



SCANNABLE FORMS USER MANUAL

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

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

547 River Street, Room 515 ♦ Troy, NY 12180 ♦ (518) 402-7600

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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.

Scannable Forms

What is a scannable form?

A scannable form/document is a standardized tool for collecting and recording information that can be converted into electronic format. The form uses a standardized set of questions and answers. A computer can capture the image of the scannable form and extract information from the image to generate an electronic database of the information that was recorded by hand on the original document.

What are some benefits of using scannable forms?

- Fast
- Efficient
- Standardized
- Saves time
- Reduces work load
- Makes generating reports easier

There are three parts to the Healthy Neighborhoods Program scannable form package:

Dwelling Information Cover Sheet: This cover sheet is not scannable and should never be faxed or otherwise submitted to NYSDOH. The purpose of this sheet is to record personally identifying information about the respondent, the residents and the owner of the residence (e.g. names, birth dates, addresses) for use as contact information.

Home Intervention Form: This form should be used for every Healthy Neighborhoods visit (initial visits and revisits). This is a scannable form that will help to keep track of problems that are identified as well as any actions that are taken to assist the residents in addressing problems.

Asthma Assessment Form: This is a scannable form that should be used to collect information about residents with asthma at both the initial visit and the revisit. Use a separate form to collect data about each individual.

TIPS FOR FILLING OUT SCANNABLE FORMS

Complete all required pages and/or sections of the forms for each dwelling/residence. Note that in addition, a separate asthma form is required for each person with asthma in a given household. All bubbles on the scannable forms must be completely filled in. Do not make any stray marks on any of the forms. Always right fill boxes requiring a number. Please fill in the bubbles with black ink, blue ink and/or #2 pencil.

WHEN REPRODUCING THE SCANNABLE FORM:

ALWAYS USE THE ORIGINAL MASTER FORM TO MAKE COPIES.

DO NOT MAKE A COPY FROM A COPY.

USE SINGLE PAGES ONLY.

DO NOT CREATE DOUBLE-SIDED FORMS.

- Please use only blue ink, black ink, or #2 pencil when filling out the forms and bubbles.
- Fill out the forms using the print style of CAPITAL LETTERS.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box
The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

- Fill out the forms using simple numeral style. Put the number in the center of the box.

For optimum accuracy, please print carefully and avoid contact with the edges of the box.
The following will serve as an example:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

- Fill in the bubbles completely. If multiple choices are allowed, please fill in all of the bubbles that apply. Otherwise, select a single bubble.

Fill in choice boxes like this:



Not like this:



Or



- All upper right hand corner boxes on each page must be filled out. **Please double check that all the boxes have been filled in before submitting the forms.**
- Avoid contact with the edge of the box.

What if I make a mistake?

- Use corrective tape to cover the wrong bubble or number.
- Select the correct bubble and/or write in the correct number.
- If you used a pencil, make sure the eraser is clean with no smears, smudges, or shadows.

PROCEDURE FOR SUBMITTING SCANNABLE FORMS

The first thing an HNP staff member must do before faxing a form is to make sure that an identification number is assigned to each scannable form and that this number is filled in on the upper right hand corner of every page of the form. The same number must be on all pages of the scannable form for each dwelling. Before faxing a form, check to make sure that the upper right hand corner of every page of a dwelling form has the same identification number.

Fax the form only after a visit is initiated and completed OR after three attempts have been made without initiating a visit OR any time it is determined that no further attempts will be made. The entire form must be faxed with all FIPS and ID#s clearly written in the upper right hand corner of each page. When applicable, follow the same procedure for the asthma forms.

Detach the dwelling information cover sheet. Do not fax the dwelling information cover sheet to NYSDOH.

Please fax the forms to XXX-XXX-XXXX.

CORRECTING ERRORS/VERIFICATION OF DATA

When the faxed forms are received, they will be interpreted, evaluated and stored in a database by our computerized scannable forms system. The system will check the completeness and accuracy of the data submitted. Any discrepancies or errors will be communicated to the counties electronically through the NYSDOH Center for Environmental Health web page's Healthy Neighborhoods Programs reports. These reports are updated continuously as data is received. Each county is allowed to see THEIR DATA ONLY which has been submitted. Any errors detected will be displayed in these reports and corrections and edits must be made by entering the corrections in this interactive system.

