

ID# _____ Enrollment #: _____

**Newport Healthy Residents, Healthy Homes (HRHH)
Baseline Health and Visual Assessment**

Development	St. No.	Street Name	Apt No.	City	State	Zip Code

Thank you for taking the time to be a part of the Healthy Residents Healthy Homes Project. Earlier you answered a survey about asthma and housing conditions. Thank you for doing that. You said that there is a family member with asthma and that you may have had concerns about housing conditions and/or health care. We are visiting you today to learn more about your family’s needs and to see if there are housing conditions that may need repair.

We would like to talk to you today in order to understand your (your family’s) situation. Afterwards, together we can make an action plan to help the person in your home with asthma and address any needed repairs in your home. The visit usually takes about 45 minutes.

Answering the questions is your choice. Your answers will not change your right to housing through Newport Housing Authority. After asking questions, I will need to walk through your unit to look for housing conditions that might affect your health and need repair. You are welcome to come with me. This is a great opportunity to learn about how your house works and what you can do to keep it safe and healthy for your family.

Consent to Participate

Before beginning, please review the HRHH Consent Form with the resident. Ask the resident to sign and you will also need to sign. Leave a copy of the form with the resident.

If the resident does not want to sign the Consent Form or does not want to participate in the project, politely end the visit. If housing repairs are needed, open a work order according to normal procedures (not part of HRHH)

Name of Person Surveyed (print name)	Date (mm/dd/yy)

Person Conducting Survey (print name)	Date (mm/dd/yy)

Data Entered By (print name)	Date (mm/dd/yy)

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HEALTH ASSESSMENT- Page 1 of 5**

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Prior to the home visit, enter resident names on the lease into the below table.

1. How many people (children and adults) live in this home?

For each person, I'd like to ask a few questions about their health care use and insurance: Fill in table below with answers to questions 2-8

2. Starting with the oldest and working on through to the youngest, could you please tell me their names? **[Enter first and last names]**

3. How old are you? How old is (person)? **[Enter age]**

4. What is (your/person's) gender? **[M = Male and F = Female]**

5a. Are (you/person) Hispanic or Latino? **(Y=Yes, N=No)**

5b. Which one of these groups would you say best represents [your/person's] race?
[W=White, AA=African American/Black, A=Asian, AI=American Indian/Alaskan Native, O=Other, R=Refused, D= Don't know/not sure, M=Missing]

6. Do (you/person) have any kind of health care insurance or coverage? This could be a private health insurance plan, a government plan such as Medicaid or Medicare, or a plan through the military. **[Y=Yes, N=No, D=Don't Know]**

7. Do (you/person) have a regular source of primary medical care (a doctor or doctor's office where you/he/she goes for check-ups when you/he/she is feeling ok and a place to go when sick? This is not the emergency room of the hospital. **[Y=Yes, N=No, D=Don't Know]**

8. When is the last time (you/person) went to a doctor's office for a well check? **[Enter date of last well check – if they don't remember the exact date, estimate of month and year is ok Code: 998=don't know, 999=refused, 995=missing]**

2. Name	3. Age	4. Gender	5a. Hispanic Latino	5b. Race	6. Insurance	7. Medical Care	8. Last Well Check

[Enter R for any question respondent refuses to answer]

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Development	St. No.	Street Name	Apt No.	City	State	Zip Code

9. Does anyone in your home have asthma?
[Y=Yes, N=No, D=Don't Know, R=Refused]

9b. If yes, how many have people in your home have asthma:

For each person with asthma, I'd like to ask you some questions about their condition. For questions 10-12, enter the code number in the appropriate box.

Questions	Name:	Name:	Name:	Name:	Name:	Name:
<p>10. In the last 4 weeks, how often has (person) had asthma symptoms, such as chest tightness, wheezing, shortness of breath, or cough during the day? Code: 1=1-2 times a week, 2=3-6 times a week, 3=Once a day, 4=More than once a day, 0=Not at all, 998=Don't know, 999=Refused</p>						
<p>11. In the last 4 weeks, how many times did (person) wake up at night or earlier than normal in the morning due to asthma symptoms? Code: 1=Once or twice a month, 2=Once a week, 3=2-3 nights a week, 4=4 or more nights a week, 0=Not at all, 998=Don't know, 999=Refused</p>						
<p>12. In the last 4 weeks, how many days has (person) used albuterol/quick relief medication (white asthma pump) for asthma symptoms? Code: 1=1-2 days a week, 2=3-6 days a week, 3=Every day, 0=Not at all, 998=Don't know, 999=Refused</p>						

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Development	St. No.	Street Name	Apt No.	City	State	Zip Code

For questions 13-14f, enter a number in the appropriate box or record 998=Don't Know, 999=Refused.

Questions	Name:	Name:	Name:	Name:	Name:	Name:
13. If person is less than 18, ask: How many days of school has your child missed due to asthma in the last month? [997: too young/not in school]						
13b. If person is less than 18, ask: How many days of school has your child missed due to asthma in the last year? [997: too young/not in school]						
14. If person w/asthma is 18 or older, ask: How many days of work have (you/person) missed due to asthma in the last month? [997: not currently working]						
14b. If person w/asthma is 18 or older, ask: How many days of work have (you/person) missed due to asthma in the last year? [997: not currently working]						
14c. How many days have (you/person) spent overnight in the hospital due to asthma in the last month?						
14d. How many days have (you/person) spent overnight in the hospital due to asthma in the last year?						
14e. How many times have (you/person) been in the Emergency Department for asthma in the last month?						
14f. How many times have (you/person) been in the Emergency Department for asthma in the last year?						

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Development	St. No.	Street Name	Apt No.	City	State	Zip Code

15. Is there at least one smoker in the home who smokes inside or outside the house?

[Y=Yes, N=No, D=Don't Know, R=Refused]

If NO/DON'T KNOW/REFUSED, skip to Q16.

If YES:

15b. How many people in this home smoke cigarettes?

15c. Do smoker(s) smoke in home?

[Y=Yes, N=No, D=Don't Know, R=Refused]

15d. What are the names of the smokers?

15e. Smoker 1

[Enter first name, last name]

15f. Smoker 2

15g. Smoker 3

15h. Smoker 4

15i. Smoker 5

15j. Smoker 6

15h. **Enter the code** for the total number of cigarettes smoked per day in the home (by all smokers combined)? **1=none – only smoke outside, 2= <6, 3= 7-12, 4=13-24, 5=>24, 999=Refused**

15i. Is anyone interested in reducing or quitting smoking?

[Y=Yes, N=No, D=Don't Know, R=Refused]

15j. If yes, who:

16. The Housing Authority is part of a network of community agencies in Newport that offer a wide range of services for families, such as (list a few). Are you interested in learning about these or other services? [Y=Yes, N=No]

16b. If YES, list comments:

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Now I'd like to ask you some questions about your home. Sometime things in your home's environment may make asthma worse. These things that can make asthma worse are called asthma triggers.

17. Have you had cockroaches, mice, rats or bedbugs in your home in the last 4 months?
[Y=Yes, N=No, D=Don't Know, R=Refused]
IF NO, skip to Q18

17b. Check all that apply:

- Cockroaches
- Mice
- Rats
- Bedbugs

17c. Have you seen the pests in more than two rooms?
[Y=Yes, N=No, R=Refused]

17d. Did you use a spray or fogger to kill pests in the last 4 months?
[Y=Yes, N=No, D=Don't Know, R=Refused]

18. In the past year, has there been a 24-hour period where your home was excessively hot?
[Y=Yes, N=No, D=Don't Know, R=Refused]

19. In the past year, has there been a 24-hour period where your home was excessively cold?
[Y=Yes, N=No, D=Don't Know, R=Refused]

Newport HRHH Health and Visual Assessment
VISUAL ASSESSMENT – Page 1 of 3

Development	St. No.	Street Name	Apt No.	City	State	Zip Code

In the survey that you previously completed, you said that there might be problems with moisture or pests. Now I'm going to walk around your unit looking for moisture, mold or pest problems. I'd like for you to join me to show me where the problems might be. Moisture, mold and pest are all asthma triggers.

