FOLLOW-UP HOME ASSESSMENT FORM

THE FOLLOWING WERE IN PLACE AT THE TIME OF THIS VISIT:

General Home Environment

Roach problem (evidence or report)------ Y or N
Rodent problem (evidence or report)------ Y or N
Smokers in home (inside or out)--------- Y or N
Furry or feathered pets ------------------- Y or N
Air conditioner -------------------------- Y or N
Carpet in Living /TV room --------------- Y or N
Stuffed toys ----------------------------- Y or N
Basement wet---------------------------- Y or N
Upholstered furniture ------------------- Y or N

Child’s Bedroom Environment

Pillow covers --------------------------- Y or N
Mattress cover -------------------------- Y or N
Window shades -------------------------- Y or N
Bare floors (rug or no rug)------------- Y or N
Wall repair ----------------------------- Y or N
Stuffed toys stored --------------------- Y or N
Storage bins in use --------------------- Y or N

Date ____/_____/_____
Group ID: __________
D.O.B. ____/_____/_____
HV: __________________

1 _____ POOR (3 or more of 5)
2 _____ FAIR (2 or less of 5)
3 _____ GOOD (none)

☐ Clutter in room
☐ Food left out
☐ Evidence of roaches/rodents
☐ Water damage
☐ Structural damage

THESE SUPPLIES WERE GIVEN DURING THIS VISIT:

_____ pillow covers  _____ mattress cover  _____ pillow  _____ shades
_____ tiles  _____ dust cloths  _____ sponge  _____ shade brackets
_____ roach bait  _____ trash bags  _____ storage bins  _____ liquid soap
_____ mice bait  _____ dust mite  _____ buckets  _____ spray bottle
_____ spacer  _____ peak flow meter  _____ ext follow-up  _____ exterminator