

Allergy and Asthma

Home Visit Checklist

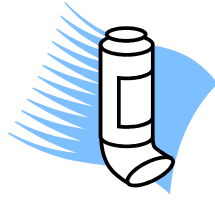


**HOUSING
& ENVIRONMENT**

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Allergy and Asthma Home Visit Checklist

All information is optional and will be kept confidential.

The purpose of this survey is to determine how the interviewees home can be a healthier place to live. Using the provided **Yes No** answer choices, circle the one that is the appropriate answer to each question. If the question does not apply to the interviewee's home, please put N/A. (Not Applicable)

Surveyor:

Date:

Time Started:

Time Finished:

Occupant Name Ms./Mr. _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____

- May we contact you for a follow-up visit or a phone call?
Yes No

Please return forms to:

Occupant and Characteristic Chart

GENDER	AGE	ASTHMA?	PREGNANT?	ALLERGIES?	OTHER RESPIRATORY ILLNESSES?	SMOKE?
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Allergy and Asthma Home Visit Checklist

Asthma and allergies are problems that can be aggravated by things in the air. Pets, tobacco smoke, cockroaches and damp air can all aggravate these conditions. The following questions and tips can help to clear the home of major Asthma and Allergy Triggers. Not all of the triggers addressed here affect every person with asthma or allergies. Also, not all triggers are listed here.

GENERAL MANAGEMENT

- Action Plan:
Yes No Does family have a written asthma action plan?

What have you done in the case of an asthma attack?

- Call 911
- Go to the Emergency Room
- Go to the Doctor
- Give Medication

Yes No If you have a child with asthma, does the school nurse have a copy of the action plan?

- **Yes No** Is the poison information number readily available?
If not, here it is: 1-800-282-5846.

This doesn't apply specifically to asthmatics, but it is a good thing to bring up if children are in the house or visit frequently.

Symptom Frequency

- How many nights in the past 2 weeks have you/your child awakened because of asthma?
____ nights
- How many days in the past 2 weeks were you/your child's activities limited because of asthma?
____ days
- How many days in the last 2 weeks did you/your child use albuterol because of asthma symptoms?
____ days

Self-rating

Overall, how would you describe how well you/your child's asthma is controlled?

- a. Well-controlled
- b. Somewhat controlled
- c. Not very controlled

SMOKING

- Does anyone smoke (cigarette, cigar, pipe)? (circle answer for each)
Yes No Inside of the Home (this includes sneaking a cigarette in the closet)
Yes No Inside the Car

PETS

- Yes No Do you own pets?
If no, skip to next section.

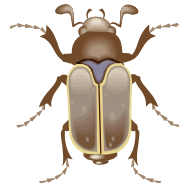
- How many and what type?
___ Dogs
___ Cats
___ Birds
___ Other List here _____

- Yes No Are pets allowed indoors?
Yes No In the bedrooms?
Yes No On the furniture?
Yes No On the kitchen table?

PESTS AND INSECTS

- Yes No Have you seen pests or evidence of pests, such as droppings, inside of the home in the last year? This includes roaches, mice, silverfish, etc.

- Yes No Do you use pesticides to kill bugs?
What Kind?
___ Sprays
___ Baits
___ Other: _____



List of Questions to Determine Housing Conditions

- What year was your home built (approximately)?

- Is this home rented or owned?
Circle One: Rented Owned

- Home Type (Check One)
 Single Stick Built Home
 Mobile Home/Trailer
 Apartment Unit
 Duplex

- Yes No If there is a garage, is it attached to the home?
If no, skip to cleaning habits

- Yes No Does anyone in the home allow the car to idle in the garage?

- Yes No Are any toxic chemicals, such as gasoline, stored in the garage?

HAZARDOUS PRODUCTS USAGE

Does interviewee use any of the following? Ask owner to show you. Check the cabinets.

- Rubber cement, epoxy, etc.
- Paint (oil based) and paint solvents, strippers, thinners, etc.
- Ammonia and ammonia based cleaners
- Chlorine and chlorine based cleaners
- Permanent markers
- Lye or Lye-based drain cleaners

- **Yes No** If the answer is **Yes**, does the interviewee wear gloves and goggles when handling these products?

- **Yes No** Does interviewee apply pesticides to the home or use a commercial service to apply pesticides to home (flea bomb, ant and roach control, etc.) Note: Traps do not count.

- **Yes No** Does interviewee attempt to protect themselves from breathing the fumes emitted from these products and prevent the products from touching their skin while using them?

CARPET

- **Yes No** Is there carpet in the home?
If no, skip to "Materials"
 How old is it? ___ 0-5 yrs. ___ 5-10 yrs. ___ 15-20 yrs. ___ 20+ yrs.

Where is it located? (Check all that apply)

What type is it?

