

Voluntary Health and Housing Assessment Form

Residents: Please note that this information is only being collected to help obtain funding for mold remediation in our tribal housing and as such, we ask you **not** to include your name or your family's names. This is a voluntary form and will only be used to show that mold in our tribal housing may be affecting the health of our residents.

Thank you.

1. Have you or anyone in the home had any of these conditions in the last 12 months or since you moved into this house/unit? ***Check all that apply.***

- | | |
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| <input type="checkbox"/> Doctor-diagnosed asthma | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Asthma symptoms (cough, wheezing, shortness of breath, chest tightness, and phlegm without a cold or respiratory infection) | <input type="checkbox"/> Frequent headaches or migraines |
| <input type="checkbox"/> Chronic bronchitis | <input type="checkbox"/> Hay fever |
| <input type="checkbox"/> Ear infections (three or more) | <input type="checkbox"/> Respiratory disease |
| <input type="checkbox"/> Eye irritation | <input type="checkbox"/> Sinus problems |
| | <input type="checkbox"/> Skin infection/rash |

2. Do any of these symptoms worsen when you enter the house/unit or while you are there?

3. Do they improve after leaving? If yes, please describe.