

## HOME WALKTHROUGH CHECKLIST

### FOR AGENCY USE ONLY

Client ID No.

Case ID No.

Date Completed

### BUILDING INFORMATION

1. Are the living quarters in a:  
☐ One-unit building, detached from any other building? (e.g., single-family home)  
☐ One-unit building, attached to one or more buildings? (e.g., duplex)  
☐ Building with two or more apartments? (e.g., apartment complex)  
☐ Manufactured/Mobile Home?
2. Is the home:  
☐ Owned?  
☐ Rented?  
☐ Occupied without payment of rent?
3. How many stories are there in the home including attics and basements?  
Number of Stories:

### HEATING AND COOLING

#### Checklist Questions

1. During the winter, what is the primary way the home is heated?  
☐ Radiators  
☐ Baseboard heater  
☐ Forced hot air (vents)  
☐ Space heater  
☐ Fireplace/wood-burning stove  
☐ Other:  
☐ None
2. In addition to the main source of heat, is any other source(s) used?  
☐ Radiators  
☐ Baseboard heater  
☐ Forced hot air (vents)  
☐ Space heater  
☐ Fireplace/wood-burning stove  
☐ Other:  
☐ N/A
3. Do heating appliances (furnace, fireplace, water heater) properly vent to the outside?  
☐ Yes ☐ No
4. Are there working carbon monoxide detectors on each floor?  
☐ Yes ☐ No

#### Potential Action Steps

- Properly ventilate the room where a fuel-burning appliance is used and use appliances that vent to the outside.
- Never use a gas-cooking appliance as a heating source.
- If using a fireplace, make sure it is properly vented to help ensure smoke escapes through the chimney.
- If using a wood-burning stove, make sure doors are tight-fitting. Use aged or cured wood only and follow the manufacturer's instructions for starting, stoking, and putting out the fire.
- If using an unvented kerosene or gas space heater, follow the manufacturer's instructions for proper fuel to use and keep the heater properly adjusted.
- Have the furnace or wood-burning stove inspected annually. Hire a professional to make sure it is functionally sound and vents properly outside the home.
- Make sure there are working carbon monoxide detectors on each level of the home, including the basement (required in Wisconsin) and replace the batteries annually.

**HEATING AND COOLING**

Checklist Questions	Potential Action Steps
5. How is the home cooled? <input type="checkbox"/> Central A/C <input type="checkbox"/> Window A/C (or free-standing unit) <input type="checkbox"/> Fans <input type="checkbox"/> Other: <input type="checkbox"/> N/A	Central A/C units <ul style="list-style-type: none"> <li>• Replace the filters every 3 months or as recommended by the manufacturer.</li> <li>• Use filters with higher efficiency than standard furnace filters, such as upgraded pleated filters, if heating or cooling system manufacturer's specifications allow.</li> </ul> Window A/C units <ul style="list-style-type: none"> <li>• Keep drip pans clean and the drain lines flowing properly.</li> </ul> Follow the manufacturer's instructions for cleaning or replacing filters.
6. Are air filters in the furnace or HVAC system changed according to manufacturer recommendation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Change the furnace filter according to the manufacturer's instructions.

**COOKING**

Checklist Questions	Potential Action Steps
1. What type of stove is used? <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> N/A 2. Is there a working kitchen exhaust fan present? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, is the fan used when cooking on the stove? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If yes, does the fan exhaust to the outside? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use the exhaust fan (if it exhausts to the outside) or open a window when cooking.

**SMOKING**

Checklist Questions	Potential Action Steps
1. Do any members of the household smoke tobacco inside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Do any visitors to the home smoke tobacco inside the home? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are there cigarette butts or ashtrays with ash present? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is tobacco smoke odor present? <input type="checkbox"/> Yes <input type="checkbox"/> No	Make the home a smoke-free zone and encourage household member(s) to stop smoking.
5. In the last 12 months, how often has secondhand tobacco smoke entered inside the home from somewhere else in or around the building? <input type="checkbox"/> Daily <input type="checkbox"/> A few times a year <input type="checkbox"/> Weekly <input type="checkbox"/> Never <input type="checkbox"/> Monthly 6. Does the building have a smoke-free policy? ( <i>For multi-unit housing only</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No	Work with the building owner/manager and other occupants to start a smoke-free policy throughout the building.

