SUCCESS MEASURES®

Measuring Health Outcomes:
Success Measures Evaluation Tools
for Community Development and Health

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Introduction

BACKGROUND

Why the tools were developed

Across the United States, affordable housing and community development practitioners have come to recognize the important links between their programs and the health of the people and communities they serve. Projects and partnerships that integrate affordable housing, community development and health have begun to scale as critical approaches for addressing health disparities. However, evaluating and documenting the connections between the fields has been an ongoing challenge. Until recently, community-based organizations have not had the measurement tools to track and assess health outcomes – revealing a significant gap in their ability to better understand their contributions to healthy communities and to obtain the evidence needed to effectively improve, tailor and target programs and interventions.

Conversely, the public health and health care systems conduct extensive research on health outcomes, but these efforts had not often incorporated non-medical, community-based interventions which, in fact, play a significant role in health outcomes.

> **Over the past decade, a multi-sector movement has emerged to develop a united, more deliberate interdisciplinary approach to evaluate and measure impact on health.**

Over the past decade, a multi-sector movement has emerged to develop a united, more deliberate interdisciplinary approach to evaluate and measure impact on health. Significant contributions to this effort have been made by health and community development philanthropy, networks of affordable housing providers, public health, hospital systems, community-based organizations, and researchers resulting in a broad array of frameworks and tools to understand health outcomes. In 2014, as a key contribution to these efforts, NeighborWorks America and its evaluation resource group, Success Measures, began the development of an evaluation framework and set of measurement tools to help both community development and community benefit practitioners document and demonstrate the impact of their efforts on individual and community health.

How the tools were developed

Since its inception, Success Measures has developed more than 350 measurement tools in many facets of community development, including revitalization, financial capability and resident engagement, through a rigorous and well-honed research-based process. Following this same methodology, the development of the health outcome tools began with

a comprehensive examination of the existing measurement tools and resources across the intersection of health, housing and community development. A literature review was conducted on theories regarding the social determinants of health, which summarized existing program and investment strategies in the housing and community development fields aiming to improve health. The review also assessed how existing measurement frameworks and indicators in the housing, community development, public health and health care sectors address individual and community health outcomes.

Success Measures then convened an advisory working group, comprised of experts in health care, public health, community development and public policy. (Complete list of members in the Appendix, p. 214) The working group helped lay the groundwork by finalizing a coherent framework for thinking about health-related outcomes of community development efforts.

Based on this framework, Success Measures developed more than 60 data collection tools relevant to programs implemented by community development organizations. These tools measure both primary and secondary data through a wide range of tool formats. Topics cover health status, beliefs, attitudes and behaviors, personal and community factors influencing health, access to health care services and cross-sector collaboration between the community development and health fields.

How the tools were tested

Field tests of representative questions, in both English and Spanish, were conducted with participants at nine community-based organizations across the country representing diverse locations and programming, as well

> **Field testing and feedback from participants and practitioners led to revisions to the tools, including the content, nature, number and wording of questions.**

as both rural and urban settings. The goal was to use the findings to evaluate whether the questions measured what was intended, the consistency of the results, and how a variety of factors affected validity and/or reliability, including cultural relevance, potential bias, question interpretation, and ability to respond. Special attention was given to understanding how residents spoke about health and their feelings about what is related to health (e.g., housing conditions, work environment, amenities, and finances). Key topics such as health care use, foodways[1] and managing chronic illness were also explored.

Field testing and feedback from participants and practitioners led to revisions to the tools, including the content, nature, number and wording of questions. This work resulted in the 68 data collection tools included in this publication. (For details on the field test, see *Success Measures Health Tools Field Test Report, March 2016*.)

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1 Foodways, refers to the cultural, social and economic practices related to the production and consumption of food. It often refers to the intersection of food, culture, traditions and history. Definition taken from Darton, Julia. "Foodways: When food meets culture and history", Michigan State Extension

USING THE TOOLS

Who will benefit from the tools

Any organization, community or practitioner seeking to better understand how their work contributes to improved health outcomes will benefit from using the Success Measures Health Outcome Tools. This includes housing and community development organizations, cross-sector community health initiatives, public health researchers, evaluators and health care institutions and related community benefit programs. Most of the data collection tools focus on primary data collected directly from residents or from observations of conditions and properties. Additionally, there are worksheets for collecting information from existing data such as program records and public data sources. The tools focus on using positive and respectful language so that engagement in the survey process can be relationship building.

> **Community development organizations, community health associations, public health researchers, and health institutions and hospitals working in their surrounding neighborhoods can better understand how their work is contributing to improved health outcomes.**

Collecting primary-level data from community residents in this way provides an opportunity to connect with clients and residents in more depth as part of the evaluation.

Organizations can use the measurement tools to collect information that helps them better understand ongoing change in their communities and how their programs and strategies are contributing to improved health outcomes. The tools provide questions that address some factors that have been traditionally more difficult to measure, such as social cohesion. In addition, the field testing facilitated the development of questions intended to pick up nuances related to more traditional subjects such as physical activity and eating behaviors that will assist organizations with their decision-making and provide a deeper understanding of how their work is contributing to change.

The tools are best used in a participatory evaluation design which includes resident engagement as a core component of the evaluation process and a summary of the data presented back to respondents for their interpretation and use. This process allows respondents to provide feedback on the meaning of the data as well as the questions asked.

How organizations are using the tools

The Success Measures Health Outcome Tools have been introduced to the field through two national projects. The NeighborWorks America Health Outcomes Pilot was the initial opportunity for organizations to measure health outcomes using the new set of tools. Conducted with

11 organizations over six months in 2016, the pilot provided valuable insights into both the process of using the tools and their content. More importantly, the participating organizations confirmed both the need for the tools and their enthusiasm for using them to articulate the health impacts of their work.

The second effort, the Health Outcomes Demonstration Project, is a three-year national initiative providing grant funding, technical assistance, peer learning and the Success Measures Health Outcome Tools to 20 nonprofit community development organizations to plan and carry out a health outcome evaluation. Jointly implemented by NeighborWorks America and Enterprise Community Partners, this project is helping the participating organizations demonstrate and document the impact of their programs on community and resident health. Each organization selected one of its current programs for this evaluation, resulting in application of the tools to a wide range of programs or projects, including housing rehabilitation, supportive housing, urban farms and healthy eating, youth and senior services, community safety initiatives and financial asset building.

Organizations in the demonstration project are using the tools to better understand the contributions of their work to health outcomes and to improve and amplify their programs. For example, one organization is focusing on outcomes related to healthy eating and increased participation in community gardening. Using questions from the Eating Behaviors, Social Cohesion, and Physical Activity tools, they created a survey that deepened their understanding of residents' preferred types of foods and the relationships residents had with one another. The organization is using these data to increase resident engagement in the community gardening efforts and to attract funding for gardens at more of their buildings.

Another organization doing green rehabilitation on affordable housing wanted to understand how upgrading residents' homes decreased emergency room visits for asthma, changed their overall health, and decreased financial stress. Using tools from Overall Health and Housing Costs and Stability, they were able to connect their home improvement programs to the positive changes in residents' lives. Collecting these data allowed the organization to present their work with the evidence needed to market the program to other communities.

Using tools from Overall Health and Housing Costs and Stability, they were able to connect their home improvement programs to the positive changes in residents' lives.

Running until June 2019, this demonstration project is supported by the Robert Wood Johnson Foundation, The Kresge Foundation, The Hearst Foundation, NeighborWorks America, Enterprise Community Partners, the U.S. Department of Housing and Urban Development, and by in-kind support from the Federal Reserve Bank of San Francisco.

How to use the tools

The Success Measures Health Outcome Tools are organized into the following categories:

- Individual and Community Health Status
- Individual Health Beliefs and Attitudes
- Individual Health Behaviors
- Individual Factors and Influences Related to Health
- Community Environmental Factors Related to Health
- Community Demographics and Social Factors Related to Health
- Availability, Quality and Cultural Sensitivity of Health Care Services
- Cross-Sector Collaborations and Partnerships

Many different tool types are included, such as surveys, observations, interviews and tracking. Each tool is comprised of a range of questions: some tools may include a small group of 1-5 questions, while some may be very extensive with up to 40 or 50 questions. Most organizations use a limited number of tools in a single evaluation effort to keep it productive and manageable.

Tools can be used in their entirety "as-is", or modified and tailored to align with an organization's work. Before selecting tools for an evaluation, organizations will first want to carefully develop an evaluation plan, taking into account their own realistic capacity and resources to conduct the evaluation. The evaluation plan includes identifying outcomes of their program or strategy, determining the key questions from the tools that will measure those outcomes, and developing a plan for collecting the data. This important first step will frame the goals and scope for the effort, as well as identify the specific program and location to be included. Organizations then select and use tools that are most relevant and useful for their particular focus and community. Organizations may benefit from the assistance of an experienced evaluator to help determine the parameters of an evaluation and to select tools, if that capacity is not available on staff.

> **Most organizations use a limited number of tools in a single evaluation effort to keep it productive and manageable.**

The complete set of Success Measures Health Outcome Tools are included in this publication. In this format, tools can be used as reference or downloaded and printed to use manually.[2] The publication's section content dividers, which have short descriptions of each tool, will help navigate through the full set.

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2   Note: The Success Measures Health Outcome Tools are copyrighted as noted on each page of the tools. They can be used only for non-commercial purposes with attribution to Success Measures and inclusion of the copyright.

Other access to the tools and evaluation services

The suite of health tools is also available through paid subscription to the Success Measures Data System (SMDS), a web-based platform which houses the tools and helps subscribers efficiently manage and conduct all phases of evaluation online, from data collection to analysis and reporting. Within the system, the tools, included in both English and Spanish, are easily modified to align with the focus of an evaluation. Questions from other Success Measures tool sets covering additional areas of community development, such as affordable housing, community engagement, financial capability, and green building, are available to be incorporated into a health-focused evaluation, with all resulting data, resources and findings permanently stored and accessible in one secure online environment.

> **Success Measures also offers evaluation consulting, training and technical assistance to support any aspect of an evaluation or use of the Success Measures Data System.**

Success Measures also offers evaluation consulting, training and technical assistance, with the focus on helping organizations build the skills and capacity needed to incorporate evaluation and the results into their work in an ongoing and sustainable way.

For more information about Success Measures services or products, contact successmeasures@nw.org.

