A Healthy Home Assessment Survey

LEADING WITH LEAD

Instructions

Please complete the following assessment as truthfully as possible. This information is confidential and will not be shared.

Resident(s) name(s)_____

Date_____

Address of Home (include unit #)_____

Phone Number_____

E-mail_____

Housing Unit Information:

Tenure: ☐ Owned ☐ Rented

House built... ☐ before 1950 ☐ before 1978 ☐ before 1986 ☐ don't know

Number of units in structure: ☐ single family ☐ 2 family ☐ 2+units

Type of heating system:

☐ gas ☐ oil ☐ electric ☐ propane ☐ wood-burning

☐ other ☐ don't know

Are you ever cold in your house in the winter due to insufficient heating systems?

☐ Always ☐ Frequently ☐ Rarely ☐ Never

Which of these do you use to control temperature in your house? (Select all that apply)

☐ Air Conditioner (window units)
☐ Air Conditioner (central)
☐ Space Heater (propane or kerosene)
☐ Space Heater (electric)
☐ Thermostat controlled by occupant
☐ Open Windows
☐ Fans (kitchen, bathroom, whole house)
☐ Oven

Do you have a doormat to wipe shoes off before coming inside?

☐ Yes ☐ No

Occupant Information:

Number of occupants 18+ years old_____

Number of Occupants 7-17 years old_____

Number of Occupants 0-6 years old_____

# of dogs, cats, birds, or other pets: ☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5+

Preventative Practices:

Is there a working smoke detector on every floor?

☐ Yes ☐ No

Is there a working carbon monoxide detector?

☐ Yes ☐ No

Do you have a fire escape plan and have you practiced it?

☐ Yes ☐ No

Do you have window guards?

☐ Yes ☐ No

If so, do they have quick release bars?

☐ Yes ☐ No

Do you have emergency numbers (poison control, fire, police, etc.) near or programmed into your phone?

☐ Yes ☐ No

Are medicines stored where children cannot reach them?

☐ Yes ☐ No

Are household chemicals (pesticides, paint, fertilizer, lighter fluid) stored where children cannot reach them?

☐ Yes ☐ No

Are cleaning supplies stored where children cannot reach them?

☐ Yes ☐ No

Health Diagnostics:

Has anyone in your house been tested for lead and found to have elevated blood lead levels?

☐ Yes ☐ No

Has anyone in your house been diagnosed by a doctor with asthma?

☐ No ☐ Yes- child 6 and under ☐ Yes- children 7-17 ☐ Yes- adult

Does anyone smoke in your house?

☐ Always ☐ Frequently ☐ Rarely ☐ Never

Cleaning Practices:

Which of these products are used in your house?

☐ spray air fresheners ☐ plug-in air fresheners ☐ potpourri ☐ incense

☐ scented candles ☐ bleach ☐ ammonia ☐ bug bombs/ sprays

Do you have access to a vacuum cleaner?

☐ Yes ☐ No

How often do you vacuum?

☐ Always ☐ Frequently ☐ Rarely ☐ Never

How often do you wet mop?

☐ Always ☐ Frequently ☐ Rarely ☐ Never

How often do you sweep?

☐ Always ☐ Frequently ☐ Rarely ☐ Never

Do you wash your fruits and vegetables?

☐ Yes ☐ No

If you have children, do you wash their toys, pacifiers, and hands before they eat, play, or nap?

☐ Yes ☐ No ☐ N/A

Miscellaneous:

Do you let the faucet run 30 seconds to 2 minutes before drinking or using the water to cook?

☐ Yes ☐ No

Does anyone sleep in the basement?

☐ Yes ☐ No

Have you already, or are you planning to do active remodeling in your house?

☐ Yes ☐ No

If remodeling was done, were lead-safe practices explained?

☐ Yes ☐ No

Has anyone in your house suffered from any of the following in the last 3 months?

☐ Accidents (fall, burn, etc.) ☐ Poisoning ☐ Asthma ☐ No

☐ If yes, did it require a hospital visit?

Do you now or have you ever had a problem with bedbugs?

☐ Yes ☐ No

Thank you from the Leading with Lead team:

Camden Community Partnership
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Hispanic Family Center of Southern NJ
Serving the community since 1976

Saint Joseph's Carpenter Society