Attachment L: The Obesity & Type II Diabetes Risk Assessment: Home Observations/Housing Assessment – Follow-up

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 15 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: Evaluation of the Community Choice Demonstration (CCD).
Routine Use: The information will be used for the purpose set forth above and may be provided to Congress or other Federal, state, and local agencies, when determined necessary.
Disclosure: Records will be used for research and statistical analysis and will not be used to make decisions that affect the rights, benefits, or privileges of specific individuals.
SORN ID: Community Choice Demonstration Evaluation Data Files, HUD/PDR-09

Note: Some study activities are being funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

HOME--Physical conditions and asthma triggers, noise pollution

Do you observe any areas of broken plaster or peeling paint bigger than the size of a standard business letter (8.5 x 11")? [MTO interim, Abt home assessment]

☐ Yes ☐ No ☐ Don't Know Notes:

Did you observe any open cracks or holes in walls or ceiling, not little hairline cracks or nails holes, but OPEN cracks or holes wider than the edge of a dime? [MTO interim]

☐ Yes ☐ No ☐ Don't Know Notes:

Does the house or apartment have wall-to-wall carpet? [MTO interim, Abt home assessment]

☐ Yes ☐ No ☐ Don't Know Notes:

Does the house or apartment have evidence of cigarette smoking? [MTO interim, Abt home assessment]

☐ Yes ☐ No ☐ Don't Know Notes:

Does the house or apartment have a dog, cat, or other pet with fur? [MTO interim, Abt home assessment]

☐ Yes ☐ No ☐ Don't Know Notes:

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)? [MTO interim, Abt home assessment]

☐ Yes ☐ No ☐ Don't Know Notes:

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)? [MTO interim, Abt home assessment]

☐ Yes ☐ No ☐ Don't Know Notes:

BUILDING—type, condition

Which category best describes the building in which the respondent's unit is located? [MTO interim]

- Single-family detached house
- Single-family attached house (row house, townhouse)
- 1 to 3-story multi-family building
- 4 to 6-story multifamily building
- 7 or more story multi-family building
- Other (Specify):_____
- Don't know

Type of building: [MAP]

- Residential only
- Mixed use (residential and commercial)
- Shelter

How would you rate the general condition of this housing unit or building? [MTO final, Abt home assessment]

1) Well-kept, good repair	2) Fair condition	3) Poor condition (peeling paint, broken windows)	4) Badly deteriorated	5) Don't Know
☐	☐	☐	☐	☐

Does this building have any broken windows? [MTO interim, Abt home assessment]

☐ Yes ☐ No ☐ Don't Know Notes:

BUILDING—accessibility

Which of the following features does the main entrance have? (Check all that apply).

_____ Steps leading up to main entrance

_____ A ramp leading up to the main entrance

_____ A ramp leading up to another entrance

_____ An unimpeded, paved pathway to the main entrance

_____ An automatic door at the main entrance

_____ Don't know

[IF more than 1 floor] Is there a full sized or LULA (limited use, limited application) elevator?

☐ Yes ☐ No ☐ Don't Know Notes:

BLOCK FACE—mixed use, condition, social disorder, active transport

How would you rate the general condition of most of the housing units or other buildings on this block? [MTO interim, Abt home assessment]

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
☐	☐	☐	☐	☐	☐

Is there trash, litter or junk within a half a block in either direction of the unit? [MTO interim, final, Abt home assessment]

1) Major Accumulation	2) Minor Accumulation	3) None	4) Don't Know
☐	☐	☐	☐

How would you characterize the land use on this block based on street-level frontage? [MTO interim and final]

- Primarily residential
- Primarily commercial
- Mixed residential and commercial
- Primarily industrial
- Primarily vacant houses
- Primarily vacant lots and open space
- Primarily services or institutions
- Primarily parks or playgrounds
- Public or other subsidized housing
- Other (specify)_____

Are there metal bars on the windows above the basement level of any other buildings on either side of the street, within half a block in either direction of the unit? [MTO final]

- Yes, on one building
- Yes, on more than one building
- No bars or windows

Residential buildings with yards or greenspace [do not include building where respondent lives] [Active Neighborhood checklist]

- Yes, on more than half of residential buildings
- Yes, on less than half of residential buildings
- No, not on any residential buildings
- N/A, no other residential buildings

Are there any abandoned, burned out, or boarded up house/buildings along the block? [MAP]

- Yes
- No

Is there tagging graffiti? [MTO final adapted, MAP]

- Yes
- No

- Painted/scrubbed over

Street width [Brief Observation Tool]
- 2 lanes
- Three lanes
- Four or more lanes
- Divided
- Other width
- Not a street

Parking [Brief Observation Tool]
- Parking on 1 side
- Parking on both sides
- No parking on street

Park or playground on block [Brief Observation Tool]
- No
- Yes (public only)
- Yes (private only)
- Yes (public and private)

If yes, Condition of playground/park [Brief Observation Tool]
- Good condition/well kept
- Fair condition
- Poor/deteriorated condition

Are there trees lining the street? [MTO final]
- Trees on most or all of the block
- Some trees
- No trees

Street lamps [Brief Observation Tool]
- No street lamps
- 1 one street lamp
- 2 or more

Sidewalk [Brief Observation Tool]
- Sidewalk on both sides of the street
- Sidewalk on only one side of street
- No sidewalk on the block

Grassy or other buffer between curb and sidewalk [Active Neighborhood Checklist]
- Yes, on at least one side of the street
- No
- N/A—no sidewalk on the block

Sidewalk condition [Brief Observation Tool]
- Rough. Buckling concrete, broken concrete, missing sections, needs repair
- Average overall condition is walkable, may have some uneven spots
- Excellent, like new, no noticeable defects
- N/A—no side walk on the block

Crosswalk for crossing at ends of block [Active Neighborhood Checklist]

- Yes, at one end of block only
- Yes, at both ends of block
- No, at neither end of block

Walk/don't walk signal [Active Neighborhood Checklist]

- Yes
- No

Designated bike route sign or marking "Share the Road" sign [Active Neighborhood Checklist]

- Yes
- No

Observer notes about additional housing and street characteristics: [e.g., disorder, near highway, etc]

References

Active Neighborhood Checklist. Hoehner CM, Ivy A, Ramirez LK, Handy S, Brownson RC. Active neighborhood checklist: a user-friendly and reliable tool for assessing activity friendliness. Am J Health Promot. 2007; 21(6): 534-7. https://prcstl.wustl.edu/active-neighborhood-checklist/

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