About Success Measures

Success Measures, a social enterprise at NeighborWorks America, provides evaluation consulting, technical assistance, measurement tools, and technology to nonprofits, funders and intermediaries in the community development and health-related fields. Since 2004, Success Measures has worked with more than 900 community-based organizations and 35 of their funding partners, in all 50 states and Puerto Rico to document and learn from the outcomes of their programs and investments. www.successmeasures.org

About NeighborWorks America

For nearly 40 years, NeighborWorks America, a national, nonpartisan nonprofit, has created opportunities for people to improve their lives and strengthen their communities by providing access to homeownership and to safe and affordable rental housing. In the last five years, NeighborWorks organizations have generated more than $27.2 billion in reinvestment in these communities. NeighborWorks America is the nation's leading trainer of community development and affordable housing professionals. www.nw.org

Success Measures Health Outcome Tools

I. Individual and Community Health Status

INDIVIDUAL HEALTH STATUS

11	Medical Conditions	Individual's self-reports about their health history, long-term health conditions, and acute health events. (Survey)
13	Disease Management	Individual's self-reports about how they are managing specific chronic diseases, receiving care, and controlling adverse health episodes, such as arthritis, asthma, autoimmune disease, depression and diabetes. (Survey) *Sections on specific conditions or diseases can be used individually or combined in any number.*
19	Overall Health	Individual's self-reports about their overall health, emotional well-being, and physical condition, including height and weight. (Survey)
20	Health Metrics	Records objective measurements of the health of individuals that result from a specific medical test, such as blood pressure, blood sugar, cholesterol, or body mass index. (Tracking)

COMMUNITY HEALTH STATUS

30	Community Morbidity	Records the incidence of specific infectious diseases in a neighborhood or geographic area. (Tracking)
31	Community Mortality	Records the death rates due to specific causes in a neighborhood or geographic area. (Tracking)
32	Medical Visit Metrics	Records the number of hospital admissions, emergency room treat-and-release visits, and health clinic visits for specific medical conditions. (Tracking)

1. Has a doctor, nurse, or other health professional ever told you that you had any of the following?

	Yes	No	Don't know
A heart attack	○	○	○
A stroke	○	○	○
Asthma	○	○	○
High cholesterol	○	○	○
Angina or coronary heart disease	○	○	○
Chronic bronchitis, emphysema, or cardio-pulmonary disease (COPD)	○	○	○
Depression or anxiety	○	○	○
Arthritis	○	○	○
An autoimmune disease, such as fibromyalgia, lupus, or other autoimmune disease?	○	○	○

2. Has a doctor, nurse, or other health professional ever told you that you had high blood pressure?

   ○   Yes
   ○   No *Go to question 4.*
   ○   Don't know *Go to question 4.*

3. If yes, was this only when pregnant?

   ○   Yes
   ○   No
   ○   Not applicable

4. Has a doctor, nurse, or other health professional ever told you that you had diabetes?

   ○   Yes
   ○   No *Go to question 6.*
   ○   Don't know *Go to question 6.*

5. If yes, was this only when pregnant?

   ○   Yes
   ○   No
   ○   Not applicable

6. Has a doctor, nurse, or other health professional ever told you that you had another chronic disease or long-term health condition that requires ongoing medical care?

○ Yes

○ No *Skip the remaining question. This survey is complete.*

○ Don't know *Skip the remaining question. This survey is complete.*

7. If yes, what was this condition? _____

_____

_____

1. Has a doctor, nurse, or other health professional ever told you that you had asthma?

   ○ Yes
   ○ No *Go to question 7.*
   ○ Don't know *Go to question 7.*

2. Are you currently under the care of a doctor, nurse, or other health professional for asthma?

   ○ Yes
   ○ No

3. During the past 12 months, have you had an episode of asthma or an asthma attack?

   ○ Yes
   ○ No
   ○ Don't know

4. During the past 12 months, have your asthma symptoms become more intense or occurred more frequently?

   ○ Yes
   ○ No
   ○ Don't know

5. During the past 12 months, how many times did you visit the emergency room because of your asthma?

6. How confident are you that you can manage your asthma in the long term?

   ○ Very confident
   ○ Somewhat confident
   ○ Not that confident
   ○ Not at all confident

7. Has a doctor, nurse, or other health professional ever told you that you had hypertension, also called high blood pressure?

   ○ Yes
   ○ Only when pregnant
   ○ No *Go to question 14.*
   ○ Don't know *Go to question 14.*

8. Are you currently under the care of a doctor, nurse, or other health professional for high blood pressure?

   ○ Yes
   ○ No *Go to question 10.*

9. If that person has prescribed blood pressure medication, how regularly would you say you take it?

   ○ Always
   ○ Often
   ○ Sometimes
   ○ Rarely or never
   ○ Not applicable

10. **About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?**

    ○ Less than one year ago
    ○ 1 to 2 years ago
    ○ 3 to 5 years ago
    ○ More than 5 years ago
    ○ Never *Go to question 12.*
    ○ Don't know *Go to question 12.*

11. **At that time, what did the doctor or other health professional say your blood pressure was?**

    ○ High
    ○ Normal
    ○ Low
    ○ Don't know

12. **Which of the following, if anything, are you now doing to help control your blood pressure?** *Check all that apply.*

    ☐ Taking medication
    ☐ Reducing the amount of salt or sodium you eat
    ☐ Changing your diet in other ways
    ☐ Losing weight
    ☐ Exercising
    ☐ None of these
    ☐ Something else: _____

13. **How confident are you that you can manage your high blood pressure in the long term?**

    ○ Very confident
    ○ Somewhat confident
    ○ Not that confident
    ○ Not at all confident

14. **Has a doctor, nurse, or other health professional ever told you that you had diabetes?**

    ○ Yes
    ○ Only when pregnant
    ○ No *Go to question 20.*
    ○ Don't know *Go to question 20.*

15. **Are you currently under the care of a doctor, nurse, or other health professional for diabetes?**

    ○ Yes
    ○ No *Go to question 17.*

16. **If that person has prescribed diabetes medication, how regularly would you say you take it?**

    ○ Always
    ○ Often
    ○ Sometimes
    ○ Rarely or never
    ○ Not applicable

17. **In the morning, before you have eaten, is your blood sugar usually higher than 130?**

    ○ Yes
    ○ No
    ○ Don't know

18. Which of the following, if anything, are you now doing to help control your diabetes? *Check all that apply.*

- ☐ Taking medication
- ☐ Checking your blood glucose levels
- ☐ Changing your diet
- ☐ Losing weight
- ☐ Exercising
- ☐ None of these
- ☐ Something else: _____

19. How confident are you that you can manage your diabetes in the long term?

- ○ Very confident
- ○ Somewhat confident
- ○ Not that confident
- ○ Not at all confident

20. Has a doctor, nurse, or other health professional ever told you that your blood cholesterol level was high?

- ○ Yes
- ○ No *Go to question 23.*
- ○ Don't know *Go to question 23.*

21. Are you currently under the care of a doctor, nurse, or other health professional for high cholesterol?

- ○ Yes
- ○ No *Go to question 23.*

22. If that person has prescribed cholesterol medication, how regularly would you say you take it?

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Rarely or never
- ○ Not applicable

23. About how long has it been since you last had your cholesterol checked?

- ○ Less than one year ago
- ○ 1 to 2 years ago
- ○ 3 to 5 years ago
- ○ More than 5 years ago
- ○ Never *Go to question 27.*
- ○ Don't know *Go to question 27.*

24. At that time, what did that person say your cholesterol was?

- ○ High
- ○ Low
- ○ Normal
- ○ Don't know

25. Which of the following, if anything, are you now doing to help control your cholesterol level? *Check all that apply.*

- ☐ Taking medication
- ☐ Changing your diet
- ☐ Losing weight
- ☐ Exercising
- ☐ None of these
- ☐ Something else: _____

26. How confident are you that you can manage your cholesterol level in the long term?

- ○ Very confident
- ○ Somewhat confident
- ○ Not that confident
- ○ Not at all confident

27. Has a doctor, nurse, or other health professional ever told you that you had depression or anxiety?

- ○ Yes
- ○ No *Go to question 32.*
- ○ Don't know *Go to question 32.*

28. Are you currently under the care of a doctor, nurse, or other health professional for depression or anxiety?

- ○ Yes
- ○ No *Go to question 30.*

29. If that person has prescribed antidepressant or anxiety medication, how regularly would you say you take it?

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Rarely or never
- ○ Not applicable

30. Which of the following, if anything, are you now doing to help control your depression or anxiety? *Check all that apply.*

- ☐ Taking medication
- ☐ Undergoing talk therapy or counseling
- ☐ Changing your diet
- ☐ Exercising
- ☐ None of these
- ☐ Something else: _____

31. How confident are you that you can manage your depression or anxiety in the long term?

- ○ Very confident
- ○ Somewhat confident
- ○ Not that confident
- ○ Not at all confident

32. Has a doctor, nurse, or other health professional ever told you had arthritis?

- ○ Yes
- ○ No *Go to question 37.*
- ○ Don't know *Go to question 37.*

33. Are you currently under the care of a doctor, nurse, or other health professional for arthritis?

- ○ Yes
- ○ No *Go to question 35.*

34. If that person has prescribed an arthritis medication, how regularly would you say you take it?

- ○ Always
- ○ Often
- ○ Sometimes
- ○ Rarely or never
- ○ Not applicable

35. Which of the following, if anything, are you now doing to help control your arthritis? *Check all that apply.*

☐ Taking medication
☐ Changing your diet
☐ Exercising
☐ None of these
☐ Something else: _____

36. How confident are you that you can manage your arthritis in the long term?

○ Very confident
○ Somewhat confident
○ Not that confident
○ Not at all confident

37. Has a doctor, nurse, or other health professional ever told you that you had an autoimmune disease, such as fibromyalgia, lupus, or other autoimmune disease?

○ Yes
○ No *Go to question 42.*
○ Don't know *Go to question 42.*

38. Are you currently under the care of a doctor, nurse, or other health professional for the autoimmune disease?

○ Yes
○ No *Go to question 40.*

39. If that person has prescribed an autoimmune disease medication, how regularly would you say you take it?

○ Always
○ Often
○ Sometimes
○ Rarely or never
○ Not applicable

40. Which of the following, if anything, are you now doing to help control your autoimmune disease? *Check all that apply.*

☐ Taking medication
☐ Changing your diet
☐ Exercising
☐ None of these
☐ Something else: _____

41. How confident are you that you can manage your autoimmune disease in the long term?

○ Very confident
○ Somewhat confident
○ Not that confident
○ Not at all confident

42. Has a doctor, nurse, or other health professional ever told you that you have any other chronic disease or long-term health condition that requires ongoing medical care?

○ Yes
○ No *Skip the remaining questions. This survey is complete.*
○ Don't know *Skip the remaining questions. This survey is complete.*

43. Are you currently under the care of a doctor, nurse, or other health professional for that chronic disease or long-term health condition?

○ Yes
○ No *Go to question 45.*

44. If that person has prescribed medication for that chronic disease or long-term health condition, how regularly would you say you take it?

   ○ Always
   ○ Often
   ○ Sometimes
   ○ Rarely or never
   ○ Not applicable

45. How confident are you that you can manage that chronic disease or long-term health condition?

   ○ Very confident
   ○ Somewhat confident
   ○ Not that confident
   ○ Not at all confident

46. Is there anything else you would like us to know about the disease you are managing?

   _____

   _____

   _____

1. Would you say that in general your health is …?

    ○ Excellent
    ○ Very good
    ○ Good
    ○ Fair
    ○ Poor

2. How physically fit do you feel?

    ○ Very fit
    ○ Somewhat fit
    ○ Somewhat unfit
    ○ Very unfit

3. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health good?

    _____

4. Do you smoke?

    ○ Yes
    ○ No

5. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health good?

    _____

6. During the past 30 days, for about how many days have you felt very healthy and full of energy?

    _____

7. During the past 30 days, for about how many days have you felt worried, tense or anxious?

    _____

8. How tall are you without shoes?

    Feet: _____Inches: _____

9. How much do you weigh without shoes (in pounds)?

    _____

Details on background and instructions for using this tool can be found starting on page 208.

Make blank copies of the worksheet(s) as needed. For new residents or more test results at the same facility, you will need copies of page 2 only. For additional facilities you will need copies of pages 1 & 2.

Facility Name: _____

Address of Facility: _____

Type of Data: Primary ☐   Secondary ☐   Key Person: _____

Title and Affiliation: _____

Phone: _____   Email: _____

Resident ID number	Test results 1			Test results 2			Test results 3		
	Date	Systolic number	Diastolic number	Date	Systolic number	Diastolic number	Date	Systolic number	Diastolic number

Facility Name:

Resident ID number	Test results _____			Test results _____			Test results _____		
	Date	Systolic number	Diastolic number	Date	Systolic number	Diastolic number	Date	Systolic number	Diastolic number

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Facility Name: _____

Address of Facility: _____

Type of Data: Primary ☐   Secondary ☐   Key Person: _____

Title and Affiliation: _____

Phone: _____   Email: _____

Resident ID number	Test results 1		Test results 2		Test results 3		Test results 4	
	Date	Hemoglobin A1c	Date	Hemoglobin A1c	Date	Hemoglobin A1c	Date	Hemoglobin A1c

Facility Name:

Resident ID number	Test results _____		Test results _____		Test results _____		Test results _____	
	Date	Hemoglobin A1c	Date	Hemoglobin A1c	Date	Hemoglobin A1c	Date	Hemoglobin A1c

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Facility Name: _____

Address of Facility: _____

Type of Data: Primary ☐   Secondary ☐   Key Person: _____

Title and Affiliation: _____

Phone: _____   Email: _____

Resident ID number	Test results 1						Test results 2					
	Date	HDL	LDL	Tri-glycerides	Total[1]	Ratio[2]	Date	HDL	LDL	Tri-glycerides	Total[1]	Ratio[2]

[1.] Total Cholesterol is the sum of the LDL reading, the HDL reading, and 20 percent of the triglyceride reading.
Formula: **(LDL in mg/dL) + (HDL in mg/dL) +0.20* (triglycerides in mg/dl)**

[2.] Cholesterol ratio represents the relative relationship between HDL and total cholesterol.
Formula: **(Total cholesterol in mg/dl)/(HDL in mg/dl)**

Facility Name:

Resident ID number	Test results _____						Test results _____					
	Date	HDL	LDL	Tri-glycerides	Total[1]	Ratio[2]	Date	HDL	LDL	Tri-glycerides	Total[1]	Ratio[2]

[1.] Total Cholesterol is the sum of the LDL reading, the HDL reading, and 20 percent of the triglyceride reading.
Formula: **(LDL in mg/dL) + (HDL in mg/dL) +0.20* (triglycerides in mg/dl)**

[2.] Cholesterol ratio represents the relative relationship between HDL and total cholesterol.
Formula: **(Total cholesterol in mg/dl)/(HDL in mg/dl)**

Details on background and instructions for using this tool can be found starting on page 208.

Make blank copies of the worksheet(s) as needed. For new residents or more test results at the same facility, you will need copies of page 2 only. For additional facilities you will need copies of pages 1 & 2.

Facility Name: _____

Address of Facility: _____

Type of Data: Primary ☐ Secondary ☐   Key Person: _____

Title and Affiliation: _____

Phone: _____   Email: _____

Resident ID number	Test results 1				Test results 2			
	Date	Height (inches)	Weight (pounds)	BMI[1]	Date	Height (inches)	Weight (pounds)	BMI[1]

[1.] Body Mass Index (BMI) is a calculated measure that is the ratio of weight to height-squared and multiplied by a standard conversion factor.

Formula: BMI = ((Weight in pounds)/(Height in inches)^2) x 703

Facility Name:

Resident ID number	Test results _____				Test results _____			
	Date	Height (inches)	Weight (pounds)	BMI[1]	Date	Height (inches)	Weight (pounds)	BMI[1]

[1] Body Mass Index (BMI) is a calculated measure that is the ratio of weight to height-squared and multiplied by a standard conversion factor.

Formula: $BMI = ((\text{Weight in pounds})/(\text{Height in inches})^2) \times 703$

Details on background and instructions for using this tool can be found starting on page 208.

Make blank copies of the worksheet(s) as needed. For new residents or more test results with the same facility, health condition and type of test, you will need copies of page 2 only. For additional facilities, health conditions or type of test, you will need copies of pages 1 & 2.

Health Condition: _____

Name of Medical Test: _____

Measure A Description: _____

Measure B Description: _____

Measure C Description: _____

Measure D Description: _____

Facility Name: _____

Address of Facility: _____

Type of Data: Primary ☐ Secondary ☐ Key Person: _____

Title and Affiliation: _____

Phone: _____ Email: _____

Resident ID number	Test results 1					Test results 2				
	Date	A	B	C	D	Date	A	B	C	D

Health Condition: _____

Name of Medical Test: _____

Measure A Description: _____

Measure B Description: _____

Measure C Description: _____

Measure D Description: _____

Facility Name:

Resident ID number	Test results _____					Test results _____				
	Date	A	B	C	D	Date	A	B	C	D

1. Geography: _____

2. Time Period: _____

3. Incidence of Disease

	Number of new cases
Chlamydia	
Gonorrhea	
Syphilis	
Human immunodeficiency virus (HIV)	
Other: _____	

4. **Low Birth Weight Babies (per 1000):** _____

1. Geography: _____

2. Time Period: _____

3. Incidence of Death

	Number of deaths
Heart diseases	
Malignant neoplasms	
Chronic lower respiratory diseases	
Cerebrovascular diseases	
Unintentional injuries	
Alzheimer`s disease	
Diabetes mellitus	
Influenza and pneumonia	
Nephritis, nephrotic syndrome, and nephrosis	
Intentional self-harm (Suicide)	
Assault (Homicide)	
Septicemia	
Chronic liver disease and cirrhosis	
Other: _____	

4. Years of Potential Life Lost (YPLL): _____

1. **Geography or Facility:** _____

2. **Time Period:** _____

3. **Hospital Admissions**

	Number of admissions
Heart diseases	
Stroke	
Asthma	
Diabetes	
Hypertension	
Unintentional injury	
Substance abuse	
Depression/anxiety	

4. **Emergency Room Treat-and-Release Visits**

	Number of admissions
Heart diseases	
Stroke	
Asthma	
Diabetes	
Hypertension	
Unintentional injury	
Substance abuse	
Depression/anxiety	
Other: _____	

5.   **Health Clinic Visits**

	Number of visits
Routine check-up	
Periodic screening	
Diagnostic testing	
Illness	
Unintentional injury	
Other: _____	

6.   **Description of Other Visits (Examples: Urgent Care, Telemedicine Visits, etc.):**

_____

_____

_____

_____

_____

II. Individual Health Beliefs and Attitudes

ATTITUDES AND DISCUSSIONS ABOUT HEALTH

35	Views on Health	Individual's self-reports about influences on their health, their willingness to discuss health topics, and the similarity of their attitudes to family and friends. (Survey)
37	Health Discussions with Household Members	Individual's self-reports about the importance and frequency of other household members' discussions on specific health topics. (Survey)
38	Health Discussions with Friends	Individual's self-reports about the frequency of talking with close friends about specific health topics, including eating habits, mental health, and death. (Survey)

VIEWS ON A HEALTHY LIFESTYLE

39	Views on Eating	Individual's self-reports about their attitudes toward healthy foods and balanced meals. (Survey)
40	Views on Physical Activity	Individual's self-reports about their attitudes toward being physically active. (Survey)
41	Views on Alcohol, Tobacco and Drug Use	Individual's self-reports about their beliefs and attitudes toward secondhand smoke, alcohol, tobacco and marijuana, and prescription drugs. (Survey)
43	Views on Relaxation and Stress Management	Individual's self-reports about their views on stress and the effectiveness of specific stress-reducing activities. (Survey)

1. **How much do you believe that a person's physical environment (such as buildings, streets, and parks) affects his or her health?**

    ○   A great deal
    ○   A fair amount
    ○   A little
    ○   Not at all

2. **How much do you believe that a person's social interaction with others affects his or her health?**

    ○   A great deal
    ○   A fair amount
    ○   A little
    ○   Not at all

3. **How important is each of the following to you personally?**

	Very important	Somewhat important	Not that important	Not at all important
Living near your close friends	○	○	○	○
Living near your family members	○	○	○	○
Getting preventive health care, such as regular check-ups, before you get sick	○	○	○	○

4. **How willing would you say you are to talk with the following people about health and the health-related issues that affect you personally?**

	Very willing	Somewhat willing	Not that willing	Not at all willing
With your family members	○	○	○	○
With your close friends	○	○	○	○
With health professionals, such as doctors, nurse practitioners, physician assistants, or nurses	○	○	○	○

5. How similar are your attitudes about health and health-related topics to the attitudes of the following people?

	About the same	A little different	A lot different
Your family members	○	○	○
Your close friends	○	○	○

1. Are there any other people, either adults or children, living in your household?

   ○ Yes

   ○ No *Skip the remaining questions. This survey is complete.*

2. In general, how important would you say each of the following is to the members of your household?

	Very important	Somewhat important	Not that important	Not at all important	Don't know
Living near their close friends	○	○	○	○	○
Living near their family members	○	○	○	○	○
Getting preventive health care, such as regular check-ups, before they get sick	○	○	○	○	○

3. How often do the members of your household talk with each other about each of the following topics?

	Often	Sometimes	Rarely	Never
Personal health issues	○	○	○	○
Eating habits	○	○	○	○
Illness and disease	○	○	○	○
Weight	○	○	○	○
Physical activity and exercise	○	○	○	○
Reproductive health	○	○	○	○
Death and dying	○	○	○	○
Mental health	○	○	○	○

1. How often do you and your close friends talk with each other about each of the following topics?

	Often	Sometimes	Rarely	Never	Not applicable
Personal health issues	○	○	○	○	○
Eating habits	○	○	○	○	○
Illness and disease	○	○	○	○	○
Weight	○	○	○	○	○
Physical activity and exercise	○	○	○	○	○
Reproductive health	○	○	○	○	○
Death and dying	○	○	○	○	○
Mental health	○	○	○	○	○

1. In your opinion, how much does eating a balanced diet contribute to a person's overall health?

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ Nothing

2. Please indicate the degree to which you feel each of the following statements describes you.

	Very much like me	Somewhat like me	Not like me
I enjoy eating the type of food that is considered healthy.	○	○	○
I find that it costs me more to buy healthy foods.	○	○	○
I have the time to prepare balanced meals.	○	○	○
Eating healthy is a big part of my life.	○	○	○
Shopping for healthy food is convenient for me.	○	○	○
I decide what food is served at meals.	○	○	○
I feel better when I eat healthy food.	○	○	○
The effort it takes for me to prepare balanced meals is worth it.	○	○	○
The food I grew up with was very healthy.	○	○	○

1. In your opinion, how much does being physically active contribute to a person's overall health?

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ Nothing

2. The following statements refer to deliberately getting physical exercise that goes beyond your typical day-to-day activities. Please indicate the degree to which you feel each of them describes you.

