



Pediatric Social & Environmental Health Screener





What is your child's zip code(s)? _____

What type of housing does your child live in?

- | | |
|--|---|
| <input type="checkbox"/> Owned apartment or house | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Rented apartment or house | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Rented room(s) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Group home | <input type="checkbox"/> Prefer not to answer |

Thinking of where your child lives, are there any of these **common problems** in the home?

	Mice or Rats	Yes	No	Unsure
	Cockroaches	Yes	No	Unsure
	Water Leaks/Damage or Mold	Yes	No	Unsure
	Paint Chipping/Peeling or Renovations	Yes	No	Unsure


	Was your house/building built before 1978 ?	Yes	No	Unsure
	Does anyone in the home smoke or vape ?	Yes	No	Unsure
	Are you ever worried that your food will run out before you are able to buy more?	Yes	No	Unsure
	Does trouble with transportation ever make it difficult for you to get to appointments, meetings, work, or get things needed for daily living?	Yes	No	Unsure


Provider Use Only


Screener Positive For:

☐ Pest 

☐ Lead Paint 

☐ Food Insecurity 

☐ Mold 

☐ Tobacco Smoke 

Additional Screening Questions

☐ Positive Pest

How often do you see mice and/or cockroaches in your home?

a. Daily b. Weekly c. Monthly d. Yearly e. Refused



Where in the home do you see mice and/or cockroaches?

a. Kitchen b. Child's Bedroom c. Other _____ d. Refused

☐ Positive Pest, Water Leaks and/or Mold

Do you have maintenance issues in your home such as cracks, or holes in the walls?

a. Yes. b. No c. Unsure d. Refused



Do you have maintenance issues in your home such as water leaks or broken pipes?

a. Yes. b. No c. Unsure d. Refused



Renters: If yes, have you filed a maintenance complaint with your landlord?

a. Yes. b. No c. Unsure d. Refused

☐ Positive Paint Chipping/Renovations or <1978

Has your home ever been inspected for lead?

a. Yes. b. No c. Unsure d. Refused



Has your child ever been tested for lead in their blood?

a. Yes. b. No c. Unsure d. Refused

Counseling

Based on what we talked about today, your child may benefit from resources on reducing exposure to **{insert names of positive screens}**. The resources we have include helpful tips on how to reduce exposure around the home, local community organizations that help families deal with these issues, and links to more information.

Which resources would you like today?

☐ Pest 

☐ Lead Paint 

☐ Food 

☐ Mold 

☐ Tobacco Smoke 