

To: Grantees receiving Healthy Homes supplemental funding

QuanTech has been tasked to obtain information about your experience using Healthy Homes (HH) supplemental funding on your Lead Hazard Control (LHC) grant. Please provide answers to the questions posed below.

This survey is intended to provide HUD with data to help improve its Healthy Homes programs. This is not an audit or evaluation of your performance as a grantee! Your answers will be combined with other grantee responses and provided to HUD as part of an overall summary of findings. Individual grantee responses will be held in strict confidence and will not be released to HUD.

If you have any questions, contact either Gary Dewalt at 610-255-5525 or Eugene Pinzer at 202-402-7685.

Public reporting burden for this collection of information is estimated to be 8 hours per response. This information is designed to provide timely information to HUD regarding the Lead Hazard Control grantees' use of Healthy Homes Supplemental Funds. This collection does not require the retention of confidential or sensitive material. This agency may not collect this information, and you are not required to complete this form packet, unless it displays a currently valid OMB control number.

1. Please indicate (check one) the category that best describes your organization:

- a. State health department
- b. State community development, or economic development department
- c. State housing authority
- d. State buildings/housing department
- e. City/local health department
- f. City/local community development, or economic development department
- g. City/local Housing authority
- h. City/local buildings/housing department
- i. Other. Please specify: \_\_\_\_\_

*For the following two questions, we are interested only in your past (not-current) grants.*

2. How many previous Lead Hazard Control grants has your organization received?

\_\_\_\_\_

3. How many previous Healthy Homes Demonstration/Production grants has your organization received? \_\_\_\_\_

*For the following questions and the rest of this questionnaire, we are interested only in your use of the Healthy Homes Supplemental funding .*

4. Did your program use a standardized assessment tool or tools to identify residential health and safety hazards in assessed units (Y/N)? \_\_\_\_\_

**If No, skip to question 6**

5. Please identify the assessment tool(s) used and briefly describe the tool(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Excluding lead hazards, please indicate (check one) what method was most commonly use to evaluate dwelling units for Healthy Homes (HH) hazards?

- a. Assessment of HH hazards was combined with the lead hazard control inspection/risk assessment.
- b. Assessment of HH hazards was conducted separately from the lead hazard control inspection/risk assessment.
- c. Other. Please specify: \_\_\_\_\_

7. Do you provide residents with a summary of the Healthy Homes assessment results (Y/N)?

\_\_\_\_\_ **If No, skip to question 9**

8. Is the assessment summary provided to property owners in addition to residents (Y/N)? \_\_\_\_\_

9. For your grants that had supplemental funds for HH interventions:

- a. What was the total number of units that were evaluated (assessed) for lead hazards?  
\_\_\_\_\_
- b. What was the total number of dwelling units that were evaluated (assessed) for any HH  
a. hazards (exclude units that were assessed for **only** lead hazards)? \_\_\_\_\_
- c. What was the total number of dwelling units that received some kind of HH intervention  
(exclude units that received **only** lead hazard control)? \_\_\_\_\_
- d. Were any leveraged (non-HUD) funds used for the HH interventions? (Y/N) \_\_\_\_\_  
**If Yes, what was the total leveraged funding expended for HH interventions in the last 12 months?** \_\_\_\_\_
- e. What was the average cost per dwelling unit for HH interventions (direct costs of labor and materials used in assessing, scoping and completing the intervention), including all sources of funding but excluding costs for lead hazard control? \_\_\_\_\_

f. What was the cost range (low to high) per dwelling unit for HH interventions, including all sources of funding but excluding costs for lead hazard control? \_\_\_\_\_ (low\$) to \_\_\_\_\_ (high\$)

10. Was HUD's Healthy Homes Rating System (HHRS) used to rate the hazards identified during the assessment of hazards in the home (Y/N)? \_\_\_\_\_

**If Yes, skip to question 13.**

11. Excluding lead hazards please identify (check all that apply) the types of HH hazards or conditions for which units were assessed using the supplemental funds:

**(1) SAFETY**

- a. Inspect for missing or non-working Fire/smoke detector
- b. Inspect for missing/expired fire extinguisher
- c. Inspect for missing/expired carbon monoxide (CO) detector
- d. Inspect for slip-trip-fall hazards
- e. Inspect for accessible flames and hot surfaces
- f. Measure hot water temperature (scalding hazards)
- g. Inspect\detect presence of fuel gas leaks

**(2) INDOOR AIR QUALITY (IAQ)**

- a. Measure carbon monoxide (CO) levels
- b. Measure volatile organic compounds (VOC) levels
- c. Inspect gas, oil and solid fuel appliances and associated venting
- d. HVAC (heating, venting, air conditioning) assessment
- e. Measure radon levels

**(3) BUILDINGS and BUILDING SYSTEMS**

- a. Inspect for mold/moisture/humidity (interior)
- b. Inspect electrical switches and outlets for shock hazards
- c. Inspect electrical service supply panel for adequate grounding
- d. Inspect fuse\breaker panels for proper use and circuit labeling
- e. Exterior Drainage assessment
- f. Weatherization/structural energy assessment
- g. Structure integrity assessment
- h. Asbestos hazards assessment

Question 11 continued

**(4) RESIDENT BEHAVIOR\HEALTH**

- a. Identify smoking in the home
- b. Identify presence of child\adult with asthma\other respiratory illnesses
- c. Inspect for adequate cleanliness, lack of clutter, refuse control
- d. Inspect for unsafe food preparation areas
- e. Inspect storage and disposal of household wastes
- f. Inspect for unsafe storage of poisonous/hazardous substances
- g. Inspect for pest infestation
- h. Identify unsafe use of pesticides

**(5) OTHER HAZARD ASSESSMENTS (any category)**

- a. Please specify: \_\_\_\_\_
- b. Please specify: \_\_\_\_\_
- c. Please specify: \_\_\_\_\_
- d. Please specify: \_\_\_\_\_
- e. Please specify: \_\_\_\_\_
- f. Please specify: \_\_\_\_\_

12. Please identify (check all that apply) the HH interventions used. For each intervention checked, please enter the approximate fraction of homes (% of dwelling units) that received this intervention under your current program

**CATEGORY\Intervention.....% of Homes**

**(1) SAFETY**

- a. Install fire/smoke detector.....%
- b. Install fire extinguisher.....%
- c. Install carbon monoxide (CO) detector.....%
- d. Repair\correct slip-trip-fall hazards:
  - d1. Install grab bars\handrails in bathroom.....%
  - d2. Install non-slip stickers in bath tub or shower.....%
  - d3. Install\repair stairway handrails.....%
  - d4. Install\repair stairway components.....%
  - d5. Install\repair floor components.....%
  - d6. Install non-slip mats for rugs.....%
  - d7. Install child safety-gate(s) for stairs .....%
  - d8. Install corner or edge guards.....%

- \_\_\_ d9. Install fall guards or rails for interior fall hazards.....\_\_%
- \_\_\_ d10. Install barriers for exterior fall hazards.....\_\_%
- \_\_\_ d11. OTHER slip-trip-fall hazard intervention(s):
  - \_\_\_ d11a. Please specify: \_\_\_\_\_\_\_%
  - \_\_\_ d11b. Please specify: \_\_\_\_\_\_\_%
  - \_\_\_ d11c. Please specify: \_\_\_\_\_\_\_%
- \_\_\_ e. Install barrier(s) to reduce incidental contact with flames and hot surfaces.....\_\_%
- \_\_\_ f. Reduce hot water temperature.....\_\_%
- \_\_\_ g. Repair of fuel gas leaks.....\_\_%
- \_\_\_ h OTHER Safety-related interventions:
  - \_\_\_ h1. Safety education and/or safety educational materials.....\_\_%
  - \_\_\_ h2. Please specify: \_\_\_\_\_\_\_%
  - \_\_\_ h3. Please specify: \_\_\_\_\_\_\_%
  - \_\_\_ h4. Please specify: \_\_\_\_\_\_\_%

