral for health insurance coverage
8. Other products

- These are education, products, or referrals other than those listed above. You may list these products in the comment box, but they will not be included in the data.
- Do not include products provided to the residents for non-asthma related environmental interventions (e.g., cleaning supplies, smoke detector).