

Attachment E: The Home Assessment Interviewer Observations

If you require information to be presented in an accessible format or reasonable accommodations to participate in this study, please contact us with any specific requests by calling XXX-XXX-XXXX or emailing XXXX@XXXX.XXX. If you require language assistance to participate in this study, please contact us with any specific language assistance requests or needs.

Paperwork Reduction Act Burden Statement

This collection of information is voluntary and will be used to evaluate the US Department of Housing and Urban Development's Community Choice Demonstration. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this collection is OMB 2528-0337 which expires on XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NAME at XXXX@XXXXX.XXX or call XXX-XXX-XXXX.

Privacy Act Statement

Authority: Section 502 of the Housing and Urban Development Act of 1970 (Public Law 91-609) (12 U.S.C. §§ 1701z-1; 1701z-2(d) and (g)).

Purpose: This information is being collected to evaluate changes in the housing quality and health and well-being of families who enrolled in the Community Choice Demonstration (CCD). Data collection will occur between January 2024 and June 2027.

Routine Use: Please refer to System of Record Notice.

Disclosure: Your participation in this information collection is voluntary and you can choose not to answer any question that is asked. Your responses will not affect your current or future receipt of housing assistance or other benefits.

SORN ID: Housing Choice Voucher (HCV) Mobility Demonstration Evaluation Data Files, PD&R/RRE
09

[To be completed by research team member during site visit]

The Triggers assessment is adapted from: Asthma Education and Intervention Program: Partnership for Asthma Trigger-Free Homes (PATH), <https://apps.dtic.mil/sti/pdfs/ADA489872.pdf>

Directions (to research team member): Make a checkmark in the box if the problem appears in the room or area listed.

Triggers Assessment

		Entryway	Bathroom	Kitchen	Living room	Dining room	Bedroom 1	Bedroom 2	Bedroom 3
Pests	Cockroach sighting								
	Rodent sighting								
	Hole(s) in wall								
	Food storage problems								
	Garbage storage problems								
	Clutter (newspapers, toys, etc. left out)								
	Dirty dishes left out								
Dust mites	Stuffed toys								
	Heavy rugs								
	Curtains								
	Upholstered furniture								
	Are mattresses and pillow covers used? (Select all that apply) ___ Mattress Cover ___ Pillow Covers ___ Don't know								
Mold	Visible mold								
	Wet or damp areas								
	Water damage on walls, carpet, ceiling								
	Evidence of leaking pipe(s)								
	Working fan in bathroom?	___ Yes ___ No ___ Don't know							
Chemicals	Evidence of pesticide use								
	Unvented gas oven/stove/dryer/heater								
Mark the child's bedroom with an X.									

Notes:

1. Are sticky traps placed or visible near the following locations?

- Kitchen Refrigeration Stove
- Bathroom Sink Other: _____ Other: _____

2. Do you observe any areas of broken plaster or peeling paint bigger than the size of a standard business letter (8.5 x 11")?

- Yes No Don't Know Notes:

3. Does the house or apartment have wall-to-wall carpet?

- Yes No Don't Know Notes:

4. Does the house or apartment have evidence of cigarette smoking?

- Yes No Don't Know Notes:

5. Does the house or apartment have a dog, cat, or other pet with fur?

- Yes No Don't Know Notes:

6. Is the unit noisy from noise coming from inside the unit or building, so that it is difficult or distracting to hear and be heard (TV, radio, shouts of children)?

- Yes No Don't Know Notes:

7. Is the unit noisy from noise coming from outside the building, so that it is difficult or distracting to hear and be heard (trains, cars, people, music)?

Yes No Don't Know Notes:

8. How would you rate the general condition of this housing unit?

1) Well-kept, good repair	2) Fair condition	3) Poor condition (peeling paint, broken windows)	4) Badly deteriorated	5) Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How would you rate the general condition of this building?

1) Well-kept, good repair	2) Fair condition	3) Poor condition (peeling paint, broken windows)	4) Badly deteriorated	5) Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How would you rate the general condition of most of the other buildings on this block?

1) Well-kept, good repair	2) Fair condition	3) Poor condition (peeling paint, broken windows)	4) Badly deteriorated	5) No other structures	6) Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Does this building have any broken windows?

Yes No Don't Know Notes:

12. Is there trash, litter or junk within a half a block in either direction of the unit?

1) Major Accumulation	2) Minor Accumulation	3) None	4) Don't Know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Is there a workable vent hood in the kitchen that ducts or vents to the outside?

Yes No Don't Know Notes:

14. Are there any open windows in the home?

Yes

No

Don't Know

Notes: