

**Health & Safety Client and Home Screening Questionnaire**

**KHC Weatherization Assistance Program**

Date: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Interviewer: \_\_\_\_\_

**High Risk Household Members**

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- |   |           |          |
|---|-----------|----------|
| 1. Any family members less than 4 years old?  | Yes _____ | No _____ |
| 2. Any family members 60 years old or older?  | Yes _____ | No _____ |
| 3. Is anyone living in the house pregnant?  | Yes _____ | No _____ |
| 4. Any household members with asthma,<br>respiratory problems or flu-like symptoms?                   | Yes _____ | No _____ |
| 5. Any Household members with sensitivity or allergies to<br>fiberglass or cellulose based materials? | Yes _____ | No _____ |

**Source of Contaminants/Pollutants**

How old is the House? \_\_\_\_\_

- |   |           |          |
|---|-----------|----------|
| 6. Any paint peeling or flaking on the floors, walls, or ceiling?                 | Yes _____ | No _____ |
| 7. Has the carpet ever been water soaked?   | Yes _____ | No _____ |
| 8. Is the carpet covering a concrete floor?                                       | Yes _____ | No _____ |
| 9. Are unvented combustion appliances used?                                       | Yes _____ | No _____ |
| 10. Are Portable electric space heaters used?                                     | Yes _____ | No _____ |
| 11. Do Cares Park in an attached garage?  | Yes _____ | No _____ |
| 12. Is there seasonal water pooling in the crawl space?                           | Yes _____ | No _____ |
| 13. Are there any plumbing leaks in the crawl space?                              | Yes _____ | No _____ |
| 14. Are there any noticeable leaks or water staining<br>on the ceilings or walls? | Yes _____ | No _____ |

- 15. Any indoor pets? Yes\_\_\_\_\_ No\_\_\_\_\_
- 16. Any paints, solvents, thinners, or pesticides stored in home? Yes\_\_\_\_\_ No\_\_\_\_\_
- 17. Any clutter Problems or unsanitary conditions? Yes\_\_\_\_\_ No\_\_\_\_\_
- 18. Has this house been tested for Radon? Yes\_\_\_\_\_ No\_\_\_\_\_
- 19. Are insecticides or rodenticides used in the home? Yes\_\_\_\_\_ No\_\_\_\_\_
- 20. Any other problems? Yes\_\_\_\_\_ No\_\_\_\_\_
- 21. Any unusual odors in the house? Yes\_\_\_\_\_ No\_\_\_\_\_
- 22. Is moisture noticeable on the windows? Yes\_\_\_\_\_ No\_\_\_\_\_
- 23. Is there any visible mold anywhere in the house? Yes\_\_\_\_\_ No\_\_\_\_\_
- 24. Is the home temperature unusually warm or cold? Yes\_\_\_\_\_ No\_\_\_\_\_
- 25. Are humidity levels unusually high? Yes\_\_\_\_\_ No\_\_\_\_\_
- 26. Is indoor smoking allowed in the home? Yes\_\_\_\_\_ No\_\_\_\_\_
- 27. Has the home been tested for asbestos presence? Yes\_\_\_\_\_ No\_\_\_\_\_
- 28. Has the home been tested for lead based paint presence? Yes\_\_\_\_\_ No\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have reviewed this form and do hereby affirm that no new health and safety concerns were present at the home during the Dwelling Needs Evaluation/Energy Audit except those indicated above.

Signature of Dwelling Needs Evaluator:

\_\_\_\_\_ Date: \_\_\_\_\_