Baltimore City Health Department

Healthy Homes
3- Month Follow Up

Family ID: _____

Case Name: _____ **EBL/PPI:** _____ **Child's Lead level:** _____

Date of blood test: _____ **Due date of next test:** _____ **Test overdue:** ___

Child with asthma: ____ **Names of children with asthma:** _____

Fill out the following table if there were any children with asthma at the INITIAL visit.

Asthma Symptoms	Name: _____ DOB: _____	Name: _____ DOB: _____
Ask During the past 3 months, how many times did this child have to stay in the hospital overnight because of asthma?		
Ask During the past 3 months, how many times did this child go to the ER because of asthma?		

Baltimore City Health Department

Healthy Homes
3- Month Follow Up

Address (initial visit): _____ **Address (90-Day Revisit):** _____

Respondent: _____ **Date of Follow-up:** _____

INITIAL VISIT INFORMATION

Visit Info

Date of initial visit: _____ Rental/Owner occupied: _____

PHI: _____ SAN: _____

Follow-up completed by: _____

Environmental Info

Environmental case discharged: _____ Date of discharge: _____

Abatement work on property since initial visit: _____

Property abated after initial visit: _____ Date abated: _____

Results of initial dust test: _____ Re-dust needed: _____

Comments: _____

Other

Pest problems reported: _____ Type of pest problem: _____

Safety hazards found at initial visit:

- ☐ Unsafe banisters
- ☐ Unsafe stairs
- ☐ No stair gate
- ☐ Unsafe window: _____
- ☐ Choking hazards w/in reach of toddler: _____
- ☐ No electric outlet cover
- ☐ Window blind cord accessible
- ☐ Firearms/knives stored unsafely
- ☐ Other: _____

Areas of Concern Identified at Initial Visit

Medical	Environmental
1.	1.
2.	2.
3.	3.

Special Circumstances from Initial Visit:

Language assistance required: _____

General

1. **Look at the list of "areas of concern" identified at the initial visit. Begin your visit by probing about those items. Write down any comments below:**

Ask the following question for EBL cases only.

Ask

2. When was your child's last blood test? Date: _____

☐ No test completed since initial → **Advise on need for follow-up test if test is overdue.**
☐ N/A- no child with EBL

Comments: _____

Awareness/Knowledge

Please have the respondent give their best answer to the following questions. Ask the client and record the answer. Then explain the correct information.

Ask

3. Overall, how satisfied are you with your home?

☐ Very satisfied
☐ Somewhat satisfied
☐ Somewhat unsatisfied Comments: _____
☐ Very unsatisfied
☐ Don't know
☐ Refused

Ask

4. Smoking inside the home can trigger an asthma flare-up.

☐ True
☐ False
☐ Don't know
☐ Refused

Ask

5. Which of the following are sources of Carbon Monoxide **in the home?** There can be more than one answer.

☐ Space heater
☐ Stove
☐ Steam from the shower
☐ Cigarette smoke
☐ Don't know
☐ Refused

Ask

6. How often should you test your smoke alarm battery?

- ☐ 1 time a year
- ☐ 1 time a month
- ☐ 1 time a week
- ☐ Once every 2 years
- ☐ Don't know
- ☐ Refused

Ask

7. What is the best way to store poisons in the home, according to safety experts?

- ☐ In a place that is high up
- ☐ In a place with doors that close
- ☐ In a place with a lock or a latch
- ☐ In a place that children don't know about.
- ☐ Don't know
- ☐ Refused

Ask

8. Which of the following are good ways to keep pests out of your home? **There may be more than one correct answer.**

- ☐ Use roach sprays (like RAID)
- ☐ Use roach bait stations/roach motels
- ☐ Keep your house free of trash and crumbs
- ☐ Use boric acid
- ☐ Don't know
- ☐ Refused

General

Ask

9. Look at the following list and please circle any of the following concerns you CURRENTLY have with your home and/or family.

Asthma	**Smoking in the home**	**Rats**
Leaks	**Mold**	**Lead**
Being evicted/ Becoming homeless	**Mice**	**Roaches**
Keeping up with the cleaning	**Electricity/gas being turned off**	**Noise**
Odors	**Keeping warm in the winter**	**Safety**
Appliances that don't work	**Keeping cool in the summer**	**Holes in the floor**
Holes in walls/ ceilings	**Broken doors**	**Broken windows**

Other: _____

Go the KITCHEN and do the following assessment.

Observe

10. Can you identify any hazards on the ceiling?
- ❑ Yes →
- ❑ No
- ❑ Cannot determine

If YES, check the structural defect(s) below:
- ❑ Large cracks/holes
- ❑ Severe bulging/buckling
- ❑ Small cracks/holes
- ❑ Missing/broken ceiling tiles or parts
- ❑ Water damage
- ❑ Mold (visible/odor)
- ❑ Chipping/peeling paint
- ❑ Other: _____

Observe

11. Can you identify any hazards on the floor?
- ❑ Yes →
- ❑ No
- ❑ Cannot determine

If YES, check the structural defect(s) below:
- ❑ Large cracks/holes
- ❑ Severe bulging/buckling
- ❑ Small cracks/holes
- ❑ Missing parts
- ❑ Floor covering badly worn/soiled
- ❑ Water damage
- ❑ Mold (visible/odor)
- ❑ Other: _____

Observe

12. Can you identify any hazards on the walls?
- ❑ Yes →
- ❑ No
- ❑ Cannot determine

If YES, check the structural defect(s) below:
- ❑ Large cracks/holes
- ❑ Severe bulging/buckling
- ❑ Small cracks/holes
- ❑ Missing parts
- ❑ Chipping/peeling paint
- ❑ Water damage
- ❑ Mold (visible/odor)
- ❑ Other: _____

Go to the CHILD's room and do the following assessment.

Observe

13. Can you identify any hazards on the ceiling?
- ❑ Yes →
- ❑ No
- ❑ Cannot determine

If YES, check the structural defect(s) below:
- ❑ Large cracks/holes
- ❑ Severe bulging/buckling
- ❑ Small cracks/holes
- ❑ Missing/broken ceiling tiles or parts
- ❑ Water damage
- ❑ Mold (visible/odor)
- ❑ Chipping/peeling paint
- ❑ Other: _____

Observe

14. Can you identify any hazards on the floor?
- ❑ Yes →
- ❑ No
- ❑ Cannot determine

If YES, check the structural defect(s) below:
- ❑ Large cracks/holes
- ❑ Severe bulging/buckling
- ❑ Small cracks/holes
- ❑ Missing parts
- ❑ Floor covering badly worn/soiled
- ❑ Water damage
- ❑ Mold (visible/odor)
- ❑ Other: _____

Observe

15. Can you identify any hazards on the walls?
- ❑ Yes →
- ❑ No
- ❑ Cannot determine

If YES, check the structural defect(s) below:
- ❑ Large cracks/holes
- ❑ Severe bulging/buckling
- ❑ Small cracks/holes
- ❑ Missing parts
- ❑ Chipping/peeling paint
- ❑ Water damage
- ❑ Mold (visible/odor)
- ❑ Other: _____

Observe

16. List any other rooms in the unit that have <u>ceilings</u> with hazards.

Room: _____ Describe condition: _____
Room: _____ Describe condition: _____
Room: _____ Describe condition: _____
Room: _____ Describe condition: _____

17. List any other rooms in the unit that have <u>floors</u> with hazards.

Room: _____ Describe condition: _____
Room: _____ Describe condition: _____
Room: _____ Describe condition: _____
Room: _____ Describe condition: _____

18. List any other rooms in the unit that have <u>walls</u> with hazards.

Room: _____ Describe condition: _____
Room: _____ Describe condition: _____
Room: _____ Describe condition: _____
Room: _____ Describe condition: _____

Observe

19. ❑ No electricity
- ❑ No heat
- ❑ Has heat and electricity
- ❑ Other heat-related issue: _____

Observe

20. Reason for lack of electricity or heat: _____

Cleaning

Observe

21. Clutter: Rank on Hoarding Scale (1-10): _____

22. Evidence of housecleaning?

- ☐ Appears clean
- ☐ Some evidence of housecleaning
- ☐ No evidence of housecleaning

23. Is the unit free from heavy accumulation or garbage or debris inside?

- ☐ Yes
- ☐ No →

Type of debris:
- ☐ Piles of trash and garbage
- ☐ Discarded furniture
- ☐ Other: _____

Asthma

Ask

24. Has anyone in this household been diagnosed with asthma in the last 3 months?
- ☐ Yes (**If YES, and if child is < 12, offer a referral to the BCHD asthma program**).
- ☐ No
- ☐ Don't know

