Healthy Home Assessment

KITCHEN
1. What type of cookware (pots and pans) do you use?
2. What type of containers do you use to store food?
3. What form of food do you use most often – canned, fresh, frozen?
4. What containers do you use for drinking water?

BATHROOM
1. On average, how many personal care products do you use (lotions, powders, sprays, cosmetics, cleansers) on a regular basis?
2. How many of your personal care products list unspecified ‘fragrance’ on the list of ingredients?
3. What type of hand soap do you use?
4. If you have a shower curtain, what type of material is it?

LAUNDRY AND CLEANING CLOSET
1. Do all your cleaning products include an ingredients list? If so, can you pronounce them?
2. How many of your laundry and cleaning products list unspecified ‘fragrance’ on the list of ingredients?
3. How many laundry products do you use (dryer sheets, fabric softener, bleach)?

ALL AROUND THE HOUSE
1. Does your house contain lead paint?
2. What type of stain protection is on your carpeting and upholstery?
3. Do you use artificial air fresheners or scented candles on a regular basis?
4. Do you use pesticides or insecticides inside or outside of your house?