The screenshot shows a web browser window displaying the NYSDOH Center for Environmental Health web application. The page title is "NYSDOH Center for Environmental Health Bureau of Community Environmental Health and Food Protection Reporting Healthy Neighborhoods Program". The interface includes a "Logout" button and a "Main Menu" link. Below this, there is a section titled "Select Report Parameters (**If Required)" with three input fields: "1)Start Date:" (10/01/2007), "2)End Date:" (07/11/2011), and "3)YEAR:" (2011). Below this is another section titled "Select Report to Run (*Required Parameters in parenthesis)" with a list of reports: "CEHW-0215 Home Intervention Form between Visit Attempt Dates (*1,2)", "CEHW-0216 Home Intervention Form between Visit Attempt Dates (*1,2)", "CEHW-0221 Quarterly Report for Selected Federal Fiscal Year (*3)", "CEHMA-003 EDIT Home Intervention Form Errors", "CEHW-0217 Export HNP Data from State to Local System", and "CEHW-0218 Healthy Neighborhood Program No Access Form Data Entry". Below this is a section titled "Downloadable Forms" with a list of forms: "CEHW-0219 Home Intervention Form (42356)", "CEHW-0220 Asthma Assessment Form (13094)", and "CEHW-0222 Home Intervention Form No Access (15570)". At the bottom of the page, there is a footer with the text "Version 7.6.7 Last Updated: Feb, 2009 Please send them to: [redacted]".

The Dwelling Information Cover Page

The dwelling information cover page is for county use only. **DO NOT FAX ANY DWELLING INFORMATION COVER PAGE/S TO NYS DOH.**

•Each County shall maintain the dwelling information cover page/s in a centralized directory.

County FIPS Code and Residence Identification Number (top right corner):

This will consist of your three-digit FIPS county code number followed by five numbers* you select for each individual dwelling.

New York State Department of Health County <input type="text"/> <input type="text"/> <input type="text"/> ID# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Healthy Neighborhoods Program Visit Type: <input type="radio"/> Initial <input type="radio"/> Revisit <input type="radio"/> Pilot
Home Intervention Form Date:
FOR COUNTY USE ONLY. DO NOT FAX THIS PAGE TO NYS DOH.

The individual county FIPS codes are listed below:

Albany County	001
Clinton County	019
Erie County	029
Monroe County	055
Niagara County	063
Oneida County	065
Onondaga County	067
Orange County	071
Rensselaer County	083
Rockland County	087
Schenectady County	093
Tompkins County	109
Westchester County	119
New York City	
Manhattan	061
Kings-Brooklyn	047

Example: The first dwelling in Albany County to be evaluated would be given the Albany County’s FIPS Code of 001 and the Residence’s Identification Number could start with 12345. The same FIPS code and dwelling identification number will be used for the revisit, pilot program, and the asthma assessment intervention form. Every new dwelling will have the same county FIPS code, but will be given a new residence identification number.

Example: The next dwelling in Albany County to be evaluated would be issued the FIPS Code of 001 and the residence number would be 12346.

County <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="1"/> ID# <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="6"/>
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*Any five-digit number is acceptable. NO LETTERS ARE ALLOWED. If there is a blank and/or less than five digits, or the same number is reused for a different dwelling, then this will generate an error.

Healthy Neighborhoods Program Visit Type (top right corner):

Select only one bubble per visit attempt.

O 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.

O Revisit: The “Revisit” is a visit performed three to six months after the completion of the initial visit (typically around 90 days). This also includes all subsequent 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.

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

Dwelling Information:

Dwelling Information:	
Street _____	Apartment _____
City _____	ZIP _____
Census tract _____	
Block# _____	
Lot# _____	

Street
Apartment
City
Zip Code
Census tract
Block #
Lot #

Street: The 911 emergency address number.

Apartment Number or Letter: Include apartment number or letter, if applicable, and be specific about other information that may help in identifying the dwelling (e.g. front door, rear door, apartment is upstairs, etc.)

Census tract: This information can be obtained from the Census Bureau, planning board, and real property office.

Lot #: Available from county records.

Respondent Information:

Respondent/s Information:			
Respondent Name _____			
Telephone # _____			
Work Telephone # _____			
Cell phone # _____			
Other Contact _____			
No phone [] If no phone, how is emergency contact made? _____			
Name:	Age	Date of Birth	
Respondent			Child #1
Adult #2			Child #2
Adult #3			Child #3
Adult #4			Child #4
Adult #5			Child #5
Adult #6			Child #6
Adult #7			Child #7
Adult #8			Child #8
Adult #9			Child #9
Adult #10			Child #10

Respondent Name
Home Telephone #
Work Telephone #
Cell Phone #
Other Contact
No phone [] If no phone, how is emergency contact made?

- Respondent: A respondent is the person answering the interview questions. This person will be the same as “adult #1”.
- Adult #2- Adult #10: Adults are all persons 18 years or older. Obtain the names, age and date of birth of all adults living in the same dwelling.
- Children #1-#10: A child is any person under the age of 18. Obtain the names, age, and date of birth of all children living in the same dwelling. If the child is less than one year old, print in a zero.

