



HEALTHY HOMES CHECKLIST

Number of points to assign the choices are listed after each option. Form will calculate automatically if filling out on a computer.

In what type of home or building do you live? (Select one)

Multifamily = 1

Single-family Detached = 0

Manufactured Home = 1

Select all the features that are in your home

Attic (unfinished/above the living space and below the roof) = 0

Basement (any type) = 0

Crawlspace (a space under the floor that allows access to plumbing and wiring) = 1

Fireplace (any type) = 1

Gas logs = 1

Attached garage or garage under house = 1

Where is your mechanical room/HVAC system located?

Basement = 0

Closet in living space = 1

Attic = 0

Outside closet = 0

Crawlspace = 1

How would you describe your home's maintenance?

Well maintained = 0

Somewhat maintained = 0

Needs repairs = 1

Describe the primary heating system in your home.

Forced/central heat (has ducts) = 1

Wood stove/fireplace = 2

Baseboard = 0

Radiator/boiler = 1

Wall heater/furnace = 2

None = 0

Floor furnace = 2

What type of fuel is used by the heat source?

Natural gas/propane = 2

Wood = 2

Fuel oil = 1

I don't know = 0

Electricity = 0

Describe the primary cooling system in your home.

Forced air/central air conditioning = 0

Window fan(s) = 0

Window air conditioner(s) = 0

Portable fan/ceiling fan = 0

Whole house (attic) fan = 0

None = 1

Do you cook with gas?

Yes = 1

No = 0

Do you have a working range hood fan?

Yes = 0

No = 1

Do you usually run the range hood while cooking?

Yes = 0

No = 1

Does your range hood blow back into the kitchen?

Yes = 1

No = 0

Is there an exhaust fan in the bathroom(s) that have shower(s)/bathtub(s)?

Yes = 0

No = 1

Do you notice any of the following inside your home? (Select all that apply)

Unpleasant/musty odors or smells = 1

Water stains on walls and/or ceilings = 2

A lot of dust on surfaces = 1

Visible mold on walls and/or ceilings = 2

Dark/grey dirt or dust on windowsills or near windows = 1

Leaks or water in the house during or after rain = 2

Where do you store household cleaning supplies/garden chemicals?

Inside the house = 2

Inside an attached garage, crawlspace, or basement = 1

Outside the house in a detached garage or shed = 0

I don't have household cleaning supplies or garden chemicals = 0

Do you have any of these pests inside your home (e.g., in attic, crawlspace, wall cavities)? (Select all that apply)

Cockroaches = 2

Termites = 1

Mice/Rats = 2

Ants = 1

Bats = 2

Bed bugs = 1

Total Points:

Score Range:

30-46

20-30

10-20

0-10

Potential Risk:

Hazardous

High

Medium

Low