- | | | | |
|---------------------|--------------|----------------|----------------|
| 1. ___ Living Areas | ___ Area Rug | ___ Level Loop | ___ Shag/Plush |
| 2. ___ Bedrooms | ___ Area Rug | ___ Level Loop | ___ Shag/Plush |
| 3. ___ Bathroom(s) | ___ Area Rug | ___ Level Loop | ___ Shag/Plush |

MATERIALS

- **Yes No** To determine the presence of formaldehyde, is there particleboard present in flooring, cabinets or furniture?

- **Yes No** Does the home contain asbestos? (This can be in the form of "popcorn" ceiling, siding, sheet vinyl flooring.)

LEAD

- **Yes No** Is there evidence of flaking or peeling paint on the exterior of the house, especially near window frames?

- **Yes No** Is the paint lead-based?

- **Yes No** Has the home or a nearby neighbor's home been remodeled or had paint removed within the last two years?

RADON

- **Yes No** Is the home located in an area that is known to have radon present? Show radon map.

- **Yes No** If Yes, has the level of radon ever been measured? _____ pc/c

WATER

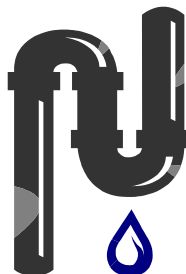
- **Yes No** Is there evidence of water stains or warping on the walls or carpet?
- **Yes No** Do you notice any standing water anywhere in the house?
Circle frequency of standing water: Never Sometimes Always
- **Yes No** Does rainwater gravitate towards house?
- **Yes No** Do your windows have condensation during cold weather?
Circle frequency of condensation: Never Sometimes Always
- **Yes No** Do you have any drips or leaks in the home?
Yes No Does the roof leak?
Yes No Does the plumbing leak?
- Please list other leaks _____
Circle frequency of seeing drips, standing water or leaks: Never Sometimes Always
- **Yes No** Is there visible mold or mildew on the interior of the house?
- **Yes No** Does the home have a musty or damp smell?

HOT WATER HEATER

- What type of hot water heater is in the home?
Circle one: Gas Electric
- How often is it serviced? (circle one)
1 2 3 4 5
Never has been serviced Frequently is serviced

BASEMENT / CRAWLSPACE

- **Yes No** Are there signs of dampness in the basement? These include the presence of mold or mildew, discoloration of walls, a musty odor and/or dampness.
- If the answer to the previous question is **YES**, is the dampness due to:
___ Faulty drainage
___ Poorly directed downspouts
___ Lack of a vapor retarder or barrier
___ Lack of dehumidifier in the basement
___ Other (List) _____
- **Yes No** If the home has a crawlspace, is it properly ventilated?
- **Yes No** If the home has a crawlspace, is the soil properly covered with 6 mm black plastic vapor retarder?



OTHER

- **Yes No** Does the home have drafts?
- **Yes No** Is the clothes dryer vented to the outside?
- What type of heat do you have?
Circle one: Gas Electric Oil Other (List)
- **Yes No** Do you have air conditioning?

What temperature do you keep it at in the summer? _____ Degrees
- **Yes No** If the home has a furnace or wood stove for heat, is there a fuel or smoke smell in the home?
- If the home has a furnace, how often is the ductwork cleaned?
___ Once a Year ___ Once every 2 years ___ Once every 3 years ___ Once every 4 years
___ Can't remember the last time it was cleaned
- If the home has a furnace, how often are the filters changed?
Once a Year ___ Once every 2 years ___ Once every 3 years ___ Once every 4 years
___ Can't remember the last time it was cleaned
- **Yes No** Is there an unvented kerosene or gas heater?



**HOUSING
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Demographic Information

- Occupation _____
 - Household income (check one)
 - ___ \$0-\$10,000
 - ___ \$10,000-\$20,000
 - ___ \$20,000-\$30,000
 - ___ \$30,000-\$40,000
 - ___ \$40,000-\$50,000
 - ___ \$50,000-\$60,000
 - ___ \$60,000 or higher

 - Your age (check one)
 - ___ 17 or younger ___ 18-24 years ___ 25-34 years ___ 35-44 years
 - ___ 45-54 years ___ 55-64 years ___ 65-74 years ___ 75 or older
 - Your children's ages
(List here)
-

- Highest level of education received: (check one)
 - ___ No formal education
 - ___ Elementary/Middle school
 - ___ Some High School
 - ___ High School Graduate
 - ___ Some College, No Degree
 - ___ Associate's Degree
 - ___ Bachelor's Degree
 - ___ Other (please specify) _____

- Ethnicity (check one)
 - ___ Asian/Pacific Islander
 - ___ African American
 - ___ Caucasian
 - ___ Hispanic/Latino/Latina
 - ___ Native American
 - ___ Other (please specify) _____

- Date (time of the year this survey was conducted) _____

That is all of the questions that we have for you.
Thank you for taking the time to answer these questions for us. You have been very helpful.

POSSIBLE TRIGGERS OF ASTHMA AND ALLERGIES

A.) Mold

Moisture Control is main target. Dampness can cause mold to grow. Some mold is very harmful or toxic and can worsen some asthma. Moisture also encourages cockroach infestation.