Part I: Moisture/Mold Assessments

20. Is there evidence of water leaks (do not include condensation)? [Y=Yes, N=No]
 If **NO**, SKIP to question 21.

20b. Identify source of leak. Check all that apply.

- Roof
- Plumbing
- Basement
- Window
- Air Conditioner
- Other Explain _____

20c. Is the location currently wet? [Y=Yes, N=No]

21. Is there evidence of mold in ANY non-bathroom room?

- < 2 feet
- 2 ft or more
- None

22. Is there evidence of mold in the bathroom?

- < 1 foot
- 1 ft or more
- None

23. Is there a damp/musty odor present in the dwelling? [Y=Yes, N=No]

23b. If **YES**, identify room: Check all that apply

- Kitchen
- Bedroom
- Bathroom
- Basement
- Other – Explain _____

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VISUAL ASSESSMENT – Page 2 of 3**

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If Q23 yes, use a moisture meter in the room with the most serious damp/musty smell. Otherwise, skip to question 29.

24. In what room was moisture meter used?

Measure moisture content on selected surfaces using a moisture meter. Select a location that is representative of the surface.

Location	Water content (% H ₂ O lbs/lb wood)	Relative Reading (0-100)
25. Wood – not abutting concrete or other wet surface		
26. Wood – abutting concrete or a moist/wet surface		
27. Drywall/Plaster		
28. Concrete		

29. Is there a dehumidifier present? [Y=Yes, N=No]

30. Is there an exhaust fan present in the bathroom? [Y=Yes, N=No]

30b. If YES, does it work? [Y=Yes, N=No]

Part II: Pest/Pest Habitat Assessments

31. Is there visual evidence of a pest problem (live or dead pests, droppings, traps, chewed, stained surfaces)? [Y=Yes, N=No]

31b. If YES, how many rooms?

- 1 room
- 2-3 rooms
- 4 or more rooms

Ask to visit bedrooms of asthmatic residents

32. Is carpeting present in any asthmatic resident's bedroom(s) [Y=Yes, N=No]

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Development	St. No.	Street Name	Apt No.	City	State	Zip Code

32b. If YES, how much of the floor is covered by carpeting?

- < 25%
- 25% - 50%
- > 50%

32c. What is the condition of the carpet?

- Like new
- Worn
- Badly worn

33. Are dust mite covers (hypoallergenic/plastic covers) present on either the mattress or the pillows of asthmatic residents(s)?

- None
- Some
- All

Newport Healthy Residents, Healthy Homes Coalition Project Assessment Form Instructions

Prior to the Visit

- 1) From the resident's lease information, write the names of all family members living in the unit in the "family member table" on page 2.
- 2) Bring a moisture meter so that you can complete the visual inspection portion of the visit.
- 3) Remember that if the family does not wish to participate or does not want to sign the consent, end the visit. The resident can still receive housing repairs via the normal workorder request mechanism used by the Housing Authority.

Form Completion Rules

- 1) Follow the instructions on the forms. Remember: Do not conduct the survey unless the confidentiality agreement has been read and signed.
- 2) Record the address on **each** page of the form. This is important in case pages of forms get mixed up at any time.
- 3) A **black** ball point pen is used to record data on forms.
- 4) To correct errors, cross out answer and record in the space next to the box. Do not try to erase or write-over the incorrect answer.
- 5) Place data in every box unless form instructs you to SKIP a question or set of questions. Questions that are skipped should be left blank. **Use "R" if resident refuses to answer a question. In some cases the form asks you to enter a 999 to indicate refused.**
- 6) The number of people in the home (Question 1) should match the number of people listed in the table on page 1 of the Health Assessment.
 - a) If the respondent refuses or cannot provide any information for a resident, record an R in the name field in each row where information is unavailable. Other fields may be left blank.
 - b) If the respondent can provide the name and some other information about a resident, but refuses to answer one or more of the questions about the resident, fill in all fields in the row with either a response or an R.
- 7) The number of people in the home with asthma (Question 9b) should match the number of people listed on the table on pages 2 and 3 of the Health Assessment.
- 8) Print your name and date the form at the completion of the survey/inspection. Provide dates in mm/dd/yyyy format (e.g., 11/12/2006).
- 9) For Question 8, record the month and year of the last wellness visit. If respondent is unsure of month, respondent should provide best estimate.
- 10) If inspector must take a moisture reading (Question 24), use the procedures that are attached.
- 11) Before turning in a form, review the form for completeness, legibility and accuracy. **"R" or 999 indicates refused to answer.**