NOTE: Names of individuals living in the dwelling should only be used on this cover sheet. Individuals will be identified on the home intervention and asthma forms by using the adult/child number listed next to each name on this cover page. Names and other information that may be considered “personal identifiers” (such as address, phone numbers, birth dates, etc) should only be recorded on this cover sheet. Do not transmit names or addresses of individuals to NYSDOH.

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.

Owner Information: (If different from dwelling or respondent information):

Owner Information: (If different from dwelling or respondent information above)	
Owners Name _____	
Street _____	Apartment _____
City _____	Zip Code _____
Phone # _____	
Owner's Agent _____	
Street _____	Apartment _____
City _____	ZIP _____
Phone # _____	

Owners Name
Street, Apartment
City, Zip
Phone #

Owner's Agent:
Street, Apartment
City, Zip

Phone #

- A building owner’s agent may be an apartment superintendent, building management company or other third party that manages the building but does not own it.

Page One-Home Intervention Form

County FIPS Code & Residence Identifier Number (top right corner):

Please use the same FIPS Code and Identification Number that was used on the dwelling information cover page (see page XX).

COUNTY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Visit Type: <input type="radio"/> Initial <input type="radio"/> Revisit		Pilot: <input type="radio"/>		

Visit Type:

- O Initial visit:** The “Initial Visit” will include the first visit and all subsequent visits that are needed to complete the Home Intervention Form.
- O Revisit:** The “Revisit” is a visit performed three to six months after the completion of the initial visit (typically around 90 days). This also includes all subsequent visits required to complete the revisit Home Intervention Form.
- O Pilot:** The “Pilot” is 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="radio"/> Neighborhood Canvass <input type="radio"/> Tenant Complaint <input type="radio"/> Referral (from) _____

- O Neighborhood Canvass**—fill in this bubble if the home was targeted as part of a door-to-door canvassing effort in a specific neighborhood
- O Tenant Complaint**—fill in this bubble if a visit was initiated due to a tenant complaint.
- O Referral (from)** _____ --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.

Initial Visit:

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

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:

O 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.

O 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 asked to return to the dwelling at another time, record the date of the attempt, select the “refused” bubble and make a note on the dwelling information cover sheet that a future attempt should be made.

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

O 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, but note that a packet was given to the resident/occupant in your narrative statement.

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:

A revisit is a visit approximately 90 days after the initial visit has been completed. The revisit should be performed between three and six months after the initial completed visit. 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.

Revisit First Attempt: Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Initiated <input type="radio"/> Refused <input type="radio"/> No one home <input type="radio"/> Moved <input type="radio"/> Vacant
Revisit Second Attempt: Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Initiated <input type="radio"/> Refused <input type="radio"/> No one home <input type="radio"/> Moved <input type="radio"/> Vacant
Revisit Third Attempt: Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Initiated <input type="radio"/> Refused <input type="radio"/> No one home <input type="radio"/> Moved <input type="radio"/> Vacant

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

Second Attempt: If a first attempt at revisit was unsuccessful, record the date on which HNP next attempted to initiate the revisit 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 the revisit 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 revisit interview/assessment, you do not need to record any future revisit dates even if it takes multiple visits to complete the revisit assessment and interview. A county may elect to keep track of multiple visits, but this information does not need to be recorded on the scannable form.

There are five choices to select from when a revisit 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 refused entrance into the residence and were unable to do an interview/assessment. No future visits will be attempted.

No one home. No one answered the door or, the door was answered but the person answering could not be interviewed or was not appropriate to interview. If "no one is home" is selected, use the same form for the 2nd and 3rd visit attempted. If an interview is successful at later attempts, complete the Home Intervention Forms as directed in the initial visit section.

Moved-The original respondent or family does not live there anymore.

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

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 log, but it is not necessary to record this information on the scannable form.

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 included:

Fill in the correct bubble for the number of asthma assessment forms being submitted. There should be one asthma assessment form for each resident with asthma who 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:

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									

Rent, private Rent, public Own Unknown (Select one bubble)

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

▪A public rental dwelling unit is where the rent is paid to or the housing is provided by some sort of governmental agency. Example: A housing authority.

If rental, renter receives Rental Assistance Section 8 Unknown

- Rental assistance is some sort of aid provided to the renter for payment of the rent.
- Section 8 housing is private housing where the occupant receives a voucher from Section 8 for some portion of the rent.