**PETS**

Checklist Questions	Potential Action Steps
<p>1. Are there pets in the home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes, what type of pet(s)?</p> <p><input type="checkbox"/> Cat(s)</p> <p><input type="checkbox"/> Dog(s)</p> <p><input type="checkbox"/> Bird(s)</p> <p><input type="checkbox"/> Other furry pets</p> <p><input type="checkbox"/> Other non-furry pets</p> <p>b. If yes, is the client allergic to any of these pets?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. If yes, are pets kept in client's bedroom?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Talk to a healthcare provider to see if testing for allergy to pets might be helpful.</li> <li>• If allergic to pets, the best way to decrease asthma symptoms is to remove the pet from the home and thoroughly clean all surfaces in the home.</li> <li>• If allergic, and the pet cannot be removed from the home, the best way to decrease symptoms is to: <ul style="list-style-type: none"> <li>○ Keep pets out of the bedroom.</li> <li>○ Wash furry pets.</li> <li>○ Use an air cleaner with HEPA filter.</li> <li>○ Use allergen-proof mattress and pillow covers.</li> </ul> </li> </ul>

**PESTS**

Checklist Questions	Potential Action Steps
<p>1. In the last 12 months, have cockroaches been seen inside the home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>2. How often were cockroaches seen inside the home?</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> A few times a year</p> <p>3. In the last 12 months, have any pest control measures (pesticides, traps, etc.) to control cockroaches been used in the home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>4. Is there any visible evidence of cockroaches?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Use integrated pest management (IPM) described below. For those with asthma, especially avoid the use of sprays and foggers.</li> <li>• IPM concepts include: <ul style="list-style-type: none"> <li>○ Keep counters, sinks, tables, and floors clean and free of clutter.</li> <li>○ Clean dishes, crumbs, and spills right away.</li> <li>○ Store food in airtight containers. This also applies to pet food.</li> <li>○ Seal cracks or openings in cabinets, walls, baseboards, and around plumbing.</li> <li>○ Keep trash in a closed container.</li> </ul> </li> <li>• Use pesticide baits and traps in areas away from children and pets. Follow manufacturer's instructions for correct use.</li> </ul>
<p>5. In the last 12 months, have mice or rats been seen inside the home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>6. How often were mice or rats inside seen inside the home?</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> A few times a year</p> <p>7. In the last 12 months, have any pest control measures (pesticides, traps, etc.) to control mice or rats been used in the home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>8. Is there any visible evidence of mice or rats?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Use integrated pest management (IPM) described above.</p>

**MOISTURE AND MOLD**

Checklist Questions	Potential Action Steps
<p>1. Has there been a major flooding event (e.g., broken water pipe, backed up sewer line, etc.) in the home in the past year?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<ul style="list-style-type: none"> <li>• Dry damp or wet items within 24-48 hours to avoid mold growth.</li> <li>• Scrub mold off hard surfaces with detergent and water. Dry completely.</li> </ul>