	Very much like me	Somewhat like me	Not like me
I have a medical condition that limits the amount of physical exercise I am able to get.	○	○	○
I feel better when I am physically active.	○	○	○
My typical day-to-day activities provide me with all the physical exercise I need.	○	○	○
I do as much as I can do to be physically active.	○	○	○
The effort it takes for me to physically exercise is worth it.	○	○	○

1. In your opinion, does breathing in someone else's tobacco smoke cause harm to a person's overall health?

   ○ Definitely yes
   ○ Probably yes
   ○ Probably no
   ○ Definitely no

2. Is smoking tobacco permitted in your house?

   ○ Yes
   ○ No

3. Some people drink alcohol while others do not. If you drank alcohol in moderation, do you think it would help you…

	Definitely yes	Probably yes	Probably no	Definitely no
Feel more comfortable at parties and in other social situations?	○	○	○	○
Relieve stress?	○	○	○	○

4. In your opinion, how much harm, if any, does drinking alcohol in moderation do to a person's overall health?

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ None at all

5. Is drinking alcohol in moderation permitted in your home?

   ○ Yes
   ○ No

6. Do you think people can get addicted to smoking marijuana?

   ○ Definitely yes
   ○ Probably yes
   ○ Probably no
   ○ Definitely no

7. In your opinion, how much harm, if any, does smoking marijuana do to a person's overall health?

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ None at all

8. How acceptable do you think it is to use marijuana if it is prescribed by a doctor?

   ○ Very acceptable
   ○ Somewhat acceptable
   ○ Somewhat unacceptable
   ○ Very unacceptable

9. Do you think people can get addicted to using prescription drugs?

   ○ Definitely yes
   ○ Probably yes
   ○ Probably no
   ○ Definitely no

10. In your opinion, how much harm, if any, does using prescription drugs in this way do to a person's overall health?

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ None at all

1. In your opinion, how much does reducing stress contribute to a person's overall health?

    ○ A great deal
    ○ A fair amount
    ○ A little
    ○ Nothing

2. Over the past 12 months, how much thought have you given to ways of reducing your own feelings of stress?

    ○ A great deal
    ○ A fair amount
    ○ A little
    ○ None

3. The following are some of the ways in which people try to reduce their level of stress. How effective would each of them be for you if you wanted to reduce the stress you feel?

	Very effective	Somewhat effective	Not that effective
Participating in social activities	○	○	○
Talking with close friends or family members	○	○	○
Meditating, praying, doing yoga, or engaging in some other quiet practice	○	○	○
Drinking alcohol	○	○	○
Engaging in artistic expression, such as drawing, painting, or playing a musical instrument	○	○	○
Participating in religious or spiritual activities	○	○	○
Talking with a professional counselor or therapist	○	○	○
Smoking or using tobacco products	○	○	○
Watching television	○	○	○
Playing on the computer	○	○	○
Reading or listening to music	○	○	○
Exercising, running, or walking	○	○	○
Doing things for other people	○	○	○

4. Different people do different things when they want to take time for themselves or take a break. Which of the following things, if any, would help you relax? *Check all that apply.*

☐ Taking medication

☐ Changing your diet

☐ Exercising

☐ None of these

☐ Something else: _____

III. Individual Health Behaviors

HEALTH KNOWLEDGE AND USE OF HEALTH CARE

46	Health Care Knowledge	Individual's self-reports about their sources for health-related advice, their level of trust in specific sources, and their confidence participating in their own health care. (Survey)
48	Use of Health Care Services	Individual's self-reports about their use of or inability to use different health-care settings and providers, including alternative and complementary care. (Survey)
50	Health Insurance	Individual's self-reports about having or not having private or public health insurance coverage for themselves or their children and the impact on their health. (Survey)

PARTICIPATION IN A HEALTHY LIFESTYLE

53	Eating Behavior	Individual's self-reports about past and present eating habits related to fruits and vegetables, cooking meals at home, community gardens, packaged foods, and the potential for changing habits. (Survey)
55	Physical Activity Behavior	Individual's self-reports about their level of physical or recreational activities and exercise, including barriers to these activities. (Survey)
57	Alcohol, Tobacco and Drug Use Behavior	Individual's self-reports about consuming alcohol, smoking tobacco, and using prescription drugs in a way not directed by a doctor. (Survey)
58	Relaxation and Stress Management Behavior	Individual's self-reports about what specific activities they do to reduce stress or take time for themselves. (Survey)

CARE GIVING AND RECEIVING

| 59 | Caring for Others | Individual's self-reports about providing care for someone with long-term illness, disability, or advanced age. (Survey) |
| 61 | Receiving Care from Others | Individual's self-reports about receiving help from others with errands, household chores, or personal care. (Survey) |

1. Where do you most often get information or advice about health or health-related issues?
    Choose only one.

    ○ A doctor's office
    ○ A hospital emergency room
    ○ A community clinic or health center
    ○ A clinic in a store or pharmacy
    ○ A family member who is not a doctor or nurse
    ○ A friend who is not a doctor or nurse
    ○ A health-focused telephone hotline
    ○ Online resources
    ○ I do not get information or advice about health
    ○ Some other place: _____

2. How much do you trust the following sources for accurate information about health and health-related issues?

	A great deal	A fair amount	A little	Not at all	Not applicable
Family members	○	○	○	○	○
Close friends	○	○	○	○	○
Co-workers	○	○	○	○	○
Faith community members	○	○	○	○	○
Celebrities	○	○	○	○	○
Federal, state, or local health departments	○	○	○	○	○
Online internet resources, such as websites, social media, and blogs	○	○	○	○	○
Community organizations	○	○	○	○	○
News media, such as magazines and newspapers	○	○	○	○	○
Health professionals, such as doctors, nurse practitioners, physician assistants, or nurses	○	○	○	○	○
Remotely connecting via the internet to a health professional who is located someplace else for diagnosis and treatment information, sometimes called telemedicine	○	○	○	○	○

3. How often do you talk with each of the following people about health and health-related topics?

	Often	Sometimes	Rarely	Never
Your close friends	○	○	○	○
Your family members	○	○	○	○
Your doctor or other health care professional	○	○	○	○

4. How confident are you that you can do each of the following?

	Very confident	Somewhat confident	Not that confident
Find the information I need to make decisions about my health care	○	○	○
Fill out health care forms	○	○	○
Understand what doctors and other health care professionals tell me about my health	○	○	○
Understand the results of my medical tests	○	○	○
Locate the health care providers and services I need	○	○	○
Ask doctors and other health care professionals the right questions about my health	○	○	○
Share personal information about my health history with health care providers	○	○	○
Understand how and when to take medication if it is prescribed	○	○	○

1. Which of the following best describes the place where you most often go when you need medical care?

    ○ I go to the same place each time, and the people who see me are almost always the same.
    ○ I go to the same place each time, but the people who see me are often different.
    ○ I go to different places. *Go to question 3.*
    ○ I do not go anywhere for medical care. *Go to question 3.*
    ○ Something else: _____ *Go to question 3.*

2. What kind of place do you go to most often?

    ○ Clinic or health center
    ○ Doctor's office
    ○ Clinic in a store or pharmacy
    ○ Hospital emergency room
    ○ Hospital outpatient department
    ○ I don't go to one place most often.
    ○ Some other place: _____

3. During the past 12 months, how many times have you gone to a hospital emergency room for yourself?

    _____

4. During the past 12 months, how many nights were you an inpatient in a hospital? *Do not include nights in a rehabilitation facility.*

    _____

5. During the past 12 months, how many nights were you an inpatient in a rehabilitation facility?

    _____

6. During how many of the past 12 months did you receive care at home from a nurse or other health care professional?

    _____

7. During the past 12 months, which of the following health care professionals, if any, did you visit at least once? *Check all that apply.*

    ☐ Doctor
    ☐ Nurse
    ☐ Physician assistant
    ☐ Nurse practitioner
    ☐ Dentist
    ☐ Dental hygienist
    ☐ Eye doctor
    ☐ Medical specialist
    ☐ None of the above
    ☐ Other health care professional:

    _____

8. During the past 12 months, which of the following alternative and complementary care professionals, if any, did you visit at least once? *Check all that apply.*

    ☐ Chiropractor
    ☐ Acupuncturist
    ☐ Homeopathic provider
    ☐ None of the above
    ☐ Other alternative or complementary care professional: _____

9. During the past 12 months, did a doctor, nurse, physician assistant, or nurse practitioner refer you to a specialist who practices in one area of health (such as a surgeon, heart doctor, allergy doctor, skin doctor, or other doctor) for additional care?

   ○ Yes
   ○ No

10. During the past 12 months, did a community health worker or case manager help you plan for your health care?

    ○ Yes
    ○ No

11. During the past 12 months, did you remotely connect via the internet to a health professional who is located someplace else for diagnosis and treatment information, sometimes called telemedicine?

    ○ Yes
    ○ No

12. During the past 12 months, was there any time when you needed health care for yourself, but you didn't get it?

    ○ Yes
    ○ No *Skip the remaining questions. This survey is complete.*

13. Which of the following, if any, was a reason that you did not get the health care you needed? *Check all that apply.*

    ☐ I did not know where to go.
    ☐ I did not have time to go.
    ☐ I did not have transportation to get there.
    ☐ The place was not open when I could get there.
    ☐ I did not think I needed care at the time.
    ☐ My health insurance would not cover it.
    ☐ My health insurance would not pay enough for it.
    ☐ It cost too much.
    ☐ None of the above
    ☐ Some other reason: _____

1. Do you currently have any kind of health insurance for yourself, that is, a policy or program that provides or pays for all or part of your medical care?

   ○ Yes
   ○ No *Go to question 8.*

2. Medicare is a health insurance program primarily for persons 65 and older. Are you covered by Medicare?

   ○ Yes
   ○ No
   ○ Don't know

3. There are public assistance programs, sometimes called Medicaid, that pay for medical care for low-income and disabled persons. Are you covered by a program like that?

   ○ Yes
   ○ No
   ○ Don't know

4. Private health insurance can be obtained through work or by paying premiums directly to a health insurance company. Are you currently covered by private health insurance?

   ○ Yes
   ○ No *Go to question 10.*
   ○ Don't know *Go to question 10.*

5. Was your private health insurance obtained through work, such as through an employer, union, or professional association? It can be through any family member's employment, not just your employment.

   ○ Yes
   ○ No
   ○ Don't know

6. How satisfied are you with each of the following features of your health insurance?

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
The variety of services my health insurance covers	○	○	○	○
The range of health care providers that my health insurance covers	○	○	○	○
The monthly premium I pay for my health insurance	○	○	○	○
The copay amount that is required under my health insurance	○	○	○	○
The deductible amount that is required under my health insurance	○	○	○	○

7. In your opinion, are you healthier because you have health insurance?

   ○ Yes *Go to question 10.*
   ○ No *Go to question 10.*

8. Which one of the following is the main reason why you do not have health insurance coverage?

   ○ It costs too much.
   ○ My employer does not offer coverage.
   ○ I am not eligible for my employer's coverage.
   ○ The insurance company refused me coverage.
   ○ I don't need coverage.
   ○ Some other reason:

   _____

9. In your opinion, are you less healthy because you do not have health insurance?

   ○ Yes
   ○ No

10. Are there other adults age 18 or over living in your household?

   ○ Yes
   ○ No *Go to question 12.*

11. Do those adults currently have any kind of health insurance, that is, a policy or program that provides or pays for all or part of their medical care?

   ○ Yes
   ○ No

12. **Do you have children under 18 years of age in your care?**

   ○   Yes
   ○   No *Go to question 14.*

13. **Are the children under your care currently covered by any kind of health insurance, that is, a policy or program that provides or pays for all or part of their medical care?**

   ○   Yes
   ○   No

14. **How easy would you say it is to keep up with medical costs for you and your family?**

   ○   Very easy
   ○   Somewhat easy
   ○   Somewhat difficult
   ○   Very difficult

15. **Do you currently have any medical bills that are past due?**

   ○   Yes
   ○   No

Please take a minute to think about the food you eat in a typical week. When answering questions 1-6, include meals and snacks eaten at home, at work or school, in restaurants, and anyplace else.