Building is Owner Occupied? Yes No Unknown (Select one bubble)

Units in building 1 2 3 4 5 >5 (Select one bubble)

- 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 Post 1978 1950-1978 Pre-1950 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="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Native American
<input type="radio"/> Asian <input type="radio"/> Other _____ <input type="radio"/> Unknown
Is the respondent Spanish/Hispanic/Latino? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Does respondent have high school diploma or GED? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Does anyone in the household receive food stamps or public assistance? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Race of Respondent? (Choose all that apply)

White Black or African American American Indian or Native American
 Asian Other _____ Unknown

Is the respondent Spanish/Hispanic/Latino?

Yes No Unknown

- You can determine race and ethnicity by observation and judgment, or you could ask.
What race or races do you consider yourself?
Do you consider yourself to be Spanish/Hispanic/Latino?

Does respondent have a high school diploma or GED?

Yes No Unknown (Select only one bubble)

- You can ask this question directly or by gathering information indirectly.

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

Yes No Unknown (Select only one bubble)

Page Two-Home Intervention Form

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

County FIPS Code & Residence Identifier Number: (Top Right Corner)

Please use the same FIPS Code and Identification Number that was used on the dwelling information cover page (see page XX).

COUNTY				ID#				
Visit Type: <input type="radio"/> Initial <input type="radio"/> Revisit								Pilot: <input type="radio"/>

Visit Type:

- O Initial visit:** The “Initial Visit” will include the first visit and all subsequent visits that are needed to complete the Home Intervention Form.
- O Revisit:** The “Revisit” is a visit performed three to six months after the completion of the initial visit (typically around 90 days). This also includes all subsequent visits required to complete the revisit Home Intervention Form.
- O Pilot:** The “Pilot” is a special demonstration project between managed care professionals and a Healthy Neighborhood Program. (Only use the Pilot bubble when permission is granted.)

The page has been divided into two major sections; the left side will be used for **initial visits only** and the right side will be used for **all visits (initial and revisit)**.

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						
Adult number 2						
Adult number 3						
Adult number 4						
Adult number 5						
Adult number 6						
Adult number 7						
Adult number 8						
Adult number 9						
Adult number 10						

- 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.

▪Match the corresponding respondent and adults number two through ten from the dwelling information cover page.

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

▪The children section contains six vertical columns for capturing information about 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.

▪Match the corresponding children number one through number ten from the dwelling information cover page.

▪When you fill in the age column boxes, please start with the farthest column to the right, and then move to the next left column box. This is called Right Justified.

▪All ages should be recorded in whole numbers. Decimals are not allowed. Ages should be rounded down to the nearest whole number. For example, a child whose age is reported as “12 years and 8 months” should be recorded as 12 years old and 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.

▪Leave the sex column blank if it cannot be determined. Male or Female.

For the remaining questions:

Y-Yes

N-No

U-Unknown.

* 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.

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.

County FIPS Code & Residence Identifier Number: (Top Right Corner)

Please use the same FIPS Code and Identification Number that was used on the dwelling information cover page (see page XX).

COUNTY					ID#						
Visit Type:	<input type="radio"/> Initial	<input type="radio"/> Revisit								Pilot:	<input type="radio"/>

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.

Revisit: The “Revisit” is a visit performed three to six months after the completion of the initial visit (typically around 90 days). This also includes all subsequent visits required to complete the revisit Home Intervention Form.

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

Page three is divided into two major columns:

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 response choices 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 no attempt was made to assess the particular item, you may leave the bubble blank.

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 that apply):

Referral-a referral action was taken (formal referral, informal phone call, a letter, email, fax, etc) was taken by the HNP staff on behalf of the respondent

Education-the HNP staff provided verbal education and/or a verbal message about how to improve a condition

Brochure-a printed message (brochure, pamphlet, etc) was given to the respondent

Product-a product (mop, fire extinguisher, etc) was given to the respondent

Other-other actions were taken

Evidence- An improvement and/or a change has occurred. Resident(s) appear to have used product or acted upon the referral/education/brochure given at initial visit (as observed or as reported by resident). DO NOT USE FOR INITIAL VISITS. 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.

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:

- 1) Does anyone smoke in the home or is there evidence of smoking (ashtrays or smell)?
 - List all smokers in Resident Information (See 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?

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

Tobacco Control Interventions:

- Fax to-Quit
- Smokers' Quitline
- Smoking cessation kit
- Smoke Free Home Pledge
- 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:

- 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 you are outside?
- Once you are outside, never go back into the building.
- Is there a working flashlight in each bedroom?

Fire Safety Interventions:

- Battery for smoke detector
- Electrical cover plate
- Electrical fuse
- Fire Extinguisher
- Multi-outlet strip with circuit breaker
- Smoke Detector
- EDITH

LEAD

Lead (Pre-1978 dwellings only)	Y	I	N	U	Lead Interventions	(check all that apply)				Evidence	
						Ref	Edu	Bro	Prod	Other	
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"/>							

Lead (THIS SECTION APPLIES ONLY TO PRE-1978 DWELLINGS.)

