

## SC Weatherization Assistance Program - Client Interview

Interview conducted by:

Name:	Job#:	Date:
Address:	City/Zip:	Phone:

### General Information

How long have you lived in home? <input type="text"/> Years	Age of home? <input type="text"/> Age verified w/County Assessor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your home or certain rooms get too warm? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Does your home or certain rooms get too cold? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Do you have any noticeable drafty areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Do you close off any rooms during heat season? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Exhaust Fans? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes what type? <input type="checkbox"/> Bathroom <input type="checkbox"/> Kitchen Other _____
Do you have a cloths dryer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electric <input type="checkbox"/> Gas Vented to outside? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a fireplace? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, working damper? <input type="checkbox"/> Yes <input type="checkbox"/> No Use fireplace often? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Heating, Air Conditioning & Domestic Hot Water

Did the primary heating system work last winter? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any repairs on heating system in last 2-3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating system serviced in past 2-3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you change your filter(s) regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use separate space heaters for heating? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electric <input type="checkbox"/> Nat. Gas <input type="checkbox"/> Propane <input type="checkbox"/> Kero <input type="checkbox"/> Oil
Do you have a setback thermostat? <input type="checkbox"/> Yes <input type="checkbox"/> No	High setting is: _____ F <sup>0</sup> Low setting: _____ F <sup>0</sup>
Is your hot water heater working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hot Water Temperature Measurement is: <input type="text"/> F <sup>0</sup>

### Health & Safety Issues

Any dizziness, headaches, nausea flu-like symptoms during heating system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any noticeable moisture problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Is there any condensation build-up in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Is there mold or mildew in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:
Does your crawlspace or basement get wet during certain times of the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?:
Has your home been certified as free from lead-based paint? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Has any member of your household been tested for lead exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, results?
Do you have any concerns I have not addressed? _____	

### Problem Areas

<u>Moisture</u>	<u>Mold</u>	<u>Mildew</u>	<u>Other Hazards</u>
<input type="checkbox"/> Water puddling in crawlspace	<input type="checkbox"/>	<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Lead Paint
<input type="checkbox"/> Dryer not vented to outside	<input type="checkbox"/>	<input type="checkbox"/> Basement	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Unvented space heater	<input type="checkbox"/>	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Radon
<input type="checkbox"/> Ductless Exhaust Fan - Bath	<input type="checkbox"/>	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Unsafe Wiring
<input type="checkbox"/> No Exhaust Fan - Bath	<input type="checkbox"/>	<input type="checkbox"/> Attic	<input type="checkbox"/> Carbon Monoxide
<input type="checkbox"/> Ductless Exhaust Fan - Kitch	<input type="checkbox"/>	<input type="checkbox"/> Windows	<input type="checkbox"/> Unvented Space Heater
<input type="checkbox"/> No Exhaust Fan - Kitch	<input type="checkbox"/>	<input type="checkbox"/> Ceiling	<input type="checkbox"/> Sewage
<input type="checkbox"/> Roof Leaks	<input type="checkbox"/>	<input type="checkbox"/> Walls	