1. In general, would you say that your eating habits are...?

   - ○ Excellent
   - ○ Very good
   - ○ Good
   - ○ Fair
   - ○ Poor

2. On a typical day, how many times do you eat fruit (not including juice)?

   - ○ Never
   - ○ Less than once a day
   - ○ About once a day
   - ○ About twice a day
   - ○ Three or more times a day

3. On a typical day, how often do you include vegetables of any type (either cooked or raw) in the meals you eat?

   - ○ Never
   - ○ Less than once a day
   - ○ About once a day
   - ○ About twice a day
   - ○ Three or more times a day

4. Thinking about the past 7 days, on how many days did you eat breakfast first thing in the morning?

   _____

5. Thinking about the past 7 days, on how many days did you eat a home-cooked dinner?

   _____

   If you answered 7 to this question, go to question 7.

6. What would make it easier for you to have more dinners cooked at home?

   _____
   _____
   _____

7. During the past 12 months, have you gotten fruits or vegetables from a community garden or community supported agriculture, sometimes called a CSA?

   - ○ Yes
   - ○ No

8. When you buy packaged foods, how often do you check the expiration dates on those packages?

   - ○ Always
   - ○ Often
   - ○ Sometimes
   - ○ Rarely or never
   - ○ Don't buy packaged food

9. When you buy packaged foods, how often do you read the nutrition labels on those packages?

   - ○ Always
   - ○ Often
   - ○ Sometimes
   - ○ Rarely or never
   - ○ Don't buy packaged food

10. How confident are you that you understand the information on the nutrition labels?

    - ○ Very confident
    - ○ Somewhat confident
    - ○ Not that confident
    - ○ Not at all confident

11. **During the past 12 months, which of the following, if any, have you tried to do?** *Check all that apply.*

- ☐ Eat more fruits and vegetables
- ☐ Cut back on food high in added sugar
- ☐ Drink more water
- ☐ Cut back on foods high in salt
- ☐ Eat more foods with whole grains
- ☐ Cut back on foods high in saturated fats
- ☐ Cook more meals at home
- ☐ None of the above
- ☐ Other change in what I eat:

  _____

12. **How often do you currently eat the foods you grew up with?**

- ○ Almost every day
- ○ A few times a week
- ○ A few times a month
- ○ Only on special occasions
- ○ Rarely or never

13. **How much do you enjoy eating the foods you grew up with?**

- ○ A great deal
- ○ A fair amount
- ○ A little
- ○ Not at all

14. **In your opinion, how healthy are the foods you grew up with?**

- ○ Very healthy
- ○ Somewhat healthy
- ○ Somewhat unhealthy
- ○ Very unhealthy

15. **What, if anything, do you think would make the foods you grew up with healthier to eat?**

_____

_____

_____

16. **If you wanted to buy fresh fruits and vegetables, how easy would it be for you to do so?**

- ○ Very easy
- ○ Somewhat easy
- ○ Somewhat difficult
- ○ Very difficult

17. **What would make it easier for you to buy fresh fruits and vegetables?**

_____

_____

_____

18. **If you wanted to buy the ingredients to prepare the foods you grew up with, how easy would it be for you to do so?**

- ○ Very easy
- ○ Somewhat easy
- ○ Somewhat difficult
- ○ Very difficult

19. **What, if anything, would make it easier for you to buy the ingredients to prepare the foods you grew up with?**

_____

_____

_____

1. Some people are able to get a lot of physical exercise while others have limitations on how physically active they can be. Do you have a diagnosed medical condition that limits your physical activity?

    ○ Yes
    ○ No

2. How often do you exercise in ways that are appropriate to your level of ability?

    ○ Often
    ○ Sometimes
    ○ Rarely
    ○ Never

3. How often do you deliberately get physical exercise that goes beyond your typical day-to-day activities?

    ○ Often
    ○ Sometimes
    ○ Rarely
    ○ Never

4. Which of the following, if any, prevents you from getting more physical exercise than you actually do? *Check all that apply.*

    ☐ I am not physically able to do any exercise.
    ☐ I have physical limitations that restrict the amount of exercise I get.
    ☐ I don't enjoy exercising.
    ☐ I don't have a convenient place to exercise.
    ☐ Bad weather keeps me from exercising.
    ☐ I am not motivated to exercise.
    ☐ I don't have the time to exercise.
    ☐ I have no one to exercise with.
    ☐ I am too tired to exercise.
    ☐ It costs too much to exercise.
    ☐ None of the above
    ☐ Some other reason: _____

5. Do you ride a bicycle to get to and from places you need to go?

    ○ Yes
    ○ No *Go to question 7.*

6. In a typical week, on how many days do you ride a bicycle to and from places you need to go? _____

7. Do you walk to get to and from the places you need to go?

    ○ Yes
    ○ No *Go to question 9.*

8. In a typical week, on how many days do you walk to get to and from places you need to go? _____

9. Please think about things that you have to do, such as paid or unpaid work or household chores. Do you do paid or unpaid work or household chores that require a lot of physical activity?

   ○ Yes
   ○ No *Go to question 11.*

10. In a typical week, on how many days do you do paid or unpaid work or household chores that require a lot of physical activity?

   _____

11. Do you do any sports, fitness, or physical recreational activities?

   ○ Yes
   ○ No *Go to question13.*

12. In a typical week, on how many days do you do sports, fitness, or recreational activities?

   _____

13. Do you do any exercises to strengthen or tone your muscles?

   ○ Yes
   ○ No *Go to question 15.*

14. In a typical week, on how many days do you do exercises to strengthen or tone your muscles?

   _____

15. On average, how many hours of sleep do you get in a 24-hour period?

   ○ Less than 6 hours
   ○ 6 or 6 ½ hours
   ○ 7 or 7 ½ hours
   ○ 8 or 8 ½ hours
   ○ 9 hours or more

16. On average, how many hours do you spend sitting in a 24-hour period?

   ○ Less than 1 hour
   ○ 1 to 4 hours
   ○ 5 to 8 hours
   ○ 9 to 12 hours
   ○ More than 12 hours

17. On average, how many hours do you spend outdoors during a 24-hour period?

   ○ Less than 1 hour
   ○ 1 to 3 hours
   ○ 4 to 6 hours
   ○ 7 to 9 hours
   ○ More than 9 hours

1. During a typical month, on how many days do you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

   _____

   If you answered 0, go to question 3.

2. On a typical day when you do drink, about how many drinks do you drink per day, on average?

   _____

3. Do you smoke cigarettes?

   ○ Yes
   ○ No *Go to question 5.*

4. On the days that you did smoke, about how many cigarettes did you smoke per day, on average?

   _____

5. Do you smoke e-cigarettes?

   ○ Yes
   ○ No

6. Do you use chewing tobacco or snuff?

   ○ Yes
   ○ No

7. Do you smoke cigars?

   ○ Yes
   ○ No

8. During the past 30 days, did you use a prescription drug in a way a doctor did not direct you to use it?

   ○ Yes
   ○ No

9. During the past 30 days, did you take "over-the-counter" cough or cold medicine just to get high?

   ○ Yes
   ○ No

1. Different people do different things when they try to manage stress, that is, when they deliberately attempt to reduce the level of tension, pressure, or anxiety they are feeling. Is there any activity that you typically do when you want reduce the level of stress you might be feeling?

   ○ Yes
   ○ No *Go to question 3.*

2. Which of the following activities, if any, do you do when you want to reduce the level of stress you feel? Check all that apply.

   ☐ Participating in social activities
   ☐ Talking with friends or family members
   ☐ Meditating, praying, doing yoga, or engaging in some other quiet practice
   ☐ Drinking alcohol
   ☐ Engaging in artistic expression, such as drawing, painting, or playing a musical instrument
   ☐ Participating in religious or spiritual activities
   ☐ Talking with a professional counselor or therapist
   ☐ Smoking or using tobacco products
   ☐ Watching television
   ☐ Playing with the computer
   ☐ Reading or listening to music
   ☐ Exercising, running, or walking
   ☐ Doing things for other people
   ☐ None of these
   ☐ Something else: _____

3. Different people do different things when they take time for themselves or take a break. Is there any activity that you typically do when you want to relax?

   ○ Yes
   ○ No *Skip the remaining questions. This survey is complete.*

4. Which of the following activities, if any, do you do when you want to take time for yourself or take a break? *Check all that apply.*

   ☐ Meditating, praying, doing yoga, or engaging in some other quiet practice
   ☐ Drinking alcohol
   ☐ Engaging in artistic expression, such as drawing, painting, or playing a musical instrument
   ☐ Participating in religious or spiritual activities
   ☐ Smoking or using tobacco products
   ☐ Playing with the computer
   ☐ Watching television
   ☐ Reading or listening to music
   ☐ Exercising, running, or walking
   ☐ None of these
   ☐ Something else: _____

5. In a typical week, on how many days do you do this type of activity to take time for yourself or take a break?

   _____

1. Do you regularly provide care to someone who, because of long-term illness or disability, advanced age, or some other reason, cannot do certain daily tasks without assistance? *(Do not include your child unless they have a long-term illness or disability.)*

   ○ Yes
   ○ No ***Skip the remaining questions. This survey is complete.***

2. Are you this person's primary caregiver?

   ○ Yes
   ○ No

3. Does this person live with you?

   ○ Yes
   ○ No

4. Are you related to this person?

   ○ Yes
   ○ No

5. How old is this person?

   ○ Under 18 years of age
   ○ 18-34 years old
   ○ 35-54 years old
   ○ 55-74 years old
   ○ 75 years old or older

6. For how long have you been providing care to this person?

   ○ Less than one year
   ○ 1-2 years
   ○ 3-5 years
   ○ 5-10 years
   ○ More than 10 years

7. Which of the following types of help do you typically provide to this person? *Check all that apply.*

   ☐ Driving places, such as errands or appointments
   ☐ Basic household tasks, such as cooking or cleaning
   ☐ Personal care, such as bathing, dressing, or going to the bathroom
   ☐ Financial support, such as contributing money or paying for services
   ☐ Keeping track of finances, such as paying bills or balancing checking accounts
   ☐ Emotional support, such as talking and listening
   ☐ Something else: _____

8. How well would you say you are able to meet this person's needs?

   ○ Very well
   ○ Somewhat well
   ○ Not that well
   ○ Not at all well

9. From your perspective, how rewarding has this caregiving experience been for you?

   ○ Very rewarding
   ○ Somewhat rewarding
   ○ Not that rewarding
   ○ Not at all rewarding

10. Overall, how stressful has this caregiving responsibility been for you?

    ○ Very stressful
    ○ Somewhat stressful
    ○ Not that stressful
    ○ Not at all stressful

11. If for some reason you were not available to provide this care, do you have someone else you can call on who could provide it?