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

List all children in Resident Information. See Page #2

1) Did the tenant receive "Protect Your Family from Lead in Your Home"?

- Observation
- Interview
- Census Tract
- Buildings that were constructed after 1978, are very unlikely to have lead-based paint hazards.

2) Were any renovations done recently?

- Observation
- Interview
- Building Permits

3) Is there chipping, peeling, deteriorated, chalking paint indoors? (Observe and Estimate)

- 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 Interventions:

- Lead-safe cleaning
- Lead-safe work practices
- 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)					Evidence
	Ref	Edu	Bro	Prod	Other	
1) CO detector	<input type="radio"/>	<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"/>	<input type="radio"/>
3) Furnace filter	<input type="radio"/>	<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"/>	<input type="radio"/>
5) Thermometer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indoor Air Quality:

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?
- How do you heat your home (hot air, hot water, steam, wood, etc.,)?
- You may not have access to the furnace room.
- Locate the furnace/heat source.
 - 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.
 - Can the filter be upgraded to a more efficient filter? (HEPA)
- 5) Is a humidifier or vaporizer used?
- Observation.
 - Interview.
 - If chemicals/treatments are used, remind residents to follow the manufacturer's recommendations.
 - Remind them to follow the manufacturer recommendations for cleaning.
- 6) Temperature (indoors reading), Record the Reading in degrees Fahrenheit
- All readings should be recorded in whole numbers. Decimals are not allowed.
 - Numbers should be right-justified.
 - 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 in %
- All readings should be recorded in whole numbers. Decimals are not allowed.
 - Numbers should be right-justified.
 - 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?)
- Ask the resident to open the windows.
 - Turn on the ventilating fans. Do they work?
 - Are the ventilating fans vented to the outside?
- 9) Is there a chemical smell indoors?
- A chemical smell may be cleaning supplies, formaldehyde, pesticides, paint, newly installed carpets, etc.

10) Is there an odor from scented home products?

- Includes cleaning products, incense, air freshener, perfumes, and scented candles, laundry detergents and/or laundry fabric softeners

11) Has the building been tested for radon?

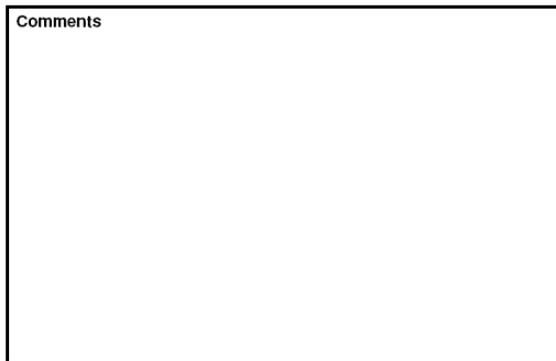
- Ask the owner or resident.
- Ask the resident or owner if they have heard about radon and know what it is.

Indoor Air Quality Interventions:

- Carbon Monoxide detector
- Battery for CO detector
- Furnace filter
- Radon kit placed
- Thermometer

COMMENTS

Comments



The comments space 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. It is important to remember that this information will NOT become part of the scannable form dataset. Do not write personal identifiers (names, addresses, telephone numbers) in this space.

This page follows the same format as page #3. The left side of the page contains the *General Conditions* questions and a listing of referral *Agencies/Services/ or Other Contacts* (Environmental, Health, Food/Nutrition, and Social Services). The right side of the page contains the *General Conditions* Interventions and a list of Household/Injury Prevention Products. Observations are important for completing the general conditions section.

County FIPS Code & Residence Identifier Number: (Top Right Corner)

Please use the same FIPS Code and Identification Number that was used on the dwelling information cover page (see page XX).

COUNTY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ID#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Visit Type:	<input type="radio"/> Initial	<input type="radio"/> Revisit					Pilot:	<input type="radio"/>	

Visit Type:

O Initial visit: The “Initial Visit” will include the first visit and all subsequent visits that are needed to complete the Home Intervention Form.

O Revisit: The “Revisit” is a visit performed three to six months after the completion of the initial visit (typically around 90 days). This also includes all subsequent visits required to complete the revisit Home Intervention Form.

