

Community Healthcare for Asthma Management and Prevention of Symptoms

HOME ENVIRONMENT OBSERVATION

Patient Name:

Date:

The questions on this form are used to assess environmental exposures. Attempt to answer each question through visual inspection, rather than asking the caretaker.

Beside each question is a list of the asthma counseling modules that correspond to the answers. Use this survey in conjunction with the CARAT to determine which tailored modules (modules 3-8) to provide to the patient.

Remember that for modules 3-6, the patient should only receive the module if they are both sensitive to the allergen (per the allergen sensitivity test results) and exposed (per this checklist).

Question	Counseling Module
<p>1. What is the type of dwelling?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Detached house <input type="checkbox"/> Duplex/Triplex <input type="checkbox"/> Row house <input type="checkbox"/> Low rise apartment (1-3 floors) <input type="checkbox"/> High rise apartment (>3 floors) <input type="checkbox"/> Mobile home/Trailer <input type="checkbox"/> Other <p>Specify: _____</p>	<p>General: multi-family dwellings can present unique challenges for dealing with a variety of allergens like cockroaches, rodents, and mold. Tenants often have no control over the building, including structural problems (e.g., holes and gaps in the structure that can serve as entry points for pests), and plumbing problems (major source of moisture and mold). These same problems can exist for detached houses and mobile homes, but home-owners often have more control over these types of dwellings. In all cases, being aware of each family's home type can provide insight into the types of exposures they face, and challenges in remediating those exposures.</p>

KITCHEN, BATHROOM, AND TV/FAMILY ROOM (OR TV AREA, IF NO SEPARATE ROOM)

For each of the following questions, consider the kitchen, bathroom, and TV/family room (or TV area). If the patient sleeps in the TV/family room, consider this room the bedroom and answer the following questions for just the kitchen and bathroom.

Question	Counseling Module
<p>2. Check beside each of the following that you find in the room:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cockroach stains <input type="checkbox"/> Living or dead cockroaches (or parts) <input type="checkbox"/> Mouse droppings <input type="checkbox"/> Overflowing trash can <input type="checkbox"/> Unsealed/open food or crumbs <input type="checkbox"/> Dirty dishes/cooking pots <input type="checkbox"/> Cracks larger than the thickness of a dime <input type="checkbox"/> Holes larger than a pencil eraser 	<ul style="list-style-type: none"> <input type="checkbox"/> 3-Cockroach <input type="checkbox"/> 3-Cockroach <input type="checkbox"/> 4-Rodent <input type="checkbox"/> 3-Cockroach & 4-Rodent <input type="checkbox"/> 3-Cockroach & 4-Rodent <input type="checkbox"/> 3-Cockroach <input type="checkbox"/> 4-Rodent <input type="checkbox"/> 3-Cockroach

Question	Counseling Module
<p>3. Do you see any evidence of moisture, leaks, or standing water in any of these rooms? [dripping faucets/pipes/water heaters, standing water in pots/pans in sink, water stains on ceilings and walls, overflow around toilet/sink/tub, humidifier, condensation/fog on windows and mirrors, un-vented bathroom, moist basement/crawl space]</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Note locations where water was found for the counselor:</p>	<p><input type="checkbox"/> 3-Cockroach, 4-Rodent, & 6-Mold</p>
<p>4. Is there a musty smell in any of these rooms?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 6-Mold</p>
<p>5. Is there a gas cooking stove, gas range, or gas oven in the kitchen?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 8-Other Asthma Triggers (NO₂ exposure)</p>
<p>6. Does the kitchen have a working hood/vent that is vented outside?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 8-Other Asthma Triggers (NO₂ exposure)</p>
<p>7. Do you see any evidence of smoking in any of these rooms? [ashtrays, cigarette butts, smell of tobacco smoke]</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> 7-Environmental Tobacco Smoke</p>
<p>8. Check all rooms with wall-to-wall carpeting.</p> <p><input type="checkbox"/> Patient's bedroom</p> <p><input type="checkbox"/> Kitchen</p> <p><input type="checkbox"/> Bathroom</p> <p><input type="checkbox"/> TV/Family Room</p>	<p><input type="checkbox"/> 2-Safe Sleeping Zone</p> <p>General: carpets can trap dust, mold, pet, and pest allergens in the home. If possible, families should remove carpets, especially in the bedroom and other rooms the patient uses most frequently (e.g., living room). If carpet removal is not an option, routine cleaning with a HEPA vacuum is advised.</p>

