

Healthy Home Evaluator

Pre-Course Assessment

Welcome to the *Healthy Home Evaluator* 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

Job Category (select one) *

- Building Analyst
- Energy Auditor
- Quality Control Inspector
- Multifamily Building Analyst

SECTION B. KNOWLEDGE AND SKILLS

1. How confident are you that you understand the health impacts from hazards in the 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 |

2. 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 j |

3. How confident are you in your ability to identify hazards in the home via a thorough visual assessment?

- | | |
|--|---|
| <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 accurately assess the risk from hazards in the 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 |

5. How confident are you in your ability to select and use quantitative tools in doing a home assessment?

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

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

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6. How confident are you in your ability to prioritize hazards you identify during a home assessment?

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

7. How confident are you in your ability to protect yourself from any hazards during a home assessment?

- | | |
|--|---|
| <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 identify the appropriate intervention for a hazard in the 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 |

9. 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"/> 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"/> 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 C. ADDITIONAL QUESTIONS

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