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

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:

- 1) Is there significant dust accumulation? (observed)
 - Dust accumulation is greater than you would expect to see in one week. (Note: 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 in safety?
 - 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 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?
 - In the stairwells?
 - Around doors or egress to the doors?
 - Fire hazard?
 - Do garbage receptacles have covers/lids?
 - Harborage of rodents and cockroaches?
 - 5) Is there improperly stored garbage or rubbish in or near the building?
 - Same as above see #4
 - 6) Are there rats? (evidenced or reported)
 - Look for evidence: burrows, rub marks, gnawed food and droppings.
 - Harborage for rats interior and/or exterior of the dwelling
 - Any unsealed trashcans and/or dumpsters?
 - 7) Are there mice? (evidenced or reported)
 - Same as above see #6
 - 8) Are there cockroaches? (evidenced or reported)
 - Any evidence of cockroaches observed or sightings reported.
 - 9) Is there food/harborage for cockroaches in the dwelling?
 - 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 therein shall be maintained in good repair, structurally sound, and in a sanitary manner.
 - All interior surfaces, including windows and doors, shall be maintained in good, clean and sanitary condition.
 - Peeling, chipping, flaking or abraded paint shall be repaired, removed or covered.
 - Cracked or loose plaster, decayed wood, and other defective surface conditions shall be corrected.
 - Every stair, ramp, landing, balcony, porch, deck or other walking surface including handrails shall be maintained in sound condition and good repair.
Every handrail and guard shall be firmly fastened and capable of supporting normally imposed loads and shall be maintained in good condition.
 - Every interior and exterior door shall fit reasonably well within its frame and shall be capable of being opened and closed by being properly and securely attached to jambs, headers or tracks as intended by the manufacturer of the attachment hardware.
 - 12) Are there any roofing or structural leaks?
 - What condition is the roof?
 - Are the shingles curled, cracked, discolored, and/or missing?
 - Are there pieces of shingles on the ground?
 - A metal roof maybe rusted, pitted, buckled or detached?
 - Look for stained ceilings (sheet rock or ceiling tiles).
 - Are there pieces of shingles on the ground?

- Is there any stained wall surfaces and peeling paint?
- Anything where the cause of leak is not immediately visible, 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. Especially 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 (DWV) 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)

General Conditions Interventions:

- Cleaning/housekeeping
- Clutter/clear exits and entryways
- Garbage control (interior/exterior)
- Rats
- Mice
- Cockroaches
- Integrated Pest Management
- Maintenance
- Other pests
- Moisture problems
- Mold problems
- Other

AGENCIES/SERVICES/OTHER CONTACTS

Response choices:

O Referred – Referred respondent or family to agency/service

O Evidence – At the time of revisit, there is evidence (observed or reported) that

Agencies/Services/Other Contacts

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

Alcohol or substance abuse treatment
American Cancer Society
American Lung Association
Blood lead testing
Child Health Plus
Community health workers
Environmental health program
Family Health Plus
Medicaid
Office of the Aging
Office of Temporary disability Assistance
Primary care provider (doctor or clinic)

Food/nutrition

Food Pantry
Food Stamp Program
Voucher for meals
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**HOUSEHOLD/INJURY PREVENTION PRODUCTS****Response choices:**

Given

Evidence

Household/Injury Prevention Products:

Bathtub strip
Bike helmet
Cabinet lock
Clothes
First aid kit
Flashlight
Night light
Sash lock or window guard
Shock stop
Toothbrush
Water bottle
Other

HOW TO IDENTIFY RESIDENTS WITH ASTHMA/ASTHMA SYMPTOMS

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.

Asthma Screening Questions

1. Have you (*Has s/he*) ever been told by a doctor or other health professional that you have (*s/he has*) asthma? **AND** Do you (*Does s/he*) 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.
2. In the past 12 months have you (*has s/he*) 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.

The screening questions listed above are also found on the asthma information sheet.

****This message at the top of the asthma form directs HNP staff to provide the asthma assessment and intervention to all residents with asthma and/or asthma symptoms. Use a separate form for each individual with asthma. For example, if there are two people with asthma living in the household, you should complete one dwelling form and two asthma forms.***

**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.**

PAGE HEADING



COUNTY	<input type="text"/>	ID#	<input type="text"/>
Visit Type	<input type="radio"/> Initial	<input type="radio"/> Revisit	
	<input type="radio"/> Adult	<input type="radio"/> Child	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10

County FIPS Code & Residence Identifier Number: (Top Right Corner)

Please use the same FIPS Code and Identification Number that was used on the dwelling information cover page (see page XX).

Visit Type:

O Initial visit: The “Initial Visit” will include the first visit and all subsequent visits that are needed to complete the initial Asthma Assessment Form.

O Revisit: The “Revisit” is a visit performed three to six months after the completion of the initial visit. This also includes all subsequent visits required to complete the revisit Asthma Assessment Form.

O Adult O Child O1 O2 O3 O4 O5 O6 O7 O8 O9 O10

The same adult number and/or child number from Dwelling Information Cover Page and/or from page two of the Home Intervention Form should be used to fill in the above bubbles.

The respondent should also be the same as adult number one.