**MOISTURE AND MOLD**

Checklist Questions	Potential Action Steps
<p>2. Is there evidence of water damage, moisture, or leaks (such as damp carpet or leaky plumbing)?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Have water stains appeared or grown during the past year?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>4. In the last 12 months, was there mold covering an area greater than or equal to the size of an 8" x 11" piece of paper in the home?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>5. Is there visible mold covering an area greater than or equal to the size of an 8" x 11" piece of paper in the home?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. In the last 12 months, how often have there been moldy/musty smells inside the home?  <input type="checkbox"/> Daily <input type="checkbox"/> Monthly  <input type="checkbox"/> Weekly <input type="checkbox"/> A few times a year</p>	
<p>7. Is there a crawlspace under the building?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p>8. Are any of the bedrooms in the basement?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Does the client use a dehumidifier?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Does the client use a humidifier?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Does the air conditioner ever leak water onto walls or carpeting?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p>12. Is there a sump pump in the home?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, is the sump pump working properly?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>• Use an air conditioner or a dehumidifier to maintain 30-50% relative humidity indoors.</li> <li>• Empty and clean air conditioner drip pans regularly.</li> </ul>
<p>13. Is there a working bathroom exhaust fan present?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, how frequently is it used when showering or bathing?  <input type="checkbox"/> Never  <input type="checkbox"/> Sometimes  <input type="checkbox"/> All the time</p> <p>14. Does the clothes dryer vent outdoors?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	Run the bathroom exhaust fan or open the window when showering.
<p>15. In the last 12 months, has there been condensation on windows in the home?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know          If yes, does moisture regularly build up on the windows/walls?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Use an air conditioner or a dehumidifier to maintain 30-50% relative humidity indoors.
<p>16. Have any furnishings, clothes, possessions been in a building that had water damage?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Anything that was water-damaged could have mold. Consider removing those items from the home.

**DUST MITES**

Checklist Questions	Potential Action Steps
<ol style="list-style-type: none"> <li>Is there upholstered furniture in the client's bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Are there stuffed animals/toys in the client's room? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Is there a cloth sofa or chairs? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Are there cloth curtains? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>What is the level of dust on surfaces in the home? <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> Heavy</li> <li>Is there wall-to-wall carpeting in more than half of the rooms in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Is the carpet in poor condition (e.g., musty smell, stained, old)? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Is there wall-to-wall carpeting in the kitchen or bathrooms? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Are the carpet/floors vacuumed less than once a week? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>How often is the home cleaned? <input type="checkbox"/> Weekly <input type="checkbox"/> A few times a year <input type="checkbox"/> Monthly <input type="checkbox"/> Never</li> <li>Are there areas in the home that are difficult to clean (e.g., out of reach)? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<ul style="list-style-type: none"> <li>Talk to a healthcare provider to see if testing for dust mite allergy might be helpful.</li> <li>If allergic: <ul style="list-style-type: none"> <li>Keep relative humidity levels in your home around 30- 50%.</li> <li>Cover mattresses and pillows in special allergen proof covers. Clean these according to manufacturer's instructions.</li> <li>Use washable bedding.</li> <li>Wash bedding weekly and dry completely.</li> <li>Vacuum carpets, area rugs, and floors regularly. If possible, the person with asthma should stay out of rooms while they are vacuumed, swept, or dusted.</li> </ul> </li> </ul>

**VOLATILE ORGANIC COMPOUNDS (VOCs)**

Checklist Questions	Potential Action Steps
<ol style="list-style-type: none"> <li>Are air fresheners used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Are fragrances or candles used in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Are cans of paint, cleaning solutions or pesticides stored safely? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ol>	<ul style="list-style-type: none"> <li>Limit exposure as much as possible by minimizing product use, using products only when person with asthma is not present, or trying alternative products.</li> <li>If products are used, carefully follow manufacturer's instructions on the label and make sure the area is well-ventilated.</li> <li>Dispose of or store leftover products safely.</li> </ul>

**PART B REFERRAL**

Clients qualify for a referral to Part B of the Asthma-Safe Homes Program (environmental services) if **any** of the following are true; check all that apply:

- ☐ Evidence/report of cockroaches, mice, and/or rats daily or weekly  
☐ Mold/moisture issues including recent flooding or leaks, water damage, and/or visible mold in last 12 months  
☐ Ventilation issues including unvented heating appliances or lack of kitchen or bathroom exhaust fan  
☐ Carpet in poor condition and pets and/or smoking in the home

**Referral made?**

☐ Yes ☐ No