

ID# _____ Enrollment #: _____

Newport Healthy Residents, Healthy Homes HRHH

Six-Month 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. Six months ago we asked you questions about your family’s health care needs, family members with asthma and people who smoke in your home. We also looked in your apartment for housing conditions that may need repair. Afterwards, we made an action plan to help address issues identified in the survey and any needed repairs in your home.

Now that six months has gone by, we’d like to see how well our action plan is working. We’d appreciate it if you would allow us to ask you some more questions and look at housing conditions in the home. Answering the questions is your choice. Your answers will not change your right to housing through Newport Housing Authority. We expect the assessment to take about 45 minutes.

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)

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

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

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

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**Newport HRHH Health and Visual Assessment, 6 Month
HEALTH ASSESSMENT- Page 1 of 5**

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Prior to the home visit, enter the names of residents from the baseline assessment with there ages and gender into the below table.

1. [record the names of residents starting with the oldest and working on through to the youngest - enter first and last names]

2.[enter age]

3.[enter gender M = Male and F = Female]

START INTERVIEW

For each person that was listed on our previous survey, I'd like to ask a few questions about their health care use and insurance: Fill in table below with answers to questions 4-6

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

5. Do (you/person) have a regular source of primary medical care (a doctor or doctor's office where he/she goes for check-ups when 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]

6. When is the last time (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]

1. Name	2. Age	3. Gender	5. Insurance	6. Source of Medical Care	7. Date of Last Well Check

[Enter R for any question respondent refuses to answer]

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HEALTH ASSESSMENT - Page 2 of 5**

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

Prior to the home visit, enter the names of residents with asthma from the baseline assessment into the table below.

For each person previously diagnosed with asthma, I'd like to ask you some questions about their condition. For questions 7-9, enter the code number in the appropriate box.

Questions	Name:	Name:	Name:	Name:	Name:	Name:
7. In the last 4 weeks, how often has (person) had asthma symptoms, such as chest tightness, wheezing, shortness of breath, or cough? 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						
8. 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						
9. 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 times a week, 3=Every day, 0=Not at all, 998=Don't know, 999=Refused						

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HEALTH ASSESSMENT - Page 3 of 5**

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

For questions 10-11f, enter a number in the appropriate box or record 998=Don't Know, 999=Refused.

Questions	Name:	Name:	Name:	Name:	Name:	Name:
10. If person w/asthma 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]						
10b. If person w/asthma 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]						
11. If person w/asthma is 18 or older, ask: How many days of work has (person) missed due to asthma in the last month? [997: not currently working]						
11b. If person w/asthma is 18 or older, ask: How many days of work has (person) missed due to asthma in the last year? [997: not currently working]						
11c. How many days has (person) spent overnight in the hospital due to asthma in the last month?						
11d. How many days has (person) spent overnight in the hospital due to asthma in the last year?						
11e. How many times has (person) been in the Emergency Department for asthma in the last month?						
11f. How many times has (person) been in the Emergency Department for asthma in the last year?						

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HEALTH ASSESSMENT - Page 4 of 5**

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

12. 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 Q12e.

If YES:

12b. How many people in this home smoke cigarettes?

12c. Do smoker(s) smoke in home?

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

12d. **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**

12e. Did anyone who smoked attend a program in the last six months to help them stop?

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

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.

13. 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 Q14

13b. Check all that apply:

Cockroaches

Mice

Rats

Bedbugs

13c. Have you seen the pests in more than two rooms?

[Y=Yes, N=No, R=Refused]

13d. 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]

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

After our visit six-months ago, we set up an action plan to help you with some of your health care and housing needs.

14. How would you rate your satisfaction with the help provided?

Code: 1=Very satisfied, 2=Somewhat satisfied, 3=Somewhat dissatisfied, 4=Very dissatisfied, R=Refused/No opinion

15. How would you rate your satisfaction with the results of the plan?

Code: 1=Very satisfied, 2=Somewhat satisfied, 3=Somewhat dissatisfied, 4=Very dissatisfied, R=Refused/No opinion

16. Do you have any comments you'd like to make?

**Newport HRHH Health and Visual Assessment, 6 Month
VISUAL ASSESSMENT – Page 1 of 3**

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

I'm going to walk around your unit looking for moisture, mold or pest problems to see if anything has changed since six months ago. I'd like for you to join me to show me where the problems might be.

Part I: Moisture/Mold Assessments

17. Is there evidence of water leaks (do not include condensation)? [Y=Yes, N=No]
If **NO**, SKIP to question 18.

17b. Identify source of leak. Check all that apply.

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

17c. Is the location currently wet? [Y=Yes, N=No]

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

- < 2 feet
- 2 ft or more
- None

19. Is there evidence of mold in the bathroom?

- < 1 foot
- 1 ft or more
- None

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

20b. If **YES**, identify room: Check all that apply

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

**Newport HRHH Health and Visual Assessment, 6 Month
VISUAL ASSESSMENT – Page 2 of 3**

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

If you used a moisture meter at baseline, use a moisture meter in the same room. Otherwise, skip to question 26.

21. 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)
22. Wood – not abutting concrete or other wet surface		
23. Wood – abutting concrete or a moist/wet surface		
24. Drywall/Plaster		
25. Concrete		

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

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

27b. If YES, does it work? [Y=Yes, N=No]

Part II: Pest/Pest Habitat Assessments

28. Is there visual evidence of a pest problem (live or dead pests, droppings, traps, chewed, stained surfaces)?

[Y=Yes, N=No]

28b. If YES, how many rooms?

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

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VISUAL ASSESSMENT – Page 3 of 3**

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

Ask to visit bedrooms of asthmatic residents

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

29b. If YES, how much of the floor is covered by carpeting?

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

29c. What is the condition of the carpet?

- Like new
- Worn
- Badly worn

30. 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 Six-Month Assessment Form Instructions

Prior to the Visit

- 1) If there is a new family in the dwelling unit since the baseline visit, no six-month assessment should be scheduled.
- 2) From the baseline assessment, write the names of all family members living in the unit in the “family member table” on page 2. Include age and gender in case there is a question about the family member during the interview. Also from the baseline assessment, record the names of the asthmatic family members on the table on pages 3 and 4.
- 3) If a moisture meter was used at the baseline visit, bring a moisture meter so that you can complete the visual inspection portion of the visit. Record on Question 21 what room will be tested.
- 4) Remember that if the family does not wish to participate or does not want to sign the consent, end the visit.
- 5) This assessment is an evaluation of changes since the last visit. If new people have joined the family since the baseline visit, **do not** add them to this assessment.

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” or “999” (for some questions) if resident refuses to answer a question.**
- 6) 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).
- 7) For Question 6, record the month and year of the last wellness visit. If respondent is unsure of month, respondent should provide best estimate.
- 8) If inspector must take a moisture reading (Question 21), use the procedures that are attached.
- 9) Before turning in a form, review the form for completeness, legibility and accuracy. **“R” of “999” indicates refused to answer.**
- 10) These forms should be treated as confidential and should be securely maintained so unauthorized people cannot read them.

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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.