## TITLE: The Community Choice Demonstration HUD Form # N/A OMB # 2528-0337

LOCATION	CURRENT TEXT	REVISED TEXT
Attachment G_ The Child Assessment & The Obesity and Type II Diabetes Risk Assessment_Assent_Revised; p. 2	[For children 12 and older only: Read this paragraph; For children younger than 12: Skip to next paragraph] We will also ask you about your gender and sexual orientation. Remember, you can skip any questions you don't want to answer.	[For children 12 and older only: Read this paragraph; For children younger than 12: Skip to next paragraph] We will also ask you about your sex and sexual orientation. Remember, you can skip any questions you don't want to answer.
Attachment L_The Child and MOVED Assessments_Consent - CLEAN_Revised; p. 4	Children aged 12 years and older will also be asked additional questions about health behaviors and how they see their identity, including their gender and sexual identity.	Children aged 12 years and older will also be asked additional questions about health behaviors and how they see their identity, including their sex and sexual orientation.
Attachment I.1_The Child Assessment_Direct Child Assessment_Baseline_Revised; p. 6; p. 13	<b>p. 6: A.14</b> [ASK IF CHILD 12+ & ANSWERED "A FEW TIMES A YEAR" OR MORE FREQUENTLY TO AT LEAST ONE OF THE ABOVE] What do you think is the main reason for these experiences? ( <i>Interviewer instruction: Check more than one if volunteered. This question is asked only once and not for each type of discrimination reported in A.13)</i>	<b>p. 6: A.14</b> [ASK IF CHILD 12+ & ANSWERED "A FEW TIMES A YEAR" OR MORE FREQUENTLY TO AT LEAST ONE OF THE ABOVE] What do you think is the main reason for these experiences? ( <i>Interviewer instruction: Check more than one if volunteered. This question is asked only once and not for each type of discrimination reported in A.13)</i>
	[Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question]  □ Your ancestry or national origins □ Your gender □ Your race □ Your age □ Your religion □ Your height □ Your weight □ Some other aspect of your physical appearance	[Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question]  □ Your ancestry or national origins □ Your sex □ Your race □ Your age □ Your religion □ Your height □ Your weight □ Some other aspect of your physical appearance

	☐ Your sexual orientation	☐ Your sexual orientation
	☐ The amount of money your family has	☐ The amount of money your family has
	$\square$ Other (Specify):	☐ Other (Specify):
	☐ Don't know	☐ Don't know
	☐ Prefer not to answer	☐ Prefer not to answer
	<b>p. 13: B.15</b> [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):	<b>p. 13: B.15</b> [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):
	[Source: National Center for Health Statistics, Johns Hopkins question]	[Source: National Center for Health Statistics, Johns Hopkins question]
	☐ Male	☐ Male
	☐ Female	☐ Female
	☐ Transgender, non-binary, or another gender	☐ Prefer not to answer
	☐ Don't know	
	☐ Prefer not to answer	
Attachment I.2_The Child		
Assessment_Direct Child Assessment_Follow-up_Revised; p. 13	<b>p. 6: A.14</b> [ASK IF CHILD 12+ & ANSWERED "A FEW TIMES A YEAR" OR MORE FREQUENTLY TO AT LEAST ONE OF THE ABOVE] What do you think is the main reason for these experiences? ( <i>Interviewer instruction: Check more than one if volunteered. This question is asked only once and not for each type of discrimination reported in A.13</i> )	<b>p. 6: A.14</b> [ASK IF CHILD 12+ & ANSWERED "A FEW TIMES A YEAR" OR MORE FREQUENTLY TO AT LEAST ONE OF THE ABOVE] What do you think is the main reason for these experiences? ( <i>Interviewer instruction: Check more than one if volunteered. This question is asked only once and not for each type of discrimination reported in A.13)</i>
	[Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question]	[Source: Everyday Discrimination Scale, Short Form; Johns Hopkins question]
	☐ Your ancestry or national origins	☐ Your ancestry or national origins

