

Room by Room Checklist

Environmental Triggers of Asthma - Home Walkthrough Program

Date of Walkthrough _____ Family: _____ Does someone living in the household have asthma? Yes No

Address _____ City _____ Zip _____ Phone: _____

Known environmental allergies for person(s) with asthma:

- | | | |
|--|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Cat | <input type="checkbox"/> Grass | <input type="checkbox"/> Odors |
| <input type="checkbox"/> Cockroach | <input type="checkbox"/> Rodent | <input type="checkbox"/> Ragweed |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Mold | <input type="checkbox"/> Tree pollen |
| <input type="checkbox"/> Dust/dust mites | | <input type="checkbox"/> Other: _____ |

Sleeping location for person(s) with asthma:

- Pets/animals living in the home:
- | |
|---------------------------------------|
| <input type="checkbox"/> Cat |
| <input type="checkbox"/> Dog |
| <input type="checkbox"/> Other: _____ |

Circle One for each Area of Investigation: **Yes, No OR PP = Potential Problem; NP = No Problem; N/A = Not Applicable**

Room or area	Areas of investigation											
	Moisture and/or mold	Condensation or visible water damage	Plants (number, water trays)	Incorrectly stored items	Upholstered furniture and/or stuffed animals	Carpeting	Evidence of pest/vermin	VOC's: paint, thinners, cleaning chemicals	Smoke and other odors	Scented cleaning products/air fresheners	Overall condition (clutter/dust)	Unintended access points for outside air/pests
	Yes No	Yes No	PP NP N/A	PP NP N/A	PP NP N/A	Yes No	Yes No	Yes No	Yes No	Yes No	PP NP N/A	Yes No
	Comments:											
	Yes No	Yes No	PP NP N/A	PP NP N/A	PP NP N/A	Yes No	Yes No	Yes No	Yes No	Yes No	PP NP N/A	Yes No
	Comments:											
	Yes No	Yes No	PP NP N/A	PP NP N/A	PP NP N/A	Yes No	Yes No	Yes No	Yes No	Yes No	PP NP N/A	Yes No
	Comments:											
	Yes No	Yes No	PP NP N/A	PP NP N/A	PP NP N/A	Yes No	Yes No	Yes No	Yes No	Yes No	PP NP N/A	Yes No
	Comments:											
	Yes No	Yes No	PP NP N/A	PP NP N/A	PP NP N/A	Yes No	Yes No	Yes No	Yes No	Yes No	PP NP N/A	Yes No
	Comments:											