PLYMOUTH DAMP AND MOULD MATRIX TOOL (UHP)

To assist frontline workers when reporting damp or mould in the home of a client.

DAMP AND MOULD ASSESSEMENT

Tick each of areas flagged by this report form.

☐ (A) Severe mould/smell of mould in living areas ☐ (B) Vulnerabilities in the home

☐ (C) High risk health conditions ☐ (D) Accessibility needs ☐ (E) Affordability issues

☐ Poor housing conditions – (i.e. overcrowding,poor heating)

REFERRER DETAILS

Referring organisation		
Referrer name		
Email & phone number		

CLIENT DETAILS

Name		
Email & phone number		
Communication needs		

HOME DETAILS

Address	
Property type (i.e Flat, Bungalow)	
Is property over occupied?	

Tenure

☐ Social housing tenant ☐ Private rented tenant ☐ Shared Ownership ☐ Owner occupier

If rented, landlord name and contact details:			
If rented, has issue been reported to the landlord?			
Consent to Contact Landlord	YES / NO		
Resident signature:		**Date:**	

SECTION A - DAMP AND MOULD ISSUE - Background	
Is black mould visible?	YES / NO
Is there a smell of damp/mould?	YES / NO
Is there mould on clothing, bedding or inside cupboards?	YES / NO Details:

Does the home have issues with:

☐ Poor heating ☐ Poor ventilation ☐ Leaks ☐ Poor repair

Using the scale here as a reference, how widespread is the issue?

If present in multiple rooms you can identify level in each room:

Downstairs Hallways __ Toilet __ Lounge __ Dining room __

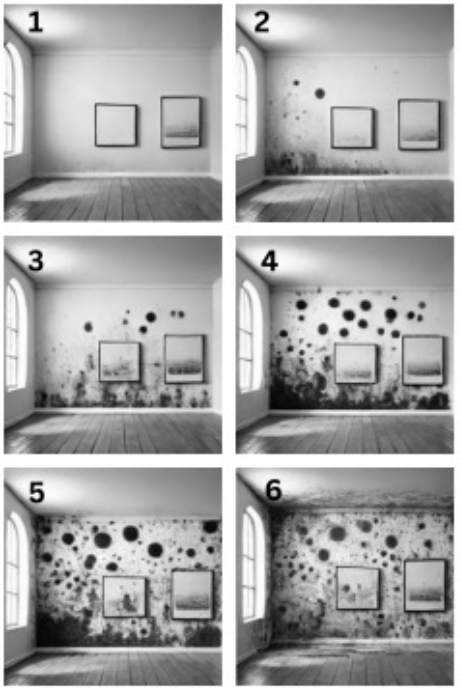
Kitchen __ Stairs __ Upstairs hall __ Main bedroom __

Bedroom 2 __ Bedroom 3 __ Bedroom 4 __

Bathroom __ Upstairs toilet __

Loft area/ loft room __

Other:



Any other details about the issue:

Section B - VULNERABILITIES IN THE HOME

Select all factors that are present in the home;

☐ Children 5 or under ☐ Child 6-16 ☐ Adults 65+ ☐ Adults 75+ ☐ Physical Disability

☐ Pregnant ☐ A carer ☐ Being cared for ☐ Long term physical/mental health condition

SECTION C – HIGH RISK HEALTH CONDITIONS

What medical conditions are present in household? ***tick all that apply***

☐ Asthma ☐ Childhood asthma ☐ COPD ☐ Asbestosis ☐ Lung disease ☐ Heart condition

☐ Immune suppression diseases (e.g. HIV, cancer) ☐ Stroke ☐ Skin condition ☐ Other

Details:

SECTION D – ACCESSIBILITY NEEDS

What needs are present in the household, that may preset a barrier? ***tick all that apply***

☐ Mental ill health ☐ Dyslexia ☐ Autism ☐ ADHD

☐ Cognitive impairment ☐ English as 2nd language ☐ Hearing impaired ☐ Sight impaired

☐ Other accessibility needs - Details:

Please state who is the household this is relevant for:	

Section E – ENERGY AFFORDABILITY

Is the householder...

☐ Struggling to afford energy bills ☐ Heating supply capped/ off ☐ Worrying about existing energy debt

☐ If a homeowner, unable to afford to maintain a working heating system

Additional affordability information	

CONSENT TO SHARE **Please confirm you have consent to share information and with which organisation**	YES / NO Organisations shared with:

NOTES