Your race   Your age   Your religion   Your height   Your height   Your height   Your height   Your height   Your sexual orientation   The amount of money your family has   Other (Specify:   Don't know   Prefer not to answer   P. 13: B.15 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):    Source: National Center for Health Statistics, Johns Hopkins question   Hopkins question   Hopkins question   Male   Female   Female   Transgender, non-binary, or another gender   Don't know   Prefer not to answer      Revised - Attachment G Mobility Services Tracking Tool_Revised; p. 1   Supporting Statement A; p. 1; p. 4; p. 30   P. 12: "Demponstration" for short.    Supporting Statement A; p. 1; p. 4; p. 30   P. 12: "Demponstration" for short.    Your race   Your age   Your race   Your physical appearance   Your religion   Your height   Your height   Your height   Your height   Your height   Hour height   Your religion   Power plane   Your sexual orientation   The amount of money your family has   Other (Specify:   Other (Specify:		☐ Your <del>gender</del>	☐ Your sex
Your religion   Your height   Your weight   Your sexual orientation   The amount of money your family has   Other (Specify:)   Don't know   Prefer not to answer   Prefer not to answer   Prefer not to answer      Don't know   Prefer not to answer   Prefer not to answer   Prefer not to answer   Prefer not to answer      Servised - Attachment G Mobility   Services Tracking Tool_Revised, p. 1   Under Data fields to be collected on each head of household one bullet point was for "Gender of Children"   P. 1: The typo has been fixed to: "Demonstration" for		☐ Your race	☐ Your race
Your height   Your weight   Some other aspect of your physical appearance   Your sexual orientation   The amount of money your family has   Other (Specify:)   Don't know   Prefer not to answer   P. 13: B.15 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):    Source: National Center for Health Statistics, Johns Hopkins question]   Male   Semale   Female   Female   Female   Female   Female   Prefer not to answer		☐ Your age	☐ Your age
Your weight   Some other aspect of your physical appearance   Your sexual orientation   The amount of money your family has   Other (Specify:)   Don't know   Prefer not to answer   Prefer not to answer		☐ Your religion	☐ Your religion
Some other aspect of your physical appearance   Your sexual orientation   The amount of money your family has   Other (Specify:)   Don't know   Prefer not to answer   P. 13: B.15 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):    [Source: National Center for Health Statistics, Johns Hopkins question]   Male   Female   Transgender, non-binary, or another gender   Don't know   Prefer not to answer   Prefer not to answer   Male   Female   Transgender, non-binary, or another gender   Don't know   Prefer not to answer   This bullet point has been eliminated because that information is not being collected.    Wour sexual orientation   The amount of money your family has   Other (Specify:)   Don't know   Prefer not to answer   Don't know   Prefer not to answer		☐ Your height	☐ Your height
Your sexual orientation   Your sexual orientation   The amount of money your family has   Other (Specify:)   Don't know   Prefer not to answer   Prefer		☐ Your weight	☐ Your weight
The amount of money your family has   The amount of money your family has   Other (Specify:)   Don't know   Prefer not to answer		$\square$ Some other aspect of your physical appearance	☐ Some other aspect of your physical appearance
Other (Specify:)   Don't know   Don't know   Prefer not to answer   Don't know   Prefer not to answer   P. 13: B.15 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):   [Source: National Center for Health Statistics, Johns Hopkins question]   Male   Gono't know   Prefer not to answer   P. 13: B.15 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):   [Source: National Center for Health Statistics, Johns Hopkins question]   Male   Female   Female   Prefer not to answer   Prefer not to an		☐ Your sexual orientation	☐ Your sexual orientation
Don't know   Prefer not to answer   Don't know   Prefer not to answer		$\square$ The amount of money your family has	$\square$ The amount of money your family has
Prefer not to answer   Prefer not to answer   Prefer not to answer		☐ Other (Specify:)	☐ Other (Specify:)
P. 13: B.15 [ASK IF CHILD AGE 12+ YEARS OLD] Are you (select all that apply):  [Source: National Center for Health Statistics, Johns Hopkins question]    Male		☐ Don't know	☐ Don't know
You (select all that apply):   You (select all that apply):		☐ Prefer not to answer	☐ Prefer not to answer
Services Tracking Tool_Revised; p. 1 household one bullet point was for "Gender of Children"  Supporting Statement A; p. 1; p. 4; p. p.1: "Demponstration" for short.  p. 1: The typo has been fixed to: "Demonstration" for short.		you (select all that apply):  [Source: National Center for Health Statistics, Johns Hopkins question]    Male   Female   Transgender, non-binary, or another gender   Don't know	you (select all that apply):  [Source: National Center for Health Statistics, Johns Hopkins question]
Supporting Statement A; p. 1; p. 4; p. p.1: "Demponstration" for short.  p. 1: The typo has been fixed to: "Demonstration" for		household	
I I I I I I I I I I I I I I I I I I I	Supporting Statement A; p. 1; p. 4; p.	-	p. 1: The typo has been fixed to: "Demonstration" for
p. 4. Off 2. Does the impact of being officed difficultion		p. 4: CA-2. Does the impact of being offered CMRS on	short.

