

## Client Questionnaire

Agency: HCCAA, INC. Date: \_\_\_\_\_ Building ID# \_\_\_\_\_  
 Inspector: \_\_\_\_\_ Customer \_\_\_\_\_  
 Home/Unit Address \_\_\_\_\_

- Please answer each question to the best of your ability.
- If a question does not pertain to your household, answer “No” or “N/A”.
- Please initial after each answer in the box provided.

Question	Resident Answer	Comments/ recorders initials
Where do you store cleaning products or other chemicals?		
Does any part of your home have moisture problems?		
Does anyone in the household have unexplained headaches, itchy eyes, sinus problems, or dizziness?		
Do you have any unusual, unexplained odors or smells?		
Do you have any problems with pests or rodents? Any beehives, etc.?		
Does your home have any structural problems, roof leaks, or large exposure to the outdoors?		
Do you or any members of the home have any health problems or medical conditions?		
Is there anything in your home that is of particular concern to you health-wise?		

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