

Healthy Homes Assessment for Community Health Workers

Pre-Course Evaluation

Welcome to the *Healthy Homes Assessment for Community Health Workers* course. Your input is critical in helping us determine your background knowledge of the course content.

Student name (please print clearly)¹: _____

SECTION A. STUDENT PROFILE

Sector (select one):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Education | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Tribe or tribal organization |
| <input type="checkbox"/> For-profit | <input type="checkbox"/> Individual | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Local government | <input type="checkbox"/> State Government | |

Field of Work (select one):

- | | |
|---|---|
| <input type="checkbox"/> Building Construction | <input type="checkbox"/> Other |
| <input type="checkbox"/> Building Science/Design/Architecture | <input type="checkbox"/> Outreach and Advocacy |
| <input type="checkbox"/> Early Childhood/Childcare Services | <input type="checkbox"/> Planning and Community Development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Property Management/Realty |
| <input type="checkbox"/> Energy and Building Performance | <input type="checkbox"/> Public Health - Community Health |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Public Health - Environmental Health |
| <input type="checkbox"/> Housing and Weatherization | <input type="checkbox"/> Public Health - Other |
| <input type="checkbox"/> Industrial Hygiene | <input type="checkbox"/> Social Services |

Job Category (select one) *

- | | | |
|--|---|---|
| <input type="checkbox"/> Building Performance Analyst/Energy Auditor | <input type="checkbox"/> Housing Professional | <input type="checkbox"/> Property Manager |
| <input type="checkbox"/> Childcare Provider | <input type="checkbox"/> Inspector - Codes | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Community Health Worker | <input type="checkbox"/> Inspector - Other | <input type="checkbox"/> Sanitarian |
| <input type="checkbox"/> Construction/Contractor | <input type="checkbox"/> IPM Technician | <input type="checkbox"/> Scientist/Researcher/Analyst |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> Maintenance Worker | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Healthcare Provider (other than nursing) | <input type="checkbox"/> Nurse | <input type="checkbox"/> Teacher/Faculty |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Urban Planner |
| | <input type="checkbox"/> Program Manager | |

Job Function (select all that apply) *

- Conduct home visits or inspections
- Supervise those who conduct home visits or inspections
- Provide services directly to the public
- Supervise those who provide direct services to the public
- Coordinate/administer one or more programs
- Deliver specialized or technical services
- Provide administrative support
- Other

¹ Your name is required so that we can generate your certificate of completion.

SECTION B. KNOWLEDGE AND SKILLS

1. How confident are you that you understand the codes associated with healthy housing?

- | | |
|--|---|
| <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 |

2. How confident are you in your knowledge of the International Property Maintenance Code and the National Healthy Housing Standard?

- | | |
|--|---|
| <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 in your ability to assess local code inspection programs and practices?

- | | |
|--|---|
| <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 in your ability to conduct an effective resident interview?

- | | |
|--|---|
| <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 |

5. How confident are you in your ability to select and/or develop effective assessment approaches and tools?

- | | |
|--|---|
| <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 |

6. How confident are you in your basic understanding of the eight healthy homes principles? Check each principle about which you feel very or extremely confident. (*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"/> Keep It Climate-Controlled |
| <input type="checkbox"/> Keep it Ventilated | <input type="checkbox"/> I don't feel extremely or very confident about any of the healthy homes principles yet |
| <input type="checkbox"/> Keep it Safe | |

7. How confident are you in your ability to conduct an effective home assessment in order to identify health-related hazards?

- | | |
|--|---|
| <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 |

8. How confident are you in your ability to develop an effective action plan using the information from the resident interview, home assessment, and any associated tests?

- | | |
|--|--|
| <input type="checkbox"/> Extremely confident | <input type="checkbox"/> Somewhat confident |
| <input type="checkbox"/> Very confident | <input type="checkbox"/> Minimally confident |

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Not confident

This is not applicable to my job

9. How confident are you in your ability to identify audience-appropriate information to share with residents?

Extremely confident

Minimally confident

Very confident

Not confident

Somewhat confident

This is not applicable to my job

10. How confident are you in your ability to communicate effectively with residents?

Extremely confident

Minimally confident

Very confident

Not confident

Somewhat confident

This is not applicable to my job

SECTION C. ADDITIONAL QUESTIONS

11. What are your objectives and expectations for this course?