




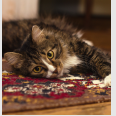





Family ID

Name of Promotora						Date					
Number of visits		<input type="checkbox"/> Initial visit		<input type="checkbox"/> 3 months		<input type="checkbox"/> 6 months		<input type="checkbox"/> 9 months			
Household Makeup	Adults	Number living in house	Age of Adult								
	Gender of Adult		M / F	M / F	M / F	M / F	M / F	M / F	M / F	M / F	
	Children	Number living in house	Age of Child								
	Gender of Child		M / F	M / F	M / F	M / F	M / F	M / F	M / F	M / F	
Items			Problem Observed	Education Delivered	Material Distributed		Notes				
 <div style="text-align: center; margin-top: 10px;">Asthma</div>			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>						
			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>						
 <div style="text-align: center; margin-top: 10px;">Smoking and the Smoke-free Home Pledge</div>			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		Ask all families to take the pledge. The family keeps the pledge.				
			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>						
 <div style="text-align: center; margin-top: 10px;">Combustion Products ex: candles & cooking</div>			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>						
			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>						
 <div style="text-align: center; margin-top: 10px;">Mold</div>			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>						
			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>						
 <div style="text-align: center; margin-top: 10px;">Dustmites</div>			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>						
			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>						
 <div style="text-align: center; margin-top: 10px;">Pet Dander</div>			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>						
			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>						
 <div style="text-align: center; margin-top: 10px;">Carpet</div>			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>						
			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>						
 <div style="text-align: center; margin-top: 10px;">Powders & Sprays</div>			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>						
			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>						
 <div style="text-align: center; margin-top: 10px;">Fragrances</div>			Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>						
			No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>						

	Solvents & Strong Cleaning Chemicals	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Insect Control & Pesticide Use	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Unlawful Pesticide Products	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Airplane Powder	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Lead toxicity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Mercury Toxicity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Carbon Monoxide Poisoning	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Endocrine Disruptors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please feel free to use the back of this page to record comments or suggestions. Thank you!					

Adapted from: University of Texas Health Science Center San Antonio - South Texas Environmental Education and Research Program