

Phoenix Healthy Homes Demographics Tool

Home ID # _____

Date of Survey: _____

Start Time: _____

End Time: _____

Surveyor's Name: _____

Referral Group:

PCH Breathmobile

Head Start

PCH Emergency Room

City of Phoenix Rehab / Lead Program

PCH General Pediatric Clinic

Other: _____

Index Child's Name: _____

Child's Age: _____

Reason for Referral: _____

Resident's Name: _____

Phone: _____

Address: _____

(street/apt/unit #)

(city)

(st)

(zip)

Ethnicity: Native American Asian Black or African American Hispanic or Latino White

Type of Dwelling:

Single family/town home Mobile home Apartment/Condo Other _____

Rent or Own: Rent Own

Date of Construction: Pre 1978 Post 1978

Single parent household: Yes No

Children Living in the Home

Child 1 Name _____ Age _____ M F

Child 2 Name _____ Age _____ M F

Child 3 Name _____ Age _____ M F

Child 4 Name _____ Age _____ M F

Child 5 Name _____ Age _____ M F

Number of children ages under 6 years living in the home: 0 1 2 3 or more

Number of adults (ages 18 and older) living in the home: 0 1 2 3 4 or more

Total number of occupants living in the home: _____

Have any of the children been injured or hurt in the past year?

Yes

No

CHILD # _____

(name)

1. How injured?

Burn

Choked

Strangled

Bicycle

Fall

Car Crash

Poison

Dog Bite

Cut

Drown

Shocked/electrocuted

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- 2. What was the injury / _____?
- 3. Who cared for the injury?
 - a. First aid at home
 - b. Hospital admission
 - c. School Nurse
 - d. Doctor's Office
 - e. Emergency Room/Urgent Care

CHILD # _____
(name)

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 - a. Burn Choked Strangled Bicycle
 - b. Fall Car Crash Poison Dog Bite
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Guns Present in the Home? Yes No

Asthma Questionnaire

Complete Asthma Questionnaire by asking parents to supply information on all children who are not currently being treated for Asthma or who are not in the Breathmobile Program.

Referred to Breathmobile Yes No Name Age _____

Refused referral to Breathmobile