



CAPP Collaborative
Community Asthma Prevention Program

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

Date ____/____/____

Group ID: _____

D.O.B. ____/____/____

HV: _____

Child's Bedroom Environment

- Pillow covers ----- Y or N
- Matress 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

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 |