Question 12 continued:

**(2) INDOOR AIR QUALITY (IAQ)**

- \_\_\_ a. Unsafe CO levels:
  - \_\_\_ a1.Install\repair\replace CO source venting.....\_\_%
  - \_\_\_ a2.Repair\replace\remove CO source.....\_\_%
- \_\_\_ b Remove\replace sources of VOCs.....\_\_%
- \_\_\_ c. Repair\replace combustion gas venting.....\_\_%
- \_\_\_ d. Inadequate heating, venting or air conditioning (HVAC):
  - \_\_\_ d1. Install\repair of ventilation ductwork.....\_\_%
  - \_\_\_ d2. Install\repair of windows\screens.....\_\_%
  - \_\_\_ d3. HVAC filter replacement.....\_\_%
  - \_\_\_ d4. Repair\replace cooling system.....\_\_%
  - \_\_\_ d5. Repair\replace heating system.....\_\_%
- \_\_\_ e. Install radon mitigation system.....\_\_%
- \_\_\_ f OTHER IAQ related interventions:
  - \_\_\_ f1. Please specify: \_\_\_\_\_\_\_%
  - \_\_\_ f2. Please specify: \_\_\_\_\_\_\_%
  - \_\_\_ f3. Please specify: \_\_\_\_\_\_\_%

**(3) BUILDINGS and BUILDING SYSTEMS**

- \_\_\_ a. Damp and mold growth:

- \_\_\_ a1.Repair\replacement of components causing or damaged by moisture problems \_\_\_%
- \_\_\_ a2.Replace moldy components.....\_\_\_%
- \_\_\_ b. Resolve electrical switch and outlet shock hazards:
  - \_\_\_ b1. Install\repair electrical switch/receptacle plates.....\_\_\_%
  - \_\_\_ b2. Install safety-shock guards on electrical outlets.....\_\_\_%
- \_\_\_ c. Repair electrical service grounding.....\_\_\_%
- \_\_\_ d. Repair\replace fuse\breaker panel deficiencies.....\_\_\_%
- \_\_\_ e. Repair\replace gutters and/or related draining components.....\_\_\_%
- \_\_\_ f. Weatherization\energy efficiency upgrade.....\_\_\_%
- \_\_\_ g. Repair\replace components lacking structural integrity.....\_\_\_%
- \_\_\_ h. Asbestos abatement.....\_\_\_%
- \_\_\_ i OTHER IAQ related interventions:
  - \_\_\_ i1. Please specify: \_\_\_\_\_\_\_\_%
  - \_\_\_ i2. Please specify: \_\_\_\_\_\_\_\_%
  - \_\_\_ i3. Please specify: \_\_\_\_\_\_\_\_%

Question 12 continued:

**(4) RESIDENT BEHAVIOR\HEALTH**

- \_\_\_ a. Provide education and/or educational materials on smoking.....\_\_\_%
- \_\_\_ b. Presence of child\adult with asthma\other respiratory illnesses:
  - \_\_\_ b1. Provide education and/or educational materials.....\_\_\_%
  - \_\_\_ b2. Delivery of anti-allergy pillow and/or mattress covers.....\_\_\_%
- \_\_\_ c. Cleanliness, clutter, and\or refuse hazards:
  - \_\_\_ c1.Provide education and/or educational materials.....\_\_\_%
  - \_\_\_ c2.Install cleanable surfaces (e.g. countertop/linoleum).....\_\_\_%
  - \_\_\_ c3.Provision with cleaning supplies\equipment.....\_\_\_%
- \_\_\_ d. Provide education and/or educational materials on safe food preparation .....\_\_\_%
- \_\_\_ e. Unsafe storage and\or disposal of household wastes:
  - \_\_\_ e1.Provide education and/or educational materials.....\_\_\_%
  - \_\_\_ e2. Install child-proof door latches.....\_\_\_%
- \_\_\_ f. Unsafe storage of poisonous/hazardous substances:
  - \_\_\_ f1. Provide education and/or educational materials.....\_\_\_%
  - \_\_\_ f2. Install child-proof door latches.....\_\_\_%
- \_\_\_ g. Pest infestation:

- g1. Provide education and/or educational materials.....\_\_%
- g2. Implement pest control by referral to pest management professional \_\_\_\_%
- g3. Implement pest control by grantee staff \_\_\_\_%
- g4. Provide resident with pest control supplies \_\_\_\_%
- h. Provide education and/or educational materials on pesticides use.....\_\_%
- i OTHER Behavior\Health related interventions:
  - i1. Please specify: \_\_\_\_\_%
  - i2. Please specify: \_\_\_\_\_%
  - i3. Please specify: \_\_\_\_\_%
  - i4. Please specify: \_\_\_\_\_%

Question 12 continued:

**(5) OTHER HAZARD ASSESSMENTS (any category)**

- a. Please specify: \_\_\_\_\_%
- b. Please specify: \_\_\_\_\_%
- c. Please specify: \_\_\_\_\_%
- d. Please specify: \_\_\_\_\_%
- e. Please specify: \_\_\_\_\_%
- f. Please specify: \_\_\_\_\_%

**End question 12, skip to question 18 (page 17) if you did not use the HHRS**

13. Excluding lead hazards please identify (check all that apply) the types of HH hazards or conditions for which units were assessed using the supplemental funds:

**(1) DAMP AND MOLD GROWTH**

- a. Inspect for Mold/moisture/humidity (interior)
- b. Exterior Drainage assessment
- c. Repair\replace gutters and/or related draining components

**(2) EXCESS COLD and (3) EXCESS HEAT**

- a. HVAC (heating, venting, air conditioning) assessment
- b. Weatherization\energy assessment

**(4) ASBESTOS, SILICA AND OTHER MMF**

- a. Asbestos hazards assessment
- b. Inspection for identification of fibrous materials

**(5) BIOCIDES**

- a. Inspection for identification of components containing treated lumber
- b. Identify unsafe use of pesticides

**(6) CARBON MONOXIDE (CO) AND FUEL COMBUSTION PRODUCTS**

- a. Inspect for missing/expired CO detector
- b. Measure CO levels

**(7) LEAD - *not applicable*****(8) RADIATION**

- a. Measure radon levels

**(9) UNCOMBUSTED FUEL GAS**

- a. Inspect\detect presence of fuel gas leaks
- b. Inspect gas, oil and solid fuel appliances and associated venting

**(10) VOLATILE ORGANIC COMPOUNDS (VOC)**

- a. Measure VOC levels

**(11) CROWDING AND SPACE**

- a. Evaluate space utilization

**(12) ENTRY BY INTRUDERS**

- a. Evaluate security against unauthorized entry

**(13) LIGHTING**

- a. Evaluate habitable spaces for adequate lighting

**(14) NOISE**

- a. Evaluate\measure noise levels

*Question 13 continued:*

**(15) DOMESTIC HYGIENE, PESTS AND REFUSE**

- a. Inspect for adequate cleanliness, lack of cutter, refuse control
- b. Inspect for unsafe storage of poisonous/hazardous substances
- c. Inspect for pest infestation
- d. Inspect storage and disposal of household wastes

**(16) FOOD SAFETY**

- a. Inspect for unsafe food preparation areas

**(17) PERSONAL HYGIENE, SANITATION, AND DRAINAGE**

- a. Identify smoking in the home
- b. Assess bathrooms for function and hygienic utilization
- c. Inspect indoor drain systems

**(18) WATER SUPPLY**

- a. Inspect water supply installations and fittings
- b. Measure hot water temperature (scalding hazards)

**(19) FALLS ASSOCIATED WITH BATHS, ETC**

- a. Inspect bathroom areas for slip-trip-fall hazards



**(20) FALLING ON LEVEL SURFACES, ETC**

\_\_\_ a. Inspect all rooms, areas, paths and passages for slip-trip-fall hazards