POTENTIAL ASTHMA TRIGGERS

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

Response Choices (select only one): Y N O U (O Yes O No O Unknown)

■ Responses to questions #1-#6 should match the answers from the corresponding questions on the home intervention form.

■ Please note that there is no I (improvement) bubble for the revisits on the asthma assessment form for the first eight questions.

- 1) Does anyone smoke inside the home?
- 2) Is there evidence of significant dust accumulation?
- 3) Are there rats? (evidence or reported)
- 4) Are there mice? (evidence or reported)
- 5) Are there cockroaches? (evidence or reported)
- 6) Is there evidence of mold or mildew?

- 7) Are there any pets with fur or feathers? Examples are pet mice, pet rats, dogs, cats, ferrets, and/or birds, and the exclusions are turtles, snakes and/or spiders.
- 8) If yes to pets, does s/he sleep in the same room as the pet(s) with fur or feathers?

ASTHMA DIAGNOSIS AND SYMPTOMS

Asthma diagnosis and symptoms	Status
1) Has s/he ever been told by a doctor or other health professional that s/he has asthma?	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> 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 by this asthmatic 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"/>

▪For younger children, an adult familiar with the child's asthma should provide this information.

- 1) Has s/he ever been told by a doctor or other health professional that s/he has asthma?
 - Y- Yes. 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).
 - N –No. The individual has never been told by a health professional that he or she has asthma. You may be completing the asthma assessment because the individual was identified as having asthma symptoms in the screening questions.
 - U-Unknown. The respondent doesn't know if the individual 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 how many days a person had to use their rescue medication in the specified time frame.
 - If an answer such, "about one attack per week" is given by the respondent, 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).
 - The number of days will be recorded in whole numbers. Decimals are not allowed. Numbers are required to be right justified.
 - Example, to record a report of 12 asthma attacks in the past 3 months, print the number 12 as follows:

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" value="1"/>	<input type="text" value="2"/>
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- 3) Number of visits to a doctor or other health professional for worsening asthma or an asthma attack in the past 12 months. ¶
 - The number of visits will be recorded in whole numbers. Decimals are not allowed. Numbers are required to be right justified.
- 4) Number of overnight stays in the hospital because of asthma in the past twelve months. ¶
 - Record actual hospital admissions (overnight stays). Record the number of overnight stays and not the number of days/nights.
 - The number of overnight stays will be recorded in whole numbers. Decimals are not allowed. Numbers are required to be right justified.
- 5) Number of visits to an ER or urgent care center because of asthma in the past 12 months. ¶
 - Record the number of ER visits, but not admitted to the hospital.
 - The number of visits will be recorded in whole numbers. Decimals are not allowed. Numbers are required to be right justified.
 - If an ER visit results in admission to the hospital, record it as a hospital admission only.
- 6) Number of days of daycare, school, and work missed by this asthmatic because of his/her asthma in the past three months. ¶
 - Record the number of days for the asthmatic person only (not other household members).
 - All days will be recorded in whole numbers. Decimals are not allowed. Numbers are required to be right justified.
- 7) Number of days of school and work missed by other family members because of this asthmatic's asthma in the past three months. ¶
 - Record the total number of days for any family member that were missed because of this person's asthma.
 - The number of days will be recorded in whole numbers. Decimals are not allowed. Numbers are required to be right justified.

COMMENTS

Comments:

The comments space can be used to record information that is not captured on the form or to provide more detail. 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. It is important to remember that this information will NOT become part of the scannable form dataset. Do not write personal identifiers (names, addresses, telephone numbers) in this space.

ASTHMA MANAGEMENT (RIGHT SIDE OF ASTHMA FORM)

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?	
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

- 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?
 - Is routine medical care provided by a physician, physician assistant, and/or by a clinic?
- 3) Does s/he have health insurance?
 - This includes Child Health Plus, Family Health Plus, Medicaid)
 - For the asthmatic person only.
- 4) Does s/he have medicine prescribed by a doctor for "quick relief"?
 - Quick-relief medicines (which are also called bronchodilators) help to stop an asthma attack once it has already started.
 - These medicines help to stop the tightness and open up the airways.
- 4a) If yes, how many times in the past week did s/he take his/her "quick relief" medicine? †
 - The number of times will be recorded in whole numbers. Decimals are not allowed. Numbers are required to be right justified.
- 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.
- 5a) If 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. A peak flow meter can be used to help keep track of an individual's asthma and may even help an and his/her doctor identify what makes his/her asthma worse.
- If a peak flow meter is not used, encourage him or her to consult with a medical professional about peak flow meters.

8) Does s/he have a current written asthma management (or action) plan?