	these domains vary by child age or <del>gender</del> ?	p. 4: CA-2. Does the impact of being offered CMRS on
		1 -
	p. 30: The report will also summarize any differences in	these domains vary by child age or sex?
	effects by children's age and <del>gender</del> identified.	p. 30: The report will also summarize any differences in
And I was a second of the control of		effects by children's age and sex identified.
Attachment M.1_The Obesity & Type II Diabetes Risk	p. 28: [Source: Sancho-Domingo, C., Carballo, J., Caloma-	p. 28: [Source: Sancho-Domingo, C., Carballo, J., Caloma-Carmona, A., & Buysse, D. (2021). Brief version of the
Assessment_Survey_Baseline –	Carmona, A., & Buysse, D. (2021). Brief version of the Pittsburgh Sleep Quality Index (B-PSQI) and measurement	Pittsburgh Sleep Quality Index (B-PSQI) and measurement
Revised; p. 28; p. 33	invariance across gender and age in a population-based	invariance across sex and age in a population-based sample.
	sample. Psychological Assessment.]	Psychological Assessment.]
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	p. 33: C60. [IF RESPONSE TO AT LEAST ONE	p. 33: C60. [IF RESPONSE TO AT LEAST ONE
	QUESTION ABOVE IS "A FEW TIMES A YEAR"	QUESTION ABOVE IS "A FEW TIMES A YEAR"
	OR MORE] What do you think is the main reason for	OR MORE] What do you think is the main reason for
	this experience? [SELECT ALL THAT APPLY. This	this experience? [SELECT ALL THAT APPLY. This
	item is asked only once and not for each time that a	item is asked only once and not for each time that a
	person reports discrimination]	person reports discrimination]
	€ Your Ancestry or National Origins	€ Your Ancestry or National Origins
	€ Your <del>Gender</del>	€ Your Sex
	€ Your Race	€ Your Race
	€ Your Age	€ Your Age
	€ Your Religion	€ Your Religion
	€ Your Height	€ Your Height
	€ Your Weight	€ Your Weight
	€ Some other Aspect of Your Physical	€ Some other Aspect of Your Physical
	Appearance	Appearance
	€ Your Sexual Orientation	€ Your Sexual Orientation
	€ Your Education or Income Level	€ Your Education or Income Level
	€ Don't know	€ Don't know
	€ Prefer not to answer	€ Prefer not to answer

	[Source: Everyday Discrimination Scale, Short Form;	[Source: Everyday Discrimination Scale, Short Form;
	https://scholar.harvard.edu/davidrwilliams/node/32	https://scholar.harvard.edu/davidrwilliams/node/32
	<u>397</u> ]	<u>397</u> ]
Attachment M.2_The Obesity & Type	p. 30: [Source: Sancho-Domingo, C., Carballo, J., Caloma-	p. 30: [Source: Sancho-Domingo, C., Carballo, J., Caloma-
II Diabetes Risk	Carmona, A., & Buysse, D. (2021). Brief version of the	Carmona, A., & Buysse, D. (2021). Brief version of the
Assessment_Survey_Follow-up -	Pittsburgh Sleep Quality Index (B-PSQI) and measurement	Pittsburgh Sleep Quality Index (B-PSQI) and measurement
Revised; p. 30; p. 35	invariance across gender and age in a population-based	invariance across sex and age in a population-based sample.
	sample. Psychological Assessment.]	Psychological Assessment.]
	sumple: 1 Sychological / Escasment.]	1 Sychological 7 BSCSSMenta.]
	p. 35: C60. [IF RESPONSE TO AT LEAST ONE	p. 35: C60. [IF RESPONSE TO AT LEAST ONE
	QUESTION ABOVE IS "A FEW TIMES A YEAR"	QUESTION ABOVE IS "A FEW TIMES A YEAR"
	OR MORE] What do you think is the main reason for	OR MORE] What do you think is the main reason for
	this experience? [SELECT ALL THAT APPLY. This	this experience? [SELECT ALL THAT APPLY. This
	item is asked only once and not for each time that a	item is asked only once and not for each time that a
	person reports discrimination]	person reports discrimination]
	person reports discrimination]	person reports discrimination]
	€ Your Ancestry or National Origins	€ Your Ancestry or National Origins
	€ Your <del>Gender</del>	€ Your Sex
	€ Your Race	€ Your Race
	€ Your Age	€ Your Age
	€ Your Religion	€ Your Religion
	€ Your Height	€ Your Height
	€ Your Weight	€ Your Weight
	€ Some other Aspect of Your Physical	€ Some other Aspect of Your Physical
	Appearance	Appearance
	€ Your Sexual Orientation	€ Your Sexual Orientation
	€ Your Education or Income Level	€ Your Education or Income Level
	€ Don't know	€ Don't know
	€ Prefer not to answer	€ Prefer not to answer
	[Source: Everyday Discrimination Scale, Short Form;	[Source: Everyday Discrimination Scale, Short Form;

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