

HOME EVALUATION

VISIT #
(00, 06, 12, 18, 24)

HOME ENVIRONMENT SURVEY

SECTION A. GENERAL INFORMATION

A1. STUDY ID

Place Study ID
label here

A2. EVALUATOR'S INITIALS _____

A3. DATE OF SURVEY _____ / _____ / _____
M M D D Y Y

A4. START TIME OF SURVEY _____: _____ M [INDICATE AM OR PM]

A5. ENDING TIME OF SURVEY _____: _____ M [INDICATE AM OR PM]

A6. ADDRESS _____

A7. NAME OF ADULT PRESENT _____

[Please use the following rating tables for the ‘Component Condition Rating’ and the ‘Paint Condition Rating’ in each of the three rooms evaluated.]

Component Condition Rating

Component	Intact	Fair	Poor
Walls and ceiling (i.e., plaster, wallboard, paneling)	Entire surface is intact	Minor holes, damage or cracks	Large cracks, damage or holes requiring extensive patching or replacement, evidence of water damage
Floors (linoleum, wall-to- wall carpeting, wood, tile, etc.)	Entire surface is intact and smooth, carpets not worn	Some wear, minor damage or cracks	Large cracks, missing pieces, uneven, worn finish, carpets worn
Windows (glass and sills, casings, wells, frames)	Window glass and all window components are intact	Window glass cracked, minor damage to sills, casings, wells or frames	Window glass missing, extensive areas of damage or rotting of sills, casings, wells or frames

Paint Condition Rating

Component	Intact	Fair	Poor
Walls and ceiling	Entire surface is intact	Largely intact; paint on less than or equal to 2 square feet of room surfaces is chipped, cracked, peeling, blistering, or flaking	Paint on more than 2 square feet of room surfaces is chipped, cracked, peeling, blistering, or flaking
Windows (casings, sills, well, or frames)	Entire surface is intact	Largely intact, paint on less than or equal to 10% of painted surfaces is cracked, worn, chipped, flaking or peeling	Paint on more than 10% of painted surfaces is cracked, worn, chipped, flaking or peeling

[NOTE TO EVALUATOR: The following questions should be answered by visual inspection alone unless indicated otherwise.]

SECTION B. HOME INFORMATION

B1. What is the type of dwelling? [To distinguish between the types of buildings, you may ask: **How many other families live in the building? and/or How many other families live on this floor?**]

- Detached house 1
 - Duplex / Triplex 2
 - Row house 3
 - Low rise apartment (1-3 floors) 4
 - High rise apartment (>3 floors) 5
 - Mobile home / Trailer 6
 - Other 7
- Specify:** a. _____

B2. How many rooms are in the home? [Include kitchen but not bathroom(s), closets, or halls.] _____

B3. Location of: [You may ask the caretaker to show you these rooms.]

	<u>Basement</u>	<u>Ground floor</u>	<u>Other</u>	<u>N/A</u>
B3a. Kitchen	1	2	3	-1
B3b. Family/TV room	1	2	3	-1
B3c. Child's bedroom	1	2	3	-1
B3d. Bathroom	1	2	3	-1

B4. **ASK:**

Where does [CHILD] usually sleep? (**Spanish:** ¿Dónde duerme [CHILD] usualmente?)
[Referred to as 'Primary Bed' in subsequent questions.]

- Own bedroom 1
 - Family/TV room 2
 - Parent's bedroom 3
 - Other 4
- Specify other room:** a. _____

B5. **ASK:**

Is there another place in this home where [CHILD] regularly sleeps or naps? (**Spanish:** ¿Hay otro lugar en esta casa dónde [CHILD] duerme o toma su siesta regularmente?)

- Yes 1
- No 0 **[SKIP TO C1]**

B5a. **ASK:**

Where? (**Spanish:** ¿Dónde?)

[Record the name of the room and what the child sleeps on in the room. Referred to as 'Secondary Bed' in subsequent questions.]

B5b. **ASK:**

How often does [CHILD] sleep here? (**Spanish:** ¿Con qué frecuencia duerme [CHILD] aquí?)

_____ hours per day/night

SECTION C. FAMILY/TV ROOM (OR TV AREA, IF NO SEPARATE ROOM)

C1. Are any of the following present?

	<u>Yes</u>	<u>No</u>
C1a. Cockroach stains	1	0
C1b. Living or dead cockroaches (or parts) ..	1	0
C1c. Mouse droppings	1	0

C2. Do you see any evidence of moisture or leaks?

Yes	1
No	0

C3. Do you see mildew on the....

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
C3a. Ceiling	1	0	
C3b. Walls	1	0	
C3c. Window	1	0	-1

C4. Is there a musty smell?

Yes	1
No	0

C5. Are there ashtrays or cigarette butts in the room?

Yes	1
No	0

C6. Can you smell tobacco smoke in the room?

Yes	1
No	0

C7. What floor covering is present? [**Circle '1' for all that are present and '0' for all that are not present.**]

	<u>Yes</u>	<u>No</u>
C7a. Wall to wall carpeting	1	0
C7b. Large rug	1	0
C7c. Scatter rug	1	0
C7d. Linoleum/tile	1	0
C7e. Wood	1	0
C7f. Concrete	1	0
C7g. Other	1	0

Specify: h. _____

Family/TV Room Component Condition Rating

C8. Walls and ceiling (i.e., plaster, wallboard, paneling)

Intact 1
Fair 2
Poor 3

C9. Floors (linoleum, wall-to-wall carpeting, wood, tile, etc.)

Intact 1
Fair 2
Poor 3

C10. Windows (glass and sills, casings, wells or frames)

Intact 1
Fair 2
Poor 3
N/A -1

Family/TV Room Paint Condition Rating

C11. Walls and ceiling

Intact 1
Fair 2
Poor 3

C12. Windows (casings, sills, well, or frames)

Intact 1
Fair 2
Poor 3
N/A -1

SECTION D. KITCHEN (OR KITCHEN AREA)

D1. Are the following present in the kitchen? [Circle '1' for all that are present and '0' for all that are not present.]

	<u>Yes</u>	<u>No</u>
D1a. Plumbing leaks	1	0
D1b. Overflowing trash can	1	0
D1c. Dirty dishes	1	0
D1d. Dirty cooking pots	1	0
D1e. Grease on or around stove	1	0
D1f. Cockroach stains	1	0
D1g. Living or dead cockroaches (or parts)	1	0
D1h. Mouse droppings	1	0
D1i. Standing water (in sink, on stove, in flower pots, etc.)	1	0

D2. Do you see evidence of any moisture or leaks?

Yes	1
No	0

D3. Do you see mildew on the...

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
D3a. Ceiling	1	0	
D3b. Walls	1	0	
D3c. Window	1	0	-1

D4. Is there a musty smell?

Yes	1
No	0

D5. Are there ashtrays or cigarette butts in the room?

Yes	1
No	0

D6. Can you smell tobacco smoke in the room?

Yes	1
No	0

D7. Is there a gas cooking stove, range or oven?

- Yes 1
- No 0 [SKIP TO D8]
- Don't know -2 [SKIP TO D8]

D7a. Does the gas cooking stove, range or oven have a continuously burning pilot light?
[If you are unable to determine the answer from visual inspection, ask the caretaker to determine how it is lit. If necessary, ask the caretaker to light the appliance.]

- Yes 1
- No 0
- No, it has an electric starter 2
- No, it is lit with a match 3
- Don't know -2

D7b. Is there a fan that draws air from the stove to outside the building?

- Yes 1
- No 0
- Don't know -2

Kitchen Component Condition Rating

D8. Walls and ceiling (i.e., plaster, wallboard, paneling)

Intact 1
Fair 2
Poor 3

D9. Floors (linoleum, wall-to-wall carpeting, wood, tile, etc.)

Intact 1
Fair 2
Poor 3

D10. Windows (glass and sills, casings, wells or frames)

Intact 1
Fair 2
Poor 3
N/A -1

Kitchen Paint Condition Rating

D11. Walls and ceiling

Intact 1
Fair 2
Poor 3

D12. Windows (casings, sills, well, or frames)

Intact 1
Fair 2
Poor 3
N/A -1

SECTION E. CHILD'S PRIMARY BEDROOM (OR PRIMARY SLEEPING AREA, IF NO SEPARATE ROOM)

E1. Are any of the following present?

	<u>Yes</u>	<u>No</u>
E1a. Cockroach stains	1	0
E1b. Living or dead cockroaches (or parts) ..	1	0
E1c. Mouse droppings	1	0

E2. Do you see any evidence of moisture or leaks?

Yes	1
No	0

E3. Do you see mildew on the...

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E3a. Ceiling	1	0	
E3b. Walls	1	0	
E3c. Window	1	0	-1

E4. Is there a musty smell?

Yes	1
No	0

E5. Are there ashtrays or cigarette butts in the room?

Yes	1
No	0

E6. Can you smell tobacco smoke in the room?

Yes	1
No	0

E7. How many beds are in the child's bedroom? _____ beds

E8. Is there a plastic or vinyl cover totally encasing the child's:

	<u>PRIMARY BED</u>		
	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E8a. Mattress	1	0	-1
E8b. Box spring	1	0	-1
E8c. Pillows	1	0	-1

E9. Does the child have a feather or down:

[Ask the caretaker to see the child's jackets. Examine the label(s). If no label, ask caretaker what is in the jacket.]

	<u>Yes</u>	<u>No</u>
E9a. Jacket	1	0

	<u>PRIMARY BED</u>	
	<u>Yes</u>	<u>No</u>
E9b. Pillow	1	0
E9c. Comforter	1	0

E10. What floor covering is present?

	<u>Yes</u>	<u>No</u>
E10a. Wall to wall carpeting	1	0
E10b. Large rug	1	0
E10c. Scatter rug	1	0
E10d. Linoleum/tile	1	0
E10e. Wood	1	0
E10f. Concrete	1	0
E10g. Other	1	0

Specify: h. _____

E11. Are any of the following window treatments present?

	<u>Yes</u>	<u>No</u>
E11a. Blinds	1	0
E11b. Shades	1	0
E11c. Curtains	1	0
E11d. Drapes	1	0

E12. Is there a HEPA filter or other air filter in [CHILD]'s bedroom?

Yes	1
No	0

E13. **ASK:**

Did [CHILD] get a new or different mattress in the last 6 months? (**Spanish:** ¿Ha tenido [CHILD] un colchón nuevo o diferente en los últimos 6 meses?)

Yes 1
No 0

Child's Bedroom Component Condition Rating

E14. Walls and ceiling (i.e., plaster, wallboard, paneling)

Intact 1
Fair 2
Poor 3

E15. Floors (linoleum, wall-to-wall carpeting, wood, tile, etc.)

Intact 1
Fair 2
Poor 3

E16. Windows (glass and sills, casings, wells or frames)

Intact 1
Fair 2
Poor 3
N/A -1

Child's Bedroom Paint Condition Rating

E17. Walls and ceiling

Intact 1
Fair 2
Poor 3

E18. Windows (casings, sills, well, or frames)

Intact 1
Fair 2
Poor 3
N/A -1

CHILD'S SECONDARY BEDROOM (AS IDENTIFIED IN B5)

[If no secondary bed was identified in B5, circle '-1' for all parts of E19 - E20.]

E19. Is there a plastic or vinyl cover totally encasing the child's:

	<u>SECONDARY BED</u>		
	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E19a. Mattress	1	0	-1
E19b. Box spring	1	0	-1
E19c. Pillow	1	0	-1

E20. Does the child have a feather or down:

	<u>SECONDARY BED</u>		
	<u>Yes</u>	<u>No</u>	<u>N/A</u>
E20a. Pillow	1	0	-1
E20b. Comforter	1	0	-1

SECTION F. BATHROOM

- F1. Are any of the following present?
- | | <u>Yes</u> | <u>No</u> |
|---------------------------------------|------------|-----------|
| F1a. Cockroach stains | 1 | 0 |
| F1b. Living or dead cockroaches | 1 | 0 |
| F1c. Mouse droppings | 1 | 0 |
- F2. Do you see any evidence of moisture or leaks?
- | | |
|-----------|---|
| Yes | 1 |
| No | 0 |
- F3. Do you see mildew on the....
- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|----------------------------------|------------|-----------|------------|
| F3a. Ceiling | 1 | 0 | |
| F3b. Walls | 1 | 0 | |
| F3c. Window | 1 | 0 | -1 |
| F3d. Sink, bathtub, or shower .. | 1 | 0 | |
- F4. Is there a musty smell?
- | | |
|-----------|---|
| Yes | 1 |
| No | 0 |
- F5. Are there ashtrays or cigarette butts in the room?
- | | |
|-----------|---|
| Yes | 1 |
| No | 0 |
- F6. Can you smell tobacco smoke in the room?
- | | |
|-----------|---|
| Yes | 1 |
| No | 0 |
- F7. What floor covering is present?
- | | <u>Yes</u> | <u>No</u> |
|-----------------------------------|------------|-----------|
| F7a. Wall to wall carpeting | 1 | 0 |
| F7b. Large rug | 1 | 0 |
| F7c. Scatter rug | 1 | 0 |
| F7d. Linoleum/tile | 1 | 0 |
| F7e. Wood | 1 | 0 |
| F7f. Concrete | 1 | 0 |
| F7g. Other | 1 | 0 |
- Specify:** h. _____

Bathroom Component Condition Rating

F8. Walls and ceiling (i.e., plaster, wallboard, paneling)

- Intact 1
- Fair 2
- Poor 3

F9. Floors (linoleum, wall-to-wall carpeting, wood, tile, etc.)

- Intact 1
- Fair 2
- Poor 3

F10. Windows (glass and sills, casings, wells or frames)

- Intact 1
- Fair 2
- Poor 3
- N/A -1

Bathroom Paint Condition Rating

F11. Walls and ceiling

- Intact 1
- Fair 2
- Poor 3

F12. Windows (casings, sills, well, or frames)

- Intact 1
- Fair 2
- Poor 3
- N/A -1

SECTION G. ANIMALS

G1. **ASK:**

Are there any pets present in the house? (**Spanish:** ¿Hay mascotas en la casa?)

	<u>Yes</u>	<u>No</u>
G1a. Dog	1	0
G1b. Cat	1	0
G1c. Hamster, guinea pig, rabbit, rodent	1	0

G2. **ASK ONLY ABOUT THE PETS NAMED IN G1. CIRCLE '-1' FOR ALL PETS NOT PRESENT.**

Do the pets have access to (or are they kept in) [CHILD]'s room? (**Spanish:** ¿Tienen las mascotas acceso a (o se quedan en) en el cuarto donde duerme [CHILD]?)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
G2a. Dog	1	0	-1
G2b. Cat	1	0	-1
G2c. Hamster, guinea pig, rabbit, rodent	1	0	-1

G3. Is there any evidence of pets (such as litter boxes, food bowls, cages?)
[Include only dogs, cats, and other furry pets.]

Yes	1
No	0

G4. **ASK:**

During the past year, have you had problems with.... (**Spanish:** ¿En el último año, ¿ha tenido problemas con....?)

	<u>Yes</u>	<u>No</u>
G4a. Mice / Ratones	1	0
G4b. Rats / Ratas	1	0
G4c. Cockroaches / Cucarachas	1	0

SECTION H. SUMMARY QUESTIONS

H1. On a scale of 1-5, how would you rate general condition of dwelling? _____

- 1 = Extremely poor housekeeping, no recent cleaning, lack of organization, greasy cooking area, clutter throughout.
- 2 = Not as bad as 1, but unless some attention is given to housekeeping, could become a "1".
- 3 = The "average" level of housekeeping. Periodic cleaning occurs.
- 4 = Above average, clean without much clutter.
- 5 = "Good housekeeping award". Organized, nothing out of place, clean all the time.

H2. **[TO BE ANSWERED DURING THE BASELINE HOME EVALUATION ONLY.]**

Using the following rules, determine which type of vacuum this family would receive if they are in the environmental intervention group.

- Intervention homes meeting these criteria will receive a Miele Red Star with SEB312 power brush:
- Wall-to-wall carpet in either child's primary bedroom OR playroom/TV room
 - OR
 - Carpet covering 50% or more of either child's primary bedroom OR playroom/TV room
- Intervention homes meeting these criteria will receive a Miele S312i with bare floor brush:
- No wall-to-wall carpet in either child's primary bedroom OR playroom/TV room
 - AND
 - Carpet covering less than 50% of both child's primary bedroom AND playroom/TV room

Type of vacuum:

Miele Red Star 1
 Miele S312i 2

H3. **[TO BE ANSWERED DURING THE BASELINE HOME EVALUATION ONLY.]**

Determine the size of mattress and boxspring covers which would best fit the child's primary bed if he/she is in the environmental intervention.

None (no mattress or boxsprings) 0
 Twin 1
 Double/full 2
 Queen 3
 King 4

H4. **[TO BE ANSWERED DURING THE BASELINE HOME EVALUATION ONLY.]**
Determine the size of mattress and boxspring covers which would best fit the child's secondary bed if he/she is in the environmental intervention.

- None (no mattress or boxsprings) 0
- Twin 1
- Double/full 2
- Queen 3
- King 4
- N/A (no secondary bed) -1

[AT COMPLETION OF SURVEY, ENTER ENDING TIME OF SURVEY IN SECTION A.]