**(21) FALLING ON STAIRS, ETC**

\_\_\_ a. Inspect stairways for slip-trip-fall hazards

**(22) FALLING BETWEEN LEVELS**

\_\_\_ a. Inspect windows, balconies, and landings for fall hazards

\_\_\_ b. Inspect exterior areas for fall hazards

**(23) ELECTRICAL HAZARDS**

\_\_\_ a. Inspect switches and outlets for shock hazards

\_\_\_ b. Inspect electrical service supply panel for adequate grounding

\_\_\_ c. Inspect fuse\breaker panels for proper use and circuit labeling

**(24) FIRE**

\_\_\_ a. Inspect for missing or non-working fire/smoke detector

\_\_\_ b. Inspect for missing/expired fire extinguisher

**(25) FLAMES, HIT SURFACES, ETC**

\_\_\_ a. Inspect for accessible flames and hot surfaces

*Question 13 continued:*

**(26) COLLISION AND ENTRAPMENT**

\_\_\_ a. Inspect for collision and entrapment areas

**(27) EXPLOSIONS**

\_\_\_ a. Inspection of fuel lines and detection of fuel leaks

**(28) POSITION AND OPERABILITY OF AMENITIES ETC**

\_\_\_ a. Inspect housing systems for ease of use\access without strain

**(29) STRUCTURAL COLLAPSE AND FALLING ELEMENTS**

\_\_\_ a. Structure integrity assessment

**(30) OTHER**

\_\_\_ a. Identify presence of child\adult with asthma\other respiratory illnesses

\_\_\_ b. Please Specify: \_\_\_\_\_

\_\_\_ c. Please Specify: \_\_\_\_\_

\_\_\_ d. Please Specify: \_\_\_\_\_

\_\_\_ e. Please Specify: \_\_\_\_\_

\_\_\_ f. Please Specify: \_\_\_\_\_

14. Please identify (check all that apply) the HH interventions used. For each intervention checked, please enter the approximate fraction of homes (% of dwelling units) that received this intervention under your current program

**CATEGORY\Intervention.....% of Homes**

**(1) DAMP AND MOLD GROWTH**

- a. Repair\replacement of components causing or damaged by moisture problems.....%
- b. Replace moldy components.....%
- c. Repair\replace gutters and/or related draining components.....%

**(2) EXCESS COLD and (3) EXCESS HEAT**

- a. Inadequate heating, venting or air conditioning (HVAC):
  - a1.Install\repair of ventilation ductwork.....%
  - a2.Install\repair of windows\screens.....%
  - a3.HVAC filter replacement.....%
  - a4.Repair\replace cooling system.....%
  - a5.Repair\replace heating system.....%
- b. Weatherization\energy efficiency upgrade.....

**(4) ASBESTOS, SILICA AND OTHER MMF**

- a. Asbestos abatement.....%
- b. Abatement of fibrous materials.....%

**(5) BIOCIDES**

- a. Provide education and/or educational materials on treated wood hazards .....%
- b. Provide education and/or educational materials on pesticides.....%

**(6) CARBON MONOXIDE (CO) AND FUEL COMBUSTION PRODUCTS**

- a. Install CO detector.....%
- b. Unsafe CO levels:
  - b1. Install\repair\replace CO source venting.....%
  - b2. Repair\replace\remove CO source.....%

**(8) RADIATION**

- a. Install radon mitigation system.....%

**(9) UNCOMBUSTED FUEL GAS**

- a. Repair of fuel gas leakage.....%
- b. Repair\replace combusted gas venting.....%

Question 14 continued:

**(10) VOLATILE ORGANIC COMPOUNDS (VOCs)**

\_\_\_ a. Remove\replace sources of VOCs.....\_\_\_%

**(11) CROWDING AND SPACE**

\_\_\_ a. Provide education and/or educational materials .....\_\_\_%

**(12) ENTRY BY INTRUDERS**

\_\_\_ a. Install\repair door locking mechanisms.....\_\_\_%

\_\_\_ b. Install\repair window locking mechanisms\bars.....\_\_\_%

**(13) LIGHTING**

\_\_\_ a. Install\repair electrical lighting.....\_\_\_%

\_\_\_ b. Install\repair windows.....\_\_\_%

**(14) NOISE**

\_\_\_ a. Install noise abatement measures.....\_\_\_%

**(15) DOMESTIC HYGIENE, PESTS AND REFUSE**

\_\_\_ a. Cleanliness, clutter, and\or refuse hazards:

\_\_\_ a1. Provide education and/or educational materials.....\_\_\_%

\_\_\_ a2. Install cleanable surfaces (e.g. countertop\linoleum).....\_\_\_%

\_\_\_ a3. Provision with cleaning supplies\equipment.....\_\_\_%

\_\_\_ b. Unsafe storage of poisonous\hazardous substances:

\_\_\_ b1. Provide education and/or educational materials.....\_\_\_%

\_\_\_ b2. Install child-proof door latches.....\_\_\_%

\_\_\_ c. Pest infestation:

\_\_\_ c1. Provide education and/or educational materials.....\_\_\_%

\_\_\_ c2. Implement pest control by referral to pest management  
professional \_\_\_\_\_%

\_\_\_ c3. Implement pest control by grantee \_\_\_\_\_%

\_\_\_ c4. Provide resident with pest control supplies \_\_\_\_\_%

\_\_\_ d. Unsafe storage and\or disposal of household wastes:

\_\_\_ d1. Provide education and/or educational materials.....\_\_\_%

\_\_\_ d2. Install child-proof door latches.....\_\_\_%

**(16) FOOD SAFETY**

\_\_\_ a. Provide education and/or educational materials.....\_\_\_%

Question 14 continued:

**(17) PERSONAL HYGIENE, SANITATION, AND DRAINAGE**

- a. Provide educational and/or educational materials on smoking.....\_\_%
- b. Unsanitary bathrooms:
  - b1. Provide education and/or educational materials.....\_\_%
  - b2. Provision with cleaning supplies\equipment.....\_\_%
- c. Repair inadequate indoor drain systems.....

**(18) WATER SUPPLY**

- a. Repair inadequate water fixture installations and fittings.....\_\_%
- b. Reduce hot water temperature.....\_\_%

**(19) FALLS ASSOCIATED WITH BATHS, ETC**

- a. Install grab bars\handrails in bathroom.....\_\_%
- b. Install non-slip stickers in bath tub or shower.....\_\_%

**(20) FALLING ON LEVEL SURFACES, ETC**

- a. Install\repair floor components.....\_\_%
- b. Install non-slip mats for rugs.....\_\_%
- c. Install corner or edge guards.....\_\_%

**(21) FALLING ON STAIRS, ETC**

- a. Install\repair stairway handrails.....\_\_%
- b. Install\repair stairway components.....\_\_%
- c. Install child safety-gate(s) for stairs .....\_\_%

**(22) FALLING BETWEEN LEVELS**

- a. Install fall guards or rails for interior fall hazards.....\_\_%
- b. Install barriers for exterior fall hazards.....\_\_%

**(23) ELECTRICAL HAZARDS**

- a. Resolve electrical switch and outlet shock hazards:
  - a1.Install\repair electrical switch/receptacle plates.....\_\_%
  - a2.Install safety-shock guards on electrical outlets.....\_\_%
- b. Repair electrical service grounding.....\_\_%
- c. Repair\replace fuse\breaker panel deficiencies.....\_\_%

**(24) FIRE**

- a. Install fire/smoke detector.....
- b. Install fire extinguisher.....

**(25) FLAMES, HOT SURFACES, ETC**

- a. Install barrier(s) to reduce incidental contact with flames and hot surfaces.....\_\_%

Question 14 continued:

**(26) COLLISION AND ENTRAPMENT**

- \_\_\_ a. Collision and entrapment hazards:
  - \_\_\_ a1. Provide education and/or educational materials.....\_\_%
  - \_\_\_ a2. Install warning signage.....\_\_%
  - \_\_\_ a3. Repair\remove collision hazards.....\_\_%
  - \_\_\_ a4. Install\repair door locking mechanisms.....\_\_%

**(27) EXPLOSIONS**

- \_\_\_ a. Repair fuel gas leaks.....\_\_%

**(28) POSITION AND OPERABILITY OF AMENITIES ETC**

- \_\_\_ a. Repair\replace hard to access housing systems (reduce strain).....\_\_%

**(29) STRUCTURAL COLLAPSE AND FALLING ELEMENTS**

- \_\_\_ a. Repair\replace components lacking structural integrity.....\_\_%

**(30) OTHER HAZARD INTERVENTIONS (any category)**

- \_\_\_ a. Identify presence of child/adult with asthma/other respiratory illnesses
  - \_\_\_ a1. Provide education and/or educational materials.....\_\_%
  - \_\_\_ a2. Delivery of anti-allergy pillow and/or mattress covers.....\_\_%
- \_\_\_ b. Please specify: \_\_\_\_\_\_\_%
- \_\_\_ c. Please specify: \_\_\_\_\_\_\_%
- \_\_\_ d. Please specify: \_\_\_\_\_\_\_%
- \_\_\_ e. Please specify: \_\_\_\_\_\_\_%
- \_\_\_ f. Please specify: \_\_\_\_\_\_\_%

15. Did users of the HHRS rating system receive formal training on how to use the HHRS? (Y/N)

\_\_\_\_\_

15a. If Yes, please indicate who provided the training:

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16. What is your opinion of the value and effectiveness of the HHRS to your program in rating and prioritizing HH hazards? Enter a value from 1 to 5 using the sliding scale shown below \_\_\_\_\_.



17. Please provide any suggestions to improve the HHRS, including training on its use:

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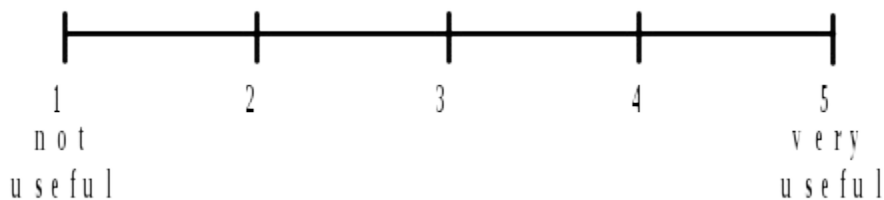
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18. Did you conduct any follow-up evaluation of units after completing the HH interventions to assess the longevity or effectiveness of the interventions? (Y/N) \_\_\_\_\_. **If No, SKIP to question 20**

19. On average, approximately how long after completing the HH interventions did you conduct the follow-up (check one):

- a. less than 3 months
- b. 3 -11months
- c. One year or longer

20. To what extent were the HH supplement funds useful in allowing your program to provide greater protection to households from HH hazards? Enter a value from 1 to 5 using the sliding scale shown below \_\_\_\_\_.



21. Briefly describe any “best practices” that you have identified on the use of the HH supplemental funds. This specifically refers to practices that maximize the impact of the funds in protecting residents from health and safety hazards:

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22. Are there specific uses of the HH funds that you have found to be ineffective?  
(Y/N) \_\_\_\_\_

**22a. If yes, please indicate the uses found to be ineffective:**

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23. Was the HH supplemental funding helpful in the possible transition of your Lead Hazard Control Program to a HH model (Y/N)? \_\_\_\_

23a. **If Yes, please provide a brief description of how it was or was not helpful:**

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24. Is there any other information that you would like to convey to HUD on the HH supplement (Y/N)? \_\_\_\_

24a. **If Yes, please provide this information below:**

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**END. THANK YOU FOR PARTICIPATING.**