HOUSING (Parent Report)

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
CHILD’S BEDROOM ASSESSMENT (By Home Visitor)

1. How many people regularly sleep in this bedroom? ______
2. Observations:
3. Carpet in bedroom: ______ Yes (wall to wall)
   ______ No (bare floors, throw rugs)
4. Type of pillow: ______ 1 (Feather, foam)
   ______ 2 (Polyester)
   ______ 3 (Unknown type)
5. Is the pillow covered in plastic? Y or N
6. Is the mattress covered in plastic? Y or N
7. Window covering: ______ 1 Blinds, curtains, drapes, blankets, newspaper
   ______ 2 Shades, bare windows
8. Is there any cloth-covered furniture in the room? Y or N
9. Are there stuffed animals in the room? Y or N
10. Is there a vaporizer in use in the room? Y or N
11. Are there open bookshelves in the room? Y or N
12. Is there a ceiling or window fan in the room? Y or N
13. Is there an air conditioner in the bedroom window? Y or N
14. Is there a closet with a door/cover? Y or N
15. Are any of the following present in the child’s room?
   Food debris -------------- Y or N
   Clutter on floor -------------- Y or N
   Live plants ------------------ Y or N
   Evidence of water damage, leaks ------ Y or N
16. General Assessment of the child’s bedroom

   1 _____ POOR (3 of 5)  Clutter all over
   2 _____ FAIR (2 or less of 5)  Food left out
   3 _____ GOOD (0 of 5)  Evidence of roaches/rodents
                            Water damage
                            Structural damage