

Paperwork Reduction Act Change Worksheet

Agency/Subagency: U.S. Department of Housing and Urban Development	OMB Control Number: 2528-0335
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Enter only items that change	Current Record	New Record**
Agency form number(s):		
Annual reporting and keeping hour burden		
Number of respondents		
Total annual responses		
Percent of these responses collected electronically	%	%
Total annual hours		
Difference		
Explanation of difference Program change Adjustment		
Annual reporting and recordkeeping cost burden (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 evaluation of the second cohort of HUD's Older Adult Home Modification Program. Recommended revisions are based on feedback from OAHMP grantees (cohort 1) and findings from comparisons of the Centers for Medicaid and Medicare Health Outcomes Survey (HOS), the Johns Hopkins University National Health and Aging Trends Study (NHATS), and the University of Michigan Health and Retirement Study (HRS) datasets. Revisions include:

- (1) edits to clarify questions,
- (2) relocating questions between forms to reduce the burden on the occupational therapists (OTs) who – in many instances – are not internal grantee staff,
- (3) splitting or providing “follow-up” question(s) to help clarify client response(s), and
- (4) reframing the wording of questions to better align with NHATS and/or HRS.

Although the number of questions in some DCIs did not increase nor decrease, Solutions may have reduced or increased response options to conform to options included in the NHATS or HRS, e.g. the original form may have specified numerous options for Hispanic but the revised form asks the question as a yes or no option; or original options were “yes,” “no,” or “unable”, but the revised form provides additional option of “don't know” or enables grantee to mark “refused to answer.” Solutions revisions reduce the overall number of questions for all DCIs from 278 to 274.

Signature of Senior Official or Designee:	Date:	For OIRA Use
X		

** This form cannot be used to extend an expiration date.

Proposed Edits to Instruments for the Older Adult Home Modification Evaluation – Cohort

Data Collection Instruments	# of Questions		Reason(s) for Revision/Change
	Original	Revised	
Client Eligibility (Appendix B)			
	18	22	Moved demographic/socio-economic questions from Client Impact Evaluation to Client Eligibility to reduce OT burden
<i>Total DCI Questions</i>	18	22	
Client Program Questionnaire (Appendix C)			
Section A	8	8	No change
Section B	8	8	No change
Section C	10	10	No change
Section D	7	9	Added questions to distinguish between fall and non-fall injuries
<i>Total DCI Questions</i>	33	35	
Home Hazard Checklist (Appendix D)			
Section A	22	22	No change
Section B	6	6	No change
Section C	4	4	No change
Section D	9	9	No change
Section E	9	9	No change
Section F	11	11	No change
Section G	15	16	Added a follow-up question to clarify which bathroom(s) client regularly uses (requested by grantees)
Section H	8	8	No change
Section I	10	10	No Change.
Section J	3	3	No change.
<i>Total DCI Questions</i>	97	98	
Informed Consent (Appendix E)			
	3	3	No change
<i>Total DCI Questions</i>	3	3	
Client Impact Evaluation Interview (Appendix F)			
Section A	1	1	No change
Section B	9	4	No change
Section C	19	19	No change
Section D	6	6	No change
Section E	15	9	Reduced or collapsed questions to enable additional questions in Sec G and H
Section F	10	4	Questions moved to Client Eligibility form
Section G	6	9	Added questions to distinguish between fall and non-fall injuries
Section H	3	7	Added questions to distinguish between fall and non-fall injuries
Section I (Optional)	4	4	No change
<i>Total DCI Questions</i>	73	63	
Lost to Project Form (Appendix G)			

Introduction	1	1	No change
Section A	1	1	No change
Section B	1	1	No change
<i>Total DCI Questions</i>	<i>3</i>	<i>3</i>	
Documentation of Completed Work (Appendix H)			
REDCap	6	5	Dropped one question.
Excel Spreadsheet	11	11	Rearranged but did not otherwise change. These are the min number of entries (total # is based on number of sources and modifications/ adaptive equip provided to client, no increase in the number of questions between the original and revised versions). Majority of responses are provided in dropdown based on NOFO's Appendix B.
<i>Total DCI Questions</i>	<i>17</i>	<i>16</i>	
Annual Grantee Process Survey (Appendix I)			
	17	17	Plus 2 optional questions on both
<i>Total DCI Questions</i>	<i>17</i>	<i>17</i>	
Grantee Site Visit Interview (Appendix J)			
	12	12	Edited and rearranged questions based on field experience. Although overall number of questions remains the same - additional follow-up questions for clarification if needed.
<i>Total DCI Questions</i>	<i>12</i>	<i>12</i>	
Script to Schedule Client Process Interview (Appendix K)			
	5	5	No change
<i>Total DCI Questions</i>	<i>5</i>	<i>5</i>	
Client Process Survey Interview (Appendix L)			
	27	27	No change
<i>Total DCI Questions</i>	<i>27</i>	<i>27</i>	
TOTAL (ALL DCIs)	278	274	