

# Paperwork Reduction Act Change Worksheet

Agency/Subagency: <b>U.S. Department of Housing and Urban Development</b>	OMB Control Number: <b>2528-0337</b>
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Enter only items that change	Current Record	New Record**
Agency form number(s):		
<b>Annual reporting and keeping hour burden</b>		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference Program change Adjustment		
<b>Annual reporting and recordkeeping cost burden</b> (in thousands of dollars)		
Total annualized Capital/Startup costs		
Total annual costs (O&M)		
Total annualized cost requested		
Difference		
Explanation of difference Program change Adjustment		

Other change: \*\*

This submission includes a series of non-substantive changes to the instruments to be administered as part of the Community Choice Demonstration. The proposed changes to the instruments have been made in response to feedback from the research study team and with approval from the Institutional Review Board (IRB). Proposed edits have been made for the purposes of clarifying language to enhance participant comprehension and streamlining the interview process. We do not anticipate these revisions to affect either the annual reporting and recordkeeping hour burden or the annual reporting and recordkeeping cost burden for the data collection. Please see the second page for details on the proposed changes to each item.

Signature of Senior Official or Designee:    X	Date:	<b>For OIRA Use</b>
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\*\* This form cannot be used to extend an expiration date.

**Attachment: Proposed Edits to Instruments for the Community Choice Demonstration**

Instrument	Summary of Revisions
<b>Revised - Attachment B Head of Household Existing Voucher Holder Informed Consent</b>	The Informed Consent forms for Community Choice Demonstration (CCD) Phase 1 participants - Head of Household Existing Voucher Holder, Head of Household Waitlist Family, and Other Adult Household Member - were edited with minimal changes for clarity.
<b>Revised - Attachment C Head of Household Waitlist Family Informed Consent</b>	
<b>Revised - Attachment D Other Adult Household Member Informed Consent</b>	
<b>Revised - Attachment N Phase 2 HoH Existing Voucher Holders Informed Consent</b>	The Informed Consent forms for Community Choice Demonstration (CCD) Phase 2 participants - Head of Household (HoH) Existing Voucher Holder, HoH Waitlist Families, and Other Adult Household Member - were edited with minimal changes for clarity.
<b>Revised - Attachment O Phase 2 Head of Household Waitlist Families Informed Consent</b>	
<b>Revised - Attachment P Phase 2 Other Adult Household Member Informed Consent</b>	
<b>Attachment B.2_The Home Assessment_Follow-up Phone Call Script</b>	The Home Assessment Follow-up Phone Call Script was revised with a few edits to streamline the interview scheduling process.
<b>Attachment C_The Home Assessment_Consent</b>	The Home Assessment Consent form was edited to include a couple of minimal changes to enhance participant comprehension.
<b>Attachment D_The Home Assessment_Direct Measurements</b>	The Home Assessment was edited to correct a clerical error regarding the threshold value of an environmental measure.
<b>Attachment K.2_The Child Assessment and The Obesity &amp; Type II Diabetes Risk Assessment_Follow-up Phone Call Script</b>	The Child Assessment/Obesity & Type II Diabetes Risk Assessment Follow-up Phone Call Script was revised with a few edits to streamline the interview scheduling process.
<b>Attachment L_The Child and MOVED Assessments_Consent</b>	The Child and MOVED Assessment was modified with minimal plain language edits to improve clarity and participant comprehension.
<b>Attachment M.1_The Obesity Type II Diabetes Risk Assessment_Survey_Baseline</b>	The Obesity Type II Diabetes Risk Assessment Surveys - Baseline and Follow-up - were revised to include a question to refine collection of respondent health information. Minimal edits were also made to recapture information already reported (respondent email/address) to facilitate timely delivery of the incentive to the respondent. However, we do not expect these changes to substantively affect respondent burden.
<b>Attachment M.2_The Obesity Type II Diabetes Risk Assessment_Survey_Follow-up</b>	
<b>Attachment N_The Obesity &amp; Type II Diabetes Risk Assessment_Anthropometric Assessments_Adult</b>	The Obesity & Type II Diabetes Risk Assessment Anthropometric Assessments - Adult and Child - were revised with minimal edits to streamline interviewer instructions and ensure use of field-standard measurement practices.
<b>Attachment O_The Obesity &amp; Type II Diabetes Risk Assessment_Anthropometric Assessments_Child</b>	

Signature of Senior Official or Designee:  X	Date:	<b>For OIRA Use</b>
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