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12) These forms should be treated as confidential and should be securely maintained so unauthorized people cannot read them.

Suggested Guideline for Asking Questions

The first time a survey question is asked, ask the question as written on the form. If respondent is unclear about the question after it is first asked, the question may be rephrased. If a response is given that doesn't make sense (e.g., no smokers in house, but cigarettes are visibly present), questions may be sensitively rephrased to see if resident modifies answer. However, the respondent's final answer is final and should not be revised by the surveyor.

Moisture Assessment Instructions

Supplies

- Moisture Meter¹ (e.g., Tramex Moisture Encounter Meter)
- Tape measure or ruler
- Camera
- Pen
- Disinfectant Wipes
- Spare Batteries for Moisture Meter

Avoid Common Mistakes

Set the moisture meter to the right setting for each reading. Remember to change the scale to match the wall, ceiling, trim or floor surface you are testing.

Move the meter around to prove that “Yellow” or “Red” readings are moisture and not nails/metal staples. A moisture meter will produce a (false) red alarm reading if placed over a metal (studs, metal corner strips, nails).

Remember to turn the meter off when you are done. When you are done testing, turn the meter off using the switch on the left side. If you forget to turn it off you can run down the battery. The meter will not work if the battery is dead. Carry extra batteries to use as backup.

Remember the meter only measures moisture, not mold. The meter tells you about the moisture in a wall, floor, or ceiling. It doesn't tell you if mold is present. While moisture often leads to mold, a wet reading from the meter does not always mean that mold is always present. Testing for mold involves other tools that are not recommended as part of a CEHRC assessment.

Pay attention to record keeping. Sloppy recording can happen when you are in a rush. Record the results from the meter when you take them. Once you move to another spot, it is easy to forget which areas gave you a yellow or red reading.

Assessment Steps

1. Test the moisture meter by placing it on your hand and confirming that it sounds and reads in the "Red" zone. (It shows red because your hand is moist.)

2. Check for moisture by putting the rubber pads on the underside of the moisture meter against the surface being tested for a few seconds.

a. Set the scale on the top of the meter to the setting that matches the surface you are testing. (2 is the most sensitive to moisture, 1 is the middle setting, 3 is the least sensitive)

For a Tramex meter use the below settings. For other meters, check instructions.

Setting 1

- Wood
- Carpet on concrete (usually found in basement)

Setting 2

- Wall paper
- Drywall
- Carpet

Setting 3

- Brick
- Plaster (usually on older walls)
- Concrete

b. Test where you see mold, wet spots, smell mold **and** on **all** walls below windows.

c. Hold the moisture meter against the surface to be tested and count to 3. When testing carpet, press or wiggle the meter into the carpet.

d. If you get a **Yellow** or **Red** reading, move the meter 3 inches to the left and right, up and down, and on a diagonal to check that you are not reading a metal stud, series of nails, or metal pipe. Moving the meter to the left and right should ensure the problem the meter is finding is moisture and not metal. If the reading is still **Yellow** or **Red**, keep moving outward until the meter reads Green. This helps tell you the size of the potential moisture problem.

** Metal studs, metal bead on gypsum board corners, foil wall paper, groups of nails and metal pipes can sometimes cause false readings on the meter.*

Thanks to the Alliance for Healthy Homes - Community Environmental Health Resource Center for this set of instructions.