

Home Environment Assessment Questionnaire

1. What type of dwelling? House/Apartment/Condo/Trailer
2. Location? Inner City___ Suburbs___ Rural___ Town___
3. Type of foundation? Slab___ Pier and Beam___ Mix___
4. Air conditioning? Central___ Window units___ Water Cooler___
5. How old is the home? _____How long have you lived there?_____
6. Has the building been remodeled or added onto? Yes/No
7. Is the building structurally sound? Yes/No
8. Is there any odor upon entering the home? Yes/No
9. Are animals or birds allowed inside? Yes/No
10. How often do you clean the bird's cage?_____
11. Do you have "kitty-litters" in the home? Yes/No
12. How often do you clean the "kitty litter"?_____
13. Do animals mark territory, urinate, or spray in the home? Yes/No
14. Do animals sleep in your bed/bedroom? Yes/No
15. How many plants are in the home?_____
16. Are any hanging or sitting over areas of carpet? Yes/No
17. Is there a hot tub /jacuzzi/ steam room in the house? Yes/No
18. Do you utilize a humidifier/vaporizer? Yes/No
19. Have there been any floods from plumbing/roof leaks/ outside water/
air conditioning condensate?
20. Has the home had fire and water damage? Yes/No
21. Is there a basement/half-basement/wine cellar? Yes/No
22. Are there any areas of chronic moisture? Yes/No

23. Have you seen mold or mildew growing in the home? Yes/No
24. Do garments or shoes develop mildew in your closet? Yes/No
25. Do bread or fruits spoil or develop mildew easily in your home? Yes/No
26. Have you checked the condensate pan under frost-free freezers? Yes/No
27. Have there been any air conditioning problems? Yes/No
28. Is there any dust exiting from the A/C ducts? Yes/No
29. Had the A/C condensate line become blocked? Yes/No
30. Is the utility room inside the home? Yes/No
31. Are any hobbies practiced in the home? _____
32. Have you had termites? _____
33. Is there a trash masher in the home? Yes/No
34. Is trash left in the house overnight? Yes/No
35. Is there a garbage disposal on the kitchen sink? Yes/No
36. What temperature is the A/C system operated? _____
37. Are ceiling fans utilized? Yes/No
38. What type of filters are in use in the home?
Fiberglass/pleated/electrostatic/electronic/HEPA
39. Are closets in your home ventilated by A/C ducts? Yes/No

OTHER:

40. Is your home cluttered? _____
41. Is your garage filled with clutter or chemicals? Yes/No
42. What type floor covering? Carpet _____ Hard surface _____