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____