

Tool to Determine if a Home Assessment is Warranted for Mold and Dampness (Part A)

1	During the past 12 months, have there been water problems or dampness in your home from broken pipes, leaks, heavy rain, or floods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
2	In the last 12 months, how often have you noticed any moldy/musty smells inside your home?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> A few times a year <input type="checkbox"/> Never		
3	In the last 12 months, was there fungal growth covering an area greater than or equal to the size of an 8" x 11" piece of paper in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
4	In the past 12 months, have you noticed condensation on windows in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
5	Have any of your furnishings, clothes, possessions been in a building that had water damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Tool to Determine if a Home Assessment is Warranted for Mold and Dampness (Part B)

Building Characteristics					
Building	Is there a crawlspace under the building?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Don't know
	Are any of the bedrooms in the basement	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Heating, Ventilation and Cooling	During the winter, what is the <u>primary</u> way your home is heated?	<input type="checkbox"/> Fireplace /wood-burning stove	<input type="checkbox"/> Forced hot air (vents)	<input type="checkbox"/> Baseboard heater	<input type="checkbox"/> n/a
		<input type="checkbox"/> Space heater	<input type="checkbox"/> Radiators		<input type="checkbox"/> Other
	During the winter, what is the <u>secondary</u> way your home is heated?	<input type="checkbox"/> Fireplace /wood-burning stove		<input type="checkbox"/> No other heating	<input type="checkbox"/> n/a
		<input type="checkbox"/> Space heater			<input type="checkbox"/> Other
	How do you cool your home?	<input type="checkbox"/> Evaporative cooler			<input type="checkbox"/> n/a
					<input type="checkbox"/> Other
	In the bathroom where you shower or bathe, does the exhaust fan work?	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Yes	
	If yes, how frequently do you use it when showering or bathing?	<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> All the time	
	Does your kitchen vent exhaust outdoors?	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Yes	
Does your clothes dryer exhaust outdoors?	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Yes	<input type="checkbox"/> n/a	
Dust reservoirs					
Do you have wall-to-wall carpeting in your kitchen or bathrooms?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
What kind of floor covering is in the bedroom?	<input type="checkbox"/> Wall-to-wall carpeting	<input type="checkbox"/> Some carpeting	<input type="checkbox"/> All smooth floor		
Dampness					
Do you use a dehumidifier?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Do you use a humidifier (or add moisture to air because it is dry in your home)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		