Tips: Help With Allergies and Asthma

- >Keep the house clean and dry.
- >Ensure that the attic is ventilated and crawlspace is controlled for moisture.
- >Use dehumidifiers and/or air conditioners to remove excess moisture in warm, humid weather. Change filters on HVAC systems according to manufacture's instructions. Make sure that they are clean and have clean drip pans, as biological pollutants can flourish here if dirty. Amoebae, bacteria and fungi have been found in humidifier reservoirs, air conditioners and aquaria. Combat with rigorous cleaning. Also, make certain that the drip pan of a refrigerator is clean.
- >Use fans to vent air outside when bathing showering or cooking.
- *If a hydrometer is available, check humidity. Ideally, it would be between 30-50%.

B.) Dust and Dust Mites

Dust may contain chemicals, dust mites (microscopic pests) mold, lead and other things that cause health problems such as sneezing, watery and itchy eyes, wheezing and difficulty of breathing, skin rash and itching, nausea, etc. and trigger asthma.

Tips: Help With Allergies and Asthma

- >Mites live in bedding, and carpeting. It is recommended that mite sensitive individuals keep the humidity to lower than 45%, as mites desiccate in a drier environment.
- >Wash sheets, other bedding at least once a week with hot water to control dust mites. Also, wash soft toys. Remove those that cannot be washed from bed area.
- >Cover mattresses and pillows with dust-proof (allergen-impermeable) zippered covers.
- >Keep the house interior clean, and try to limit the amount of dust that enters the home.
- >Reduce the amount of things that collect dust, such as carpets, upholstered furniture and knick-knacks. Hard wood floors and smooth upholstered furniture is best.
- >Have ductwork cleaned.
- >One solution to dust problems may be to use a vacuum with a special (HEPA) filter.

C.) Pollens and Smog

- >During the pollen season, all windows in the house should be closed 24 hours a day. Clean air conditioner filters frequently.
- >Pollens are most concentrated in the early morning and the late evening hours and when the weather is dry and windy. At these times, try to keep indoors as much as possible.

D.) Pests

Droppings or body parts of pests can be asthma triggers.

Tips: Help With Allergies and Asthma

- >Keep the house clean. Do not leave food or other things, such as soap, out that are attractive to pests.
- >Do not provide the pests a place to hide.
- >Do not allow entrance points for pests. Plug cracks around baseboards, walls and pipes.
- >Use bait type pesticide, if you can. Keep children away from baited areas.

E.) Second Hand Smoke

Tips: Help With Allergies and Asthma

- >Quit smoking.
- >Encourage the smoker to quit. Tobacco smoke contains more than 4,000 substances, of which at least 40 cause cancer in people and animals.
- >Asthmatic children are particularly at risk. EPA estimates that exposure to secondhand smoke increases the episodes and severity of symptoms in hundreds of thousands of asthmatic children. Infants and toddlers are particularly sensitive.

F.) Pets

Dander, hair, saliva and feathers, all possible pollutants, can become airborne.

Tips: Help With Allergies and Asthma

>Keep the house clean.

>Keep pets out of the bedroom.

G.) Strong odors

>Such as perfume.

H.) Vigorous exercise

>Vigorous exercise, especially in cold, windy air. Always begin with a warm-up. Wear a cold weather mask or a scarf when out in cold dry conditions.

I.) Certain foods/beverages

>These may trigger incidents in individuals. Work with a physician to determine what the irritants are. The most common triggers are nuts, peanuts, candy, chocolate, foods flavored with mint flavoring, foods and drinks with strong artificial flavorings. Another common trigger found in foods is sulfites.

J.) Emotional Stress

Medication

>Check for appropriate technique: make sure appropriate medications are taken for the correct purpose.

Check for problems such as underuse of routine medications or delay in use of medication.

Use of preventative medications for treatment of symptoms.

Inappropriate or dangerous response to severe or persistent problems.

>Ask about refill compliance.

Tips: Help With Allergies and Asthma

>Start an Asthma Action Plan (symptom monitoring)

All Clear: no symptoms of an asthma episode, able to do usual activities, usual medications control asthma.

Caution: Increased asthma symptoms, including waking at night due to asthma, usual activities somewhat limited, increased need for asthma medications.

Medical Alert: Increased symptoms longer than 24 hours, very short of breath, usual activities severely limited, asthma medications haven't reduced symptoms.

Go to the Hospital if there is: difficulty in walking and talking due to shortness of breath or the lips and fingernails are turning blue.

> Participate in an asthma management control program.

>Make certain that the asthmatic child has an action card at school describing child's asthma action plan and the daily medication plan to the nurse.

>Nebulizer - check for appropriate supplies expiration date. Ask how nebulizer is used.

>Use a peak flow meter. Keep diary to record and keep track of the peak flow. Discuss with your doctor what to do when peak flow numbers change.