

# Essentials for Healthy Homes Practitioners

## Pre-Course Survey

This brief survey should take 5 minutes or less to complete. There are no right or wrong answers, but your input is critical in determining how this course may impact your work and how the course might be improved to better meet student needs.

Student name (please print clearly): \_\_\_\_\_

Date of course: \_\_\_\_\_ City and state of course: \_\_\_\_\_

### SECTION A. HEALTHY HOMES SKILLS AND KNOWLEDGE

*Some students attend this course without any background in healthy homes and others attend because they have experience with one or more of the healthy homes principles, but need more information or training about the other principles. Your answers to questions in this section just give us a better understanding of what knowledge, if any, our students are already bringing to the training.*

**1. Think about your current ability to put healthy homes principles into practice (e.g., identifying problems, educating residents). Which, if any, of the following healthy homes principles are you very or extremely confident about your ability to put that principle into practice? (select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Keep it Dry        | <input type="checkbox"/> Keep it Contaminant-Free   |
| <input type="checkbox"/> Keep it Clean      | <input type="checkbox"/> Keep it Maintained   |
| <input type="checkbox"/> Keep it Pest-Free  | <input type="checkbox"/> I don't feel extremely or very confident about any of the healthy homes principles yet |
| <input type="checkbox"/> Keep it Ventilated |   |
| <input type="checkbox"/> Keep it Safe       |   |

**2. How confident are you that you have the skills, knowledge and ability to educate a resident or colleague about healthy homes principles overall?**

- |  |   |
|--|---|
| <input type="checkbox"/> Extremely confident | <input type="checkbox"/> Minimally confident              |
| <input type="checkbox"/> Very confident      | <input type="checkbox"/> Not confident                    |
| <input type="checkbox"/> Somewhat confident  | <input type="checkbox"/> This is not applicable to my job |

**3. How confident are you that you have the skills, knowledge and ability to conduct a visual assessment and identify a range of healthy homes problems or hazards in a home?**

- |  |   |
|--|---|
| <input type="checkbox"/> Extremely confident | <input type="checkbox"/> Minimally confident              |
| <input type="checkbox"/> Very confident      | <input type="checkbox"/> Not confident                    |
| <input type="checkbox"/> Somewhat confident  | <input type="checkbox"/> This is not applicable to my job |

**4. How confident are you that you have the skills, knowledge and ability to educate a resident about how to correct healthy homes problems or hazards identified during a home visit?**

- |  |   |
|--|---|
| <input type="checkbox"/> Extremely confident | <input type="checkbox"/> Minimally confident              |
| <input type="checkbox"/> Very confident      | <input type="checkbox"/> Not confident                    |
| <input type="checkbox"/> Somewhat confident  | <input type="checkbox"/> This is not applicable to my job |

**SECTION B. HOME VISITS**

**5. During the last 30 days, have you, or your staff, taken action related to any of the following healthy homes issues?** *Actions could include identifying problems, educating residents, issuing orders, referring residents for assistance, or fixing the identified problems. Select all that apply.*

- |  |  |
|--|--|
| <input type="checkbox"/> Mold/mildew/moisture                  | <input type="checkbox"/> Contaminants (e.g., asbestos, VOCs) |
| <input type="checkbox"/> Home cleanliness/cleaning methods     | <input type="checkbox"/> Radon                               |
| <input type="checkbox"/> Pests/insects                         | <input type="checkbox"/> Weatherization                      |
| <input type="checkbox"/> Pesticides                            | <input type="checkbox"/> Home maintenance                    |
| <input type="checkbox"/> Air quality/ventilation               | <input type="checkbox"/> Housing code violations             |
| <input type="checkbox"/> Combustion sources                    | <input type="checkbox"/> None of the above                   |
| <input type="checkbox"/> Home injury and safety hazards        |  |
| <input type="checkbox"/> Lead poisoning hazards and prevention |  |

**SECTION C. ADDITIONAL QUESTIONS**

**6. In the past 30 days, have you done any of the following at work:**

- Worked with people outside your program on healthy homes principles or issues
- Worked with people in your program on healthy homes principles or issues
- Sought to change your program protocols to incorporate healthy homes principles
- Worked to seek legislative or regulatory change to support healthy homes principles
- Requested funding or modified an agency budget for healthy homes initiatives
- None of the above

**7. In the past 30 days, have you experienced any of the following barriers to integrating healthy homes information into your practice?** *(select all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Insufficient funding                   | <input type="checkbox"/> Unsure of how to use information for action                                      |
| <input type="checkbox"/> Inadequate management support          | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Limited resident interest              | <input type="checkbox"/> I have not attempted to integrate healthy homes information into my practice yet |
| <input type="checkbox"/> Need more information to use practices | <input type="checkbox"/> I haven't encountered any barriers   |
| <input type="checkbox"/> Lack of time                           |   |
| <input type="checkbox"/> No rules or codes to use               |   |

**8. How do you expect this training to help you in your work?**

**9. Which CEUs, if any, would you like to receive for completing this course?** *(select one)*

- |  |  |
|--|--|
| <input type="checkbox"/> None  | <input type="checkbox"/> American Society of Home Inspectors                                       |
| <input type="checkbox"/> Ohio Nurses Association   | <input type="checkbox"/> National Association of Social Workers                                    |
| <input type="checkbox"/> Building Performance Institute  | <input type="checkbox"/> American Board of Industrial Hygiene                                      |
| <input type="checkbox"/> National Environmental Health Association   | <input type="checkbox"/> InterNACHI  |
| <input type="checkbox"/> American Indoor Air Quality Council (American Council for Accredited Certification) | <input type="checkbox"/> Office of Indiana State Chemist and Seed Commissioner / Purdue University |