- If there is no plan, explain that there may be many benefits to using this kind of tool that can help keep track of his/her asthma and help him/her know what to do when his/her asthma gets worse.
- If resident does not have an action plan, provide a blank form, and encourage them to discuss it with their regular healthcare provider.
- A written plan should be similar to the NYS Asthma Action Plan Form #4850.

9) Does s/he (or parent of an asthmatic child) know the early warning signs of worsening asthma?

- Early warning signs: Early warning signs are the changes that occur just before or at the very beginning of an asthma attack that tell you a person's asthma is getting worse.
- In general, these signs are not severe enough to interfere with daily activities, but if you recognize the warning, you can stop an asthma attack or prevent it from getting worse.
- Encourage residents with asthma to speak with their doctors about early warning signs of an asthma attack.

Some examples of warning signs:

- | | |
|---------------------|------------------------------------|
| Tired | Slowing down |
| Funny in the chest | Headache |
| Quiet | Eyes look glassy |
| Wanting to be alone | Dark circles under eyes |
| Easily upset | Watery eyes |
| Weak | Paleness |
| Sad | Stuffy nose |
| Excited | Chin or throat itches |
| Sweaty | Change in mucus |
| Restless | Runny nose |
| Feverish | Dry mouth |
| Grumpy | Trouble sleeping |
| | Poor tolerance for exercise |
| | Downward trend in peak flow scores |

- 10) Does s/he know what to do if his/her asthma gets worse?
- The best approach is to let each person with asthma decide what he/she considers an attack.
 - An asthma action plan (or asthma management plan) is a tool that can help a person with asthma keep track of his/her asthma and to know what to do when his/her asthma gets worse.
 - The asthma action plan tells him/her what kind and how much medicine to take based on the symptoms he/she is having and/or his/her peak flow meter readings.
 - The asthma action plan also helps you know when to call the doctor or go to the hospital.
 - Give a copy of the asthma action plan to anyone who may need to know how to respond to [your/his/her] asthma (such as the school nurse, daycare provider, etc).
- 11) Does s/he know the triggers that make his/her asthma worse?
- Anything that contributes to an causes an attack is an asthma trigger.
 - Not everyone with asthma has the same asthma triggers
 - Some triggers are common, but many others are not.
 - His/her doctor can help him/her figure out what triggers his/her asthma and what he/she 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, Medical Problems, Strong Emotions, Nighttime Behaviors, Chemicals and Irritants.
- 12) Does s/he know what to do to get rid or avoid asthma triggers?
- If the response is no, provide verbal education, written information and/or products related to asthma triggers. Products other than those listed may be recorded by filling in the “other” bubble under interventions and providing additional information in the comments section.
 - Urge any members of the household to quit smoking.
 - Keep the home and car free of tobacco smoke, incense, and smoke from a fireplace.
 - Keep away from smoky places.
 - Avoid cold and flu germs.
 - Use unscented soap, lotion, toilet paper, and cleaning products.
 - Don’t use air fresheners or perfume.
 - Use the exhaust fan when the gas stove is on.
 - Cold air, use protective clothing such as a scarf.
 - Wash all bedding and stuffed animals in hot water at a temperature of 130 degrees Fahrenheit.
 - Use a HEPA (highly efficiency particulate air) filter equipped vacuum cleaner.
 - Reduce mold. Fix water leaks. Use a dehumidifier to keep air drier. (30% to 50% humidity is best). Take precautions and follow advice for cleaning up mold (<http://www.health.state.ny.us/environmental/indoors/air/mold.htm>).
 - Cockroaches. Keep the kitchen clean and dry. Take out garbage daily. Store foods in tightly sealed containers. Kill roaches with traps or boric acid, not chemical sprays.
 - Animals. Find the pet a new home. Keep pet outside. Keep out of the bedroom. Bathe the pet weekly.
 - The use of hypoallergenic pillow covers and hypoallergenic mattress covers.
 - The removal of rugs and/or carpets.

ASTHMA INTERVENTIONS

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"/>

Response choices:

O Given-you provided the information, product or referral to the resident during this visit.

O Evidence-during a revisit, the respondent reported use of the information, product or referral given during a previous visit, or you observe evidence that it was used or is being used. This bubble should not be used during an initial visit and should not be used unless the information/product/referral was distributed at a previous visit.

- 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 (specify in Comments)

Remember to avoid giving medical advice to individuals. Trigger avoidance supplies/education, referrals and written and verbal information about general asthma concepts are all acceptable actions to take. Do not interpret medical instructions of any kind (medications, asthma action plans, peak flow scores) for the individual, but encourage a dialogue with his/her provider.

*** For help in explaining asthma triggers, asthma attacks, quick relief and controller medicines, peak flow meters, or written asthma management plans, refer to the Asthma Information Sheet.**