25. See asthma table on front page

Carbon Monoxide

Observe

26. Is there a lot of food encrusted on the range in the kitchen?
- ☐ Yes
- ☐ No
- ☐ Cannot determine

Comments: _____

Observe & Ask

27. Does the family use the oven for heat?
- ☐ Yes
- ☐ No
- ☐ Cannot determine

Comments: _____

Pest Management

Ask

IF client reported pest problem at INITIAL visit, ask:

28. In the last 3 months, has the problem:
- ☐ Stayed the same
- ☐ Improved
- ☐ Gotten worse

Comments: _____

Fire Safety

Observe

29. Are there working smoke detectors on all floors?
- ☐ Yes
- ☐ No
- ☐ Cannot determine

Comments: _____

Observe

30. Is there an acceptable fire exit from this unit that is not blocked?
- ☐ Yes →
- ☐ No
- ☐ Cannot determine

- ❑ Open-able window (for ground or 1st floor units)
- ❑ Back door with opening to porch or stairs leading to ground
- ❑ Fire escape, fire ladder, fire stairs

Observe

31. Are there electrical hazards in the house?
- ☐ Yes
- ☐ No
- ☐ Cannot determine

Ask

32. Does your family have a fire safety plan?
- ☐ Yes
- ☐ No

Ask

33. If YES, what is your family's meeting place in case of a fire?

_____

Household Injury

Ask

34. Have there been any accidents or injuries in the house in the past 3 months? (trips, falls, scalds/burns etc.)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

If YES, describe the injury and the age of the person who was injured.

_____

If YES, did any of these accidents or injuries require a trip to the Emergency Room?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

Observe

35. Check off any of the following safety hazards:

- ☐ Unsafe banister
- ☐ Unsafe stairs
- ☐ No stair gate
- ☐ Unsafe window
- ☐ No electric outlet cover
- ☐ Window blind cords accessible
- ☐ Choking hazards w/in reach of toddler
- ☐ Firearms/knives stored unsafely

Comments: _____

Ask

36. Are there any infants living in this house?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

Ask

37. If YES, do they each have their own crib?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Refused

Observe

38. Is the crib located in a safe place?

- ☐ Yes
- ☐ No
- ☐ Cannot determine

Comments: _____

Smoking

Ask

39. How many people regularly smoke in the home?

_____

Observe

40. Is there evidence of smoking?

- ☐ Yes
- ☐ No
- ☐ Cannot determine

41. If YES, please indicate the type of evidence:

- ☐ Cigarette butts
- ☐ Smoke in the air
- ☐ Discarded cigarette
- ☐ Ashtrays with ash
- ☐ Person smoking
- ☐ Cigarette pack
- ☐ Ashtrays
- ☐ Lit cigarette
- ☐ Other: _____

REFERRALS: *Put a check in INITIAL if referral was made. Indicate the "status" in FOLLOW-UP.*	**Initial**	**Follow-Up (Did they actually participate? Are they still participating?)**
Baltimore Infants and Toddlers	☐	
BCHD Asthma Program	☐	
Breathmobile	☐	
LAAP	☐	
Coalition	☐	
311/Housing	☐	
WIC	☐	
Food Stamps	☐	
Department of Social Services	☐	
Home Energy Assistance	☐	
Quit Smoking Program	☐	
Legal Aid	☐	
Mental Health Services	☐	
General housing assistance (specify)	☐	
Johns Hopkins Safety Center	☐	
National Student Partnerships	☐	
Bon Secours	☐	
Family Tree	☐	
Other: _____	☐	

Ask

Here is a list of some agencies we may have referred you to.
Were you referred to any of the following agencies by the Health Department?

☐ Baltimore Infants and Toddlers

Comment:_____

_____

_____

☐ The Breathmobile

Comment:_____

_____

_____

☐ Baltimore Health Dept Asthma Program

Comment:_____

_____

_____

☐ The Coalition to End Childhood Lead Poisoning

Comment:_____

_____

_____

☐ Lead Abatement Action Project (LAAP)

Comment:_____

_____

_____

☐ 311 / Baltimore City Department of Housing

Comment:_____

_____

_____

ITEMS DISRIBUTED: Initial Visit	Initial	Comments
Cleaning kit	☐	
Roach motels	☐	
Mouse traps	☐	
Giant gift card	☐	
Crib	☐	
Other:	☐	

Please make note below of any interventions that occurred during the follow-up visit.

Referrals made: _____
_____

Other relevant items: _____
_____