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.**

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

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

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