

# Healthy Homes: Assessment and Interventions

## Pre-Course Evaluation

Welcome to the *Healthy Homes: Assessment and Interventions* course. Your input is critical in helping us determine your background knowledge of the course content.

**Student name (please print clearly)<sup>1</sup>:** \_\_\_\_\_

### 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

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<sup>1</sup> Your name is required so that we can generate your certificate of completion.

**SECTION B. KNOWLEDGE AND SKILLS**

**1. How confident are you that understand the role of the resident interview in the home assessment?**

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

**2. How confident are you in your ability to conduct an effective resident interview?**

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

**3. 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)***

- Keep it Dry
- Keep it Clean
- Keep it Pest-Free
- Keep it Ventilated
- Keep it Safe
- Keep it Contaminant-Free
- Keep it Maintained
- Keep It Climate-Controlled
- I don't feel extremely or very confident about any of the healthy homes principles yet

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

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

**5. 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?**

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

**6. How confident are you in your ability to manage the bid and contract process for the interventions identified in your action plan?**

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

**7. How confident are you in your ability to monitor quality control of the work to be performed for the interventions identified in your action plan?**

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

**8. How confident are you in your ability to perform appropriate recording keeping for the interventions identified in your action plan?**

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

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

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

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

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

**SECTION C. ADDITIONAL QUESTIONS**

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