   ○ Yes
   ○ No

12. During the past 12 months, have friends or family members helped with your caregiving responsibilities?

   ○ Yes
   ○ No

13. How helpful was the assistance received from friends or family members?

   ○ Very helpful
   ○ Somewhat helpful
   ○ Somewhat unhelpful
   ○ Very unhelpful
   ○ Not applicable

14. During the past 12 months, have you received help from professionals who are paid to help with caregiving?

   ○ Yes
   ○ No

15. How helpful was the assistance received from these professionals?

   ○ Very helpful
   ○ Somewhat helpful
   ○ Somewhat unhelpful
   ○ Very unhelpful
   ○ Not applicable

16. How many children 18 years of age or under live in your household?

   _____

1. Is there someone or a group of people, either paid or unpaid, who regularly helps you with daily tasks such as errands, household chores, or personal care?

   ○ Yes, there is one primary person
   ○ Yes, there is a group of people
   ○ No *Skip the remaining questions. This survey is complete.*

2. Does one or more of these people live with you?

   ○ Yes
   ○ No

3. Are one or more of these people paid by you, by someone else, or through a program?

   ○ Yes
   ○ No

4. Are you receiving this help because of a long-term illness or disability?

   ○ Yes
   ○ No

5. Are you receiving this help because of problems related to aging?

   ○ Yes
   ○ No

6. Which of the following types of help do you typically receive from this person or group of people? *Check all that apply.*

   ☐ Driving places, such as errands or appointments
   ☐ Basic household tasks, such as cooking or cleaning
   ☐ Personal care, such as bathing, dressing, or going to the bathroom
   ☐ Emotional support, such as talking and listening
   ☐ Something else: _____

7. How often does this person or group of people assist you?

   ○ Once a month or less
   ○ A few times a month
   ○ About once a week
   ○ A few times a week
   ○ Daily

8. How satisfied are you with the help you are getting from this person or group of people?

   ○ Very satisfied
   ○ Somewhat satisfied
   ○ Somewhat dissatisfied
   ○ Very dissatisfied

9. If for some reason this person or group of people were not available to provide this help, is there someone else you can call on for assistance?

   ○ Yes
   ○ No

IV. Individual Factors and Influences

INDIVIDUAL FACTORS

64	Individual Demographics – Health	Individual's self-reports about personal or household characteristics, including age, gender, race, ethnicity, first language, and sexual orientation. (Survey)
66	Housing Costs	Individual's self-reports about renting or owning their home, satisfaction with available housing, and ability to meet housing and utility expenses. (Survey)
67	Financial Stability	Individual's self-reports about their financial situation, financial security and access to banks and credit. (Survey)
68	Food Security	Individual's self-reports about having enough to eat, ability to afford balanced meals, and using food stamps or food pantries. (Survey)
69	Functional Status	Individual's self-reports about how physical or mental health issues might limit their ability to carry out daily personal, household or social activities. (Survey)
70	Interest in Education and Training	Individual's self-reports about recent educational or training classes they have attended and their interest in or barriers to furthering their education. (Survey)
71	Employment and Workforce Development	Individual's self-reports about their current or past employment status and their interest in or barriers to job training, workforce education, or finding a job. (Survey)
72	Personal Traits	Individual's self-reports about their own feelings of self-confidence, level of curiosity, and responses to change. (Survey)
73	Social Support and Safety	Individual's self-reports about their social networks and feelings of safety in their home and community. (Survey)
74	Housing Stability	Individual's self-reports about the length of time they have lived in the community and in their current home, the number of times they have moved, and whether they rent or own their home. (Survey)

USE OF COMMUNITY SERVICES AND AMENITIES

75	Use of Amenities	Individual's self-reports about using, or barriers to using, amenities near home, including retail, financial, classes, and community infrastructure or transportation. (Survey)
78	Use of Community Services	Individual's self-reports about using, or barriers to using, community services, such as financial assistance, job or business training, social services, and schools. (Survey)

SOCIAL AND CULTURAL CONTEXTS

81	Social Connections	Individual's self-reports about personal connections and proximity to friends and families, satisfaction with the amount of time spent with them, and feelings of comfort with other people. (Survey)
82	Cultural Context	Individual's self-reports about how their religion, faith, or belief system impact their health care experience, where they seek health care services and their interaction with health care professionals. (Survey)

INFLUENCES ON INDIVIDUAL

83	Influences on Individual's Views on Health	Individual's self-reports about how close friends or household members influence their own feelings about health and health topics, where they get trusted health information, and where they seek medical care. (Survey)
84	Influences on Individual's Eating	Individual's self-reports about the influence on their own eating habits by household members and close friends. (Survey)
85	Influences on Individual's Physical Activity	Individual's self-reports about the influence on their own physical activity by household members or close friends. (Survey)
86	Influences on Individual's Alcohol and Tobacco Use	Individual's self-reports about their own acceptance of smoking and drinking, and the status of the smoking and drinking habits of household members. (Survey)

1. Including yourself, how many adults 18 years of age or older live in your household?

   _____

2. How many children under 18 years of age live in your household?

   _____

3. What language is most often spoken in your household?

   ○ English
   ○ Spanish
   ○ Other:_____

4. What is your age?

   ○ 18-24
   ○ 25-34
   ○ 35-44
   ○ 45-54
   ○ 55-64
   ○ 65-74
   ○ 75 and older

5. How do you define your gender? *Check all that apply.*

   ☐ Male
   ☐ Female
   ☐ Trans*
   ☐ Other:_____

6. Do you consider yourself as Hispanic, Latino, Latina, or of Spanish origin?

   ○ Yes, Hispanic/Latino/Latina/Spanish origin
   ○ No, not Hispanic/Latino/Latina/Spanish origin

7. What is your race?

   ○ Black/African American
   ○ Caucasian/White
   ○ American Indian/Aleut/Eskimo/Alaska Native
   ○ Asian
   ○ Native Hawaiian/Pacific Islander
   ○ Mixed race

8. What is your first language?

   ○ English
   ○ Spanish
   ○ Other:_____

9. Are you in the first generation of your family to grow up in the United States?

   ○ Yes
   ○ No

10. To whom are you attracted?

    ○ Males
    ○ Females
    ○ Both
    ○ Neither

11. Which of the following best describes your current status? *Check only one.*

    ○ Employed full time
    ○ Employed part time
    ○ Unemployed and looking for work
    ○ Unable to work due to disability
    ○ Stay-at-home caregiver or parent
    ○ Retired
    ○ Student
    ○ Other:_____

12. **What is the highest degree or level of school you have completed?** *(If currently enrolled, highest degree received.)*

- ☐ No schooling completed
- ☐ Elementary (1st grade to 8th grade)
- ☐ Some high school, no diploma
- ☐ High school graduate, diploma or the equivalent (for example: GED)
- ☐ Some college credit, no degree
- ☐ Trade/ technical/ vocational training
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional degree
- ☐ Doctorate degree

1. Do you currently rent your home, own your home, or something else?

   ○ Rent *Go to question 4.*
   ○ Own
   ○ Other: _____
   Go to question 6.

2. How easy is it for you to meet your housing expenses (including mortgage payments and utilities and maintenance costs) on a regular basis?

   ○ Very easy
   ○ Somewhat easy
   ○ Somewhat difficult
   ○ Very difficult

3. During the past 12 months, have you ever been a month or more late paying your mortgage or paying a heating or electric bill?

   ○ Yes *Go to question 6.*
   ○ No *Go to question 6.*
   ○ Don't know *Go to question 6.*

4. How easy is it for you to meet your housing expenses (including rent payments and utilities costs) on a regular basis?

   ○ Very easy
   ○ Somewhat easy
   ○ Somewhat difficult
   ○ Very difficult

5. During the past 12 months, have you ever been a month or more late paying your rent or paying a heating or electric bill?

   ○ Yes
   ○ No
   ○ Don't know

6. During the past 12 months, have you ever cut back on any of the following in order to afford your housing expenses? *Check all that apply.*

   ☐ Food
   ☐ Health care
   ☐ Transportation
   ☐ None of these
   ☐ Something else: _____

7. In general, how satisfied are you with the type of housing that is available to you on your budget?

   ○ Very satisfied
   ○ Somewhat satisfied
   ○ Somewhat dissatisfied
   ○ Very dissatisfied

1. How secure do you feel your financial situation is right now?

   ○ Very secure
   ○ Somewhat secure
   ○ Not that secure
   ○ Not at all secure

2. How confident are you that you could weather a financial crisis if it should occur?

   ○ Very confident
   ○ Somewhat confident
   ○ Not that confident
   ○ Not at all confident

3. Please think about things that you want for yourself and, if applicable, for your partner, spouse, or dependent children. Which of the following statements would you say best describes your current financial situation?

   ○ I have more than I want.
   ○ I have about what I want.
   ○ I have less than I want.

4. Now, please think about the things you need for yourself and, if applicable, for your partner, spouse, or dependent children. Which of the following statements would you say best describes your current financial situation?

   ○ I have more than I need.
   ○ I have about what I need.
   ○ I have less than I need.

5. Which of the following do you currently have? *Check all that apply.*

   ☐ A savings account at a bank or credit union
   ☐ A checking account at a bank or credit union
   ☐ A credit card in your name
   ☐ A debit card in your name

6. Thinking about the past 12 months, were there any months in which you had an unexpected expense, for whatever reason, that was more than $200?

   ○ Yes
   ○ No *Go to question 8.*

7. Were you able to cover that expense with that month's income or with savings?

   ○ Yes
   ○ No

8. Thinking about the past 12 months, were there any months during which you could not pay all your bills and had to make choices about which ones to pay?

   ○ Yes
   ○ No *Skip remaining question. This survey is complete.*

9. How stressful would you say it was when that happened?

   ○ Very stressful
   ○ Somewhat stressful
   ○ Not that stressful
   ○ Not at all stressful

1. During the past 12 months, did you or any member of your household receive Supplemental Nutrition Assistance Program (SNAP) benefits, sometimes called food stamps?

    ○ Yes
    ○ No

2. During the past 12 months, did you or any member of your household visit a food pantry or food bank?

    ○ Yes
    ○ No

3. Which of the following statements best describes the food eaten in your household in the last 12 months?

    ○ I/we always have enough to eat and the kinds of food I/we want.
    ○ I/we have enough to eat, but not always the kinds of food I/we want.
    ○ Sometimes or often I/we don't have enough to eat.

4. Below are several statements that people have made about their food situation. During the past 12 months, how often were these statements true for you and, if applicable, the other members of your household?

	Often true	Sometimes true	Rarely true	Never true
I thought my/our food would run out before I/we got money to buy more.	○	○	○	○
I/we couldn't afford to eat balanced meals.	○	○	○	○
I/we ate less than I think I/we should because there wasn't enough money to buy food.	○	○	○	○
I/we went to bed hungry.	○	○	○	○

1. Some people have physical limitations on the tasks they are able to carry out, while others do not. How easy would you say it is for you to do the following activities?

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	I do not do this
Shop alone for clothes, household necessities, or groceries	○	○	○	○	○
Travel somewhere alone by driving a car or using the bus	○	○	○	○	○
Manage my money by myself, such as keeping track of my expenses or paying bills	○	○	○	○	○
Visit a doctor's office or clinic alone	○	○	○	○	○
Do chores around the house by myself, like vacuuming, sweeping, dusting, or straightening up	○	○	○	○	○
Prepare my own meals	○	○	○	○	○
Participate in social activities, like visiting friends, attending clubs or meetings, or going to parties	○	○	○	○	○
Walk or climb stairs without assistance	○	○	○	○	○
Dress or bathe without assistance	○	○	○	○	○

2. At times some people have difficulty with daily activities due to their emotions, nerves, or mental health. How often during the past 12 months did you encounter difficulty doing the following things due to your emotions, nerves, or mental health?

	Often	Sometimes	Rarely	Never
Remembering to do things I needed to do	○	○	○	○
Going out of the house and getting around on my own	○	○	○	○
Participating in social activities, like visiting friends, attending clubs or meetings, or going to parties	○	○	○	○
Taking care of household responsibilities	○	○	○	○

1. **The following is a list of different types of educational or training classes that people sometimes take. Which of these best describe the schooling or training you have taken in the past 12 months?** *Check all that apply.*

   ☐ Classes in a high school equivalency or GED program

   ☐ Classes to improve knowledge or skills, but not toward a degree or certification

   ☐ Classes toward certification from a vocational or technical training program

   ☐ Classes toward an Associate's degree

   ☐ Classes toward a Bachelor's degree

   ☐ Classes toward a Master's or other graduate degree

   ☐ Something else: _____

2. **How interested are you in furthering your education sometime in the future?**

   ○ Very interested

   ○ Somewhat interested

   ○ Not that interested

   ○ Not at all interested

3. **How much would you say you know about how and where you could further your education?**

   ○ A great deal

   ○ A fair amount

   ○ A little

   ○ Nothing

4. **Which of the following factors, if any, is keeping you from furthering your education?** *Check all that apply.*

   ☐ I am not interested in furthering my education.

   ☐ The program I want is not available locally.

   ☐ I am not healthy enough to go to school.

   ☐ I can't afford the cost of going.

   ☐ I don't want to borrow money to pay for it.

   ☐ I don't have the time because of my employment.

   ☐ I am too busy with my family responsibilities.

   ☐ I don't have transportation.

   ☐ I don't have a connection to the internet.

   ☐ Something else: _____

1. **At any time during the past 12 months, were you unemployed?**

   ○ Yes
   ○ No *Go to question 3.*

2. **Are you currently employed?**

   ○ Yes *Go to question 6.*
   ○ No

3. **How interested are you in obtaining a job sometime in the future?**

   ○ Very interested
   ○ Somewhat interested
   ○ Not that interested *Go to question 6.*
   ○ Not at all interested *Go to question 6.*

4. **How much would you say you know about how and where you could find a job?**

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ Nothing

5. **Which of the following factors, if any, is keeping you from finding a job?** *Check all that apply.*

   ☐ I don't know how to go about getting a job.
   ☐ I don't have the skills that I need to get a job.
   ☐ I don't have the experience I need to get a job.
   ☐ I am not healthy enough to work.
   ☐ I don't have transportation to get to a job.
   ☐ Something else: _____

6. **How interested are you in participating in a job training or some other workforce education program that is related to either your current job or a different job?**

   ○ Very interested
   ○ Somewhat interested
   ○ Not that interested *Skip the remaining questions. This survey is complete.*
   ○ Not at all interested *Skip the remaining questions. This survey is complete*

7. **How much would you say you know about how and where you could participate in a job training or some other workforce education program?**

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ Nothing

8. **Which of the following factors, if any, is keeping you from participating in a job training or workforce education program?** *Check all that apply.*

   ☐ I don't know how to go about getting into a program.
   ☐ The program I want is not available locally.
   ☐ I am not healthy enough to attend a program.
   ☐ I can't afford the cost.
   ☐ I don't have transportation.
   ☐ I don't have a connection to the internet.
   ☐ Something else: _____

1. **Please indicate the degree to which you feel each of the following statements describes you.**

	Very much like me	Somewhat like me	Not like me
There are many things that I do well.	○	○	○
I like trying new things.	○	○	○
I am confident in my abilities.	○	○	○
I am not stressed out by small changes to my daily routine.	○	○	○
I am a curious person.	○	○	○

1. Please indicate the degree to which you feel each of the following statements describes you.

	Very much like me	Somewhat like me	Not like me
If I need support, I know who I can call on.	○	○	○
I have people I feel close to.	○	○	○
I know there are people who really understand me.	○	○	○
I feel connected to my family and relatives.	○	○	○
The people in my network of contacts rarely change.	○	○	○

2. Please indicate how safe you feel in the following places.

	Very safe	Somewhat safe	Somewhat unsafe	Very unsafe
In your home during the day	○	○	○	○
In your home at night	○	○	○	○
Walking in your community during the day	○	○	○	○
Walking in your community at night	○	○	○	○

1. How long have you lived in this community?

Years	Months

2. How long have you lived in your current home?

Years	Months

3. If you have lived in your current home for less than five years: How many times have you moved from one residence to another during the past five years?

   _____

4. Do you currently rent your home, own your home, or something else?

   ○ Rent
   ○ Own
   ○ Other: _____

1. During the last 12 months, how often did you use each of the following near where you live?

	Often	Sometimes	Rarely	Never	Does not exist near me
Public transportation like buses, trolleys, or trains	○	○	○	○	○
Sidewalks	○	○	○	○	○
Bike lanes	○	○	○	○	○
Recreational paths or trails	○	○	○	○	○
Local streets and roadways	○	○	○	○	○

2. During the past 12 months, have you gone to a park, playground, or other green space near you?

    ○ Yes *Go to question 4.*
    ○ No

3. What is the major reason you did not go to a park, playground, or other green space near you? *Choose only one.*

    ○ There are no places like that near me.
    ○ I am not interested in going there.
    ○ I have no way of getting there.
    ○ It is not safe there.
    ○ Something else: _____

4. During the past 12 months, have you gone to a public library near you?

    ○ Yes *Go to question 6.*
    ○ No

5. What is the major reason you did not go to a public library near you? *Choose only one.*

    ○ There are no places like that near me.
    ○ I am not interested in going there.
    ○ I have no way of getting there.
    ○ It is not safe there.
    ○ Something else: _____

6. During the past 12 months, have you gone to a supermarket or grocery store near you?

    ○ Yes *Go to question 8.*
    ○ No

7. What is the major reason you did not go to a supermarket or grocery store near you? *Choose only one.*

    ○ There are no places like that near me.
    ○ I am not interested in going there.
    ○ I have no way of getting there.
    ○ It is not safe there.
    ○ Something else: _____

8. During the past 12 months, have you gone to a store near you that sells the ingredients to prepare the foods you grew up with?

    ○ Yes *Go to question 10.*
    ○ No

9. What is the major reason you did not go to a store near you that sells the ingredients to prepare the foods you grew up with? *Choose only one.*

    ○ There are no places like that near me.
    ○ I am not interested in going there.
    ○ I have no way of getting there.
    ○ It is not safe there.
    ○ Something else: _____

10. During the past 12 months, have you gone to a pharmacy near you?

    ○ Yes *Go to question 12.*
    ○ No

11. What is the major reason you did not go to a pharmacy near you? *Choose only one.*

    ○ There are no places like that near me.
    ○ I am not interested in going there.
    ○ I have no way of getting there.
    ○ It is not safe there.
    ○ Something else: _____

12. During the past 12 months, have you gone to a bank or credit union near you?

    ○ Yes *Go to question 14.*
    ○ No

13. What is the major reason you did not go to a bank or credit union near you? *Choose only one.*

    ○ There are no places like that near me.
    ○ I am not interested in going there.
    ○ I have no way of getting there.
    ○ It is not safe there.
    ○ Something else: _____

14. During the past 12 months, have you gone to an automated teller machine, or ATM, near you?

    ○ Yes *Go to question 16.*
    ○ No

15. What is the major reason you did not go to an automated teller machine, or ATM, near you? *Choose only one.*

    ○ There are no places like that near me.
    ○ I am not interested in going there.
    ○ I have no way of getting there.
    ○ It is not safe there.
    ○ Something else: _____

16. During the past 12 months, have you gone to a church, synagogue, or other religious or cultural center near you?

    ○ Yes *Go to question 18.*
    ○ No

17. What is the major reason you did not go to a church, synagogue, or other religious or cultural center near you? *Choose only one.*

    ○ There are no places like that near me.
    ○ I am not interested in going there.
    ○ I have no way of getting there.
    ○ It is not safe there.
    ○ Something else: _____

18. During the past 12 months, have you gone to a community center or recreational facility near you?

   ○ Yes *Go to question 20.*
   ○ No

19. What is the major reason you did not go to a community center or recreational facility near you? *Choose only one.*

   ○ There are no places like that near me.
   ○ I am not interested in going there.
   ○ I have no way of getting there.
   ○ It is not safe there.
   ○ Something else: _____

20. During the past 12 months, have you gone to a farmers market or farm stand near you?

   ○ Yes *Go to question 22.*
   ○ No

21. What is the major reason you did not go to a farmers market or farm stand near you? *Choose only one.*

   ○ There are no places like that near me.
   ○ I am not interested in going there.
   ○ I have no way of getting there.
   ○ It is not safe there.
   ○ Something else: _____

22. During the past 12 months, have you gone to a community art program near you?

   ○ Yes *Go to question 24.*
   ○ No

23. What is the major reason you did not go to a community art program near you? *Choose only one.*

   ○ There are no places like that near me.
   ○ I am not interested in going there.
   ○ I have no way of getting there.
   ○ It is not safe there.
   ○ Something else: _____

24. During the past 12 months, have you gone to an exercise or wellness class near you?

   ○ Yes *Go to question 26.*
   ○ No

25. What is the major reason you did not go to an exercise or wellness class near you? *Choose only one.*

   ○ There are no places like that near me.
   ○ I am not interested in going there.
   ○ I have no way of getting there.
   ○ It is not safe there.
   ○ Something else: _____

26. When you go to any of the places listed above, how do you most often get there? *Choose only one.*

   ○ Walk
   ○ Bicycle
   ○ Use public transportation
   ○ Take a taxi or cab
   ○ Drive my own car
   ○ Get a ride from someone else
   ○ Not applicable
   ○ Some other way: _____

1. During the past 12 months, have you obtained credit from a bank or credit union?

   ○ Yes *Go to question 3.*
   ○ No

2. What is the major reason you did not obtain credit from a bank or credit union? *Choose only one.*

   ○ I don't want or need those services.
   ○ I don't know how to get those services.
   ○ I don't like or trust those services.
   ○ I don't qualify for those services.
   ○ I have no way of getting there.
   ○ Something else: _____

3. During the past 12 months, have you worked with a case manager to arrange or coordinate services?

   ○ Yes *Go to question 5.*
   ○ No

4. What is the major reason you did not work with a case manager to arrange or coordinate services? *Choose only one.*

   ○ I don't want or need those services.
   ○ I don't know how to get those services.
   ○ I don't like or trust those services.
   ○ I don't qualify for those services.
   ○ I have no way of getting there.
   ○ Something else: _____

5. During the past 12 months, have you applied for or reinstated public benefits?

   ○ Yes *Go to question 7.*
   ○ No

6. What is the major reason you did not apply for or reinstate public benefits? *Choose only one.*

   ○ I don't want or need those services.
   ○ I don't know how to get those services.
   ○ I don't like or trust those services.
   ○ I don't qualify for those services.
   ○ I have no way of getting there.
   ○ Something else: _____

7. During the past 12 months, have you attended a job training or workforce development program?

   ○ Yes *Go to question 9.*
   ○ No

8. What is the major reason you did not attend a job training or workforce development program? *Choose only one.*

   ○ I don't want or need those services.
   ○ I don't know how to get those services.
   ○ I don't like or trust those services.
   ○ I don't qualify for those services.
   ○ I have no way of getting there.
   ○ Something else: _____

9. During the past 12 months, have you attended training on how to start or grow a small business or microenterprise?

   ○ Yes *Go to question 11.*
   ○ No

10. What is the major reason you did not attend training on how to start or grow a small business or microenterprise? *Choose only one.*

    ○ I don't want or need those services.
    ○ I don't know how to get those services.
    ○ I don't like or trust those services.
    ○ I don't qualify for those services.
    ○ I have no way of getting there.
    ○ Something else: _____

11. During the past 12 months, have you obtained business credit or a business loan?

    ○ Yes *Go to question 13.*
    ○ No

12. What is the major reason you did not obtain business credit or a business loan? *Choose only one.*

    ○ I don't want or need those services.
    ○ I don't know how to get those services.
    ○ I don't like or trust those services.
    ○ I don't qualify for those services.
    ○ I have no way of getting there.
    ○ Something else: _____

13. When you use services such as those listed above, how do you most often get to the location where they are offered? *Choose only one.*

    ○ Walk
    ○ Bicycle
    ○ Public transportation
    ○ Taxi
    ○ Drive my own car
    ○ Get a ride from someone else
    ○ Not applicable
    ○ Some other way: _____

14. Do you have children under the age of 18 in your care?

    ○ Yes
    ○ No *Skip the remaining questions. This survey is complete.*

15. During the past 12 months, have you used child care services in a children's center or private home for the child(ren) in your care?

    ○ Yes *Go to question 17.*
    ○ No

16. What is the major reason you did not use child care services in a children's center or private home for the child(ren) in your care? *Choose only one.*

    ○ I don't want or need those services.
    ○ I don't know how to get those services.
    ○ I don't like or trust those services.
    ○ I don't qualify for those services.
    ○ I have no way of getting there.
    ○ Something else: _____

17. During the past 12 months, have you used an after-school or summer program for the child(ren) in your care?

    ○ Yes *Go to question 19.*
    ○ No

18. What is the major reason you did not use an after-school or summer program for the child(ren) in your care? *Choose only one.*

    ○ I don't want or need those services.
    ○ I don't know how to get those services.
    ○ I don't like or trust those services.
    ○ I don't qualify for those services.
    ○ I have no way of getting there.
    ○ Something else: _____

19. During the past 12 months, have you used public schools with pre-K to 12th grade for the child(ren) in your care?

   ○ Yes *Go to question 21.*
   ○ No

20. What is the major reason you did not use public schools with pre-K to 12th grade for the child(ren) in your care? *Choose only one.*

   ○ I don't want or need those services.
   ○ I don't know how to get those services.
   ○ I don't like or trust those services.
   ○ I don't qualify for those services.
   ○ I have no way of getting there.
   ○ Something else: _____

21. When you get services such as those listed above for the child(ren) in your care, how do you most often get to the location where they are offered? *Choose only one*

   ○ Walk
   ○ Bicycle
   ○ Public transportation
   ○ Taxi
   ○ Drive my own car
   ○ Get a ride from someone else
   ○ Not applicable
   ○ Some other way: _____

1. **How many of your close friends live near you?**

    - ○ All
    - ○ Most
    - ○ Some
    - ○ A few
    - ○ None

2. **How satisfied are you with the amount of time you spend with your close friends?**

    - ○ Very satisfied
    - ○ Somewhat satisfied
    - ○ Somewhat dissatisfied
    - ○ Very dissatisfied

3. **Other than those who live in your household, how many of your family members live near you?**

    - ○ All
    - ○ Most
    - ○ Some
    - ○ A few
    - ○ None

4. **How satisfied are you with the amount of time you spend with your family members who do not live in your household?**

    - ○ Very satisfied
    - ○ Somewhat satisfied
    - ○ Somewhat dissatisfied
    - ○ Very dissatisfied

5. **Please indicate the degree to which you feel each of the following statements describes you.**

	Very much like me	Somewhat like me	Not like me
I feel a part of a group of friends.	○	○	○
I have a lot in common with the people I know.	○	○	○
I feel comfortable interacting with most people.	○	○	○
My interests and ideas are shared by those around me.	○	○	○

1. In what ways, if any, does your religion, faith, or belief system determine when or where you seek health care services?

   _____

   _____

   _____

2. In what ways, if any, does your religion, faith, or belief system influence how you interact with health care professionals?

   _____

   _____

   _____

3. In the past, have you had a negative experience getting health care?

   ○ Yes

   ○ No *Skip the remaining questions. This survey is complete.*

4. Did that experience change how, when, or where you now seek health care services?

   ○ Yes

   ○ No *Skip the remaining question. This survey is complete.*

5. What do you do differently now?

   _____

   _____

   _____

1. From your perspective, to what extent do your close friends influence each of the following?

	A great deal	A fair amount	A little	Not at all
How you feel about health and health-related topics	○	○	○	○
Where you feel you can get trusted information about health	○	○	○	○
When you seek medical care	○	○	○	○
Where you get medical care	○	○	○	○

2. Is there another adult or child(ren) living in your household?

○ Yes

○ No **Skip the remaining questions. This survey is complete.**

3. From your perspective, to what extent do the members of your household influence each of the following?

	A great deal	A fair amount	A little	Not at all
How you feel about health and health-related topics	○	○	○	○
Where you feel you can get trusted information about health	○	○	○	○
When you seek medical care	○	○	○	○
Where you get medical care	○	○	○	○

1. From your perspective, to what extent do your close friends influence what you eat?

    ○ A great deal
    ○ A fair amount
    ○ A little
    ○ Not at all

2. Are there any other people, either adults or children, living in your household?

    ○ Yes
    ○ No *Skip the remaining questions. This survey is complete.*

3. In general, would you say the eating habits of the members of your household are … ?

    ○ Excellent
    ○ Very good
    ○ Good
    ○ Fair
    ○ Poor

4. Compared to the members of your household, how interested are you in eating balanced meals?

    ○ More interested
    ○ Less interested
    ○ At about the same level of interest

5. From your perspective, to what extent do the members of your household influence what you eat?

    ○ A great deal
    ○ A fair amount
    ○ A little
    ○ Not at all

1. From your perspective, to what extent do your close friends influence how physically active you are?

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ Not at all

2. Are there any other people, either adults or children, living in your household?

   ○ Yes
   ○ No *Skip the remaining questions. This survey is complete.*

3. In general, how much physical activity do the members of your household get?

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ None

4. Compared to the members of your household, how interested are you in being physically active?

   ○ More interested
   ○ Less interested
   ○ At about the same level of interest

5. From your perspective, to what extent do the members of your household influence how physically active you are?

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ Not at all

1. **Are there any other adults living in your household?**

   ○ Yes

   ○ No *Skip the remaining questions. This survey is complete.*

2. **In general, how much tobacco would you say the members of your household smoke?**

   ○ A great deal

   ○ A fair amount

   ○ A little

   ○ None

3. **Compared to the other members of your household, how accepting are you of smoking tobacco?**

   ○ More accepting

   ○ Less accepting

   ○ At about the same level of acceptance

4. **In general, how much alcohol would you say the members of your household drink?**

   ○ A great deal

   ○ A fair amount

   ○ A little

   ○ None

5. **Compared to the other members of your household, how accepting are you of drinking alcohol?**

   ○ More accepting

   ○ Less accepting

   ○ At about the same level of acceptance

V. Community Environmental Factors

HOUSING CONDITIONS		
89	**Interior of Residence: Resident Perception**	Individual's self-reports about features and conditions of their single or multifamily residence, such as bathrooms, ceilings, floors, walls, electrical systems and lighting. (Survey) *Sections on specific topics can be used individually or combined in any number.*
95	**Interior of Residence: Expert Assessment**	Building expert's assessment of the condition of owned or rented residential units, including infrastructure, electrical and HVAC systems, hazards, and childproofing. (Observation)
104	**Exterior of Residence: Resident Perception**	Individual's self-reports about the upkeep and condition of their residence's exterior (single-family house or multifamily building), such as yard, paint, lighting, fencing, fire escapes, and eco-friendly features. (Survey)
113	**Residential Building Exterior and Site: Expert Assessment**	Building expert's assessment of exterior elements of residential buildings, such as structural and site hazards, drainage problems, ground erosion, appropriate safety features, and access for the disabled. (Observation)
123	**Multifamily Common Areas: Resident Perception**	Individual's self-reports about the upkeep and condition of the common areas of their multifamily building, such as lobbies, halls, ceilings and floors, exit signs, walkways and steps, smoking areas and litter. (Survey)
125	**Multifamily Common Areas and Building Systems: Expert Assessment**	Building expert's assessment of common areas, mechanical systems, exit signage, trash collection, smoke detectors, peeling paint, and elevators. (Observation)
132	**Housing in the Community**	Records observations at the parcel level of residential building conditions, such as roof, gutters, foundation, fence, driveway, attractiveness, maintenance and security. (Observation)
136	**New Housing: Resident Perception**	Individual's self-reports about satisfaction, concerns for safety and health status in previous and new housing. (Survey)
139	**Rehab Housing: Resident Perception**	Individual's self-reports about the rehab work and their satisfaction, safety concerns and health status before and after. (Survey)

LAND USE AND PHYSICAL FEATURES

142	Design and Management: Key Informant Interview	Describes land use patterns and environmental characteristics, such as walkability, green space, resident interaction and safety, pollution, and storm and waste water. (Key Informant Interview)
145	Environmental Metrics	Records quantitative and qualitative data about the environment, including air, soil, and water, in a neighborhood or other geographic area. (Tracking)
149	Land Use and Maintenance	Records observations at the block level of land use and maintenance, types and condition of homes and buildings, including vacant or abandoned properties, public infrastructure and barriers (Observation) *Sections on specific topics can be used individually or combined in any number.*
157	Traffic and Pedestrian Safety	Records observations of vehicular and pedestrian flow at the block level, such as traffic signals, speed bumps, parking rules, bicycle lanes, sidewalks, accessibility ramps, and crosswalks. (Observation)

COMMUNITY SERVICES AND AMENITIES

160	Availability and Quality of Amenities: Key Informant Interview	Records availability and quality of recreational, transit, retail, social and wellness facilities in the community. (Key Informant Interview)
164	Accessibility and Perception of Amenities	Individual's self-reports about the quality, accessibility, and welcoming environment at recreation, transit, libraries, wellness and community programs and facilities near where they live. (Survey)
166	Services and Trainings in the Community: Available Data	Records the availability and quality of workforce trainings, financial services, and social services. (Key Informant Interview)
169	Services and Trainings in the Community: Key Informant Perception	Describes the availability and quality of trainings and financial and social services. (Key Informant Interview)
173	Services and Trainings in the Community: Resident Perception	Individual's self-reports on ease and comfort level when accessing banking, job training, or child care services in the community. (Survey)

1. Do you live in a single-family house or in a multifamily building?

   ○ Single-family house
   ○ Multifamily building
   ○ Something else: _____

2. How would you rate the overall upkeep and maintenance of the inside of your residence?

   ○ Excellent
   ○ Very good
   ○ Good
   ○ Fair
   ○ Poor

3. What is the main source of heating for your residence?

   ○ Radiators (Steam or hot water)
   ○ Gas-heated forced air (Vents)
   ○ Electric-heated forced air (Vents)
   ○ Gas stove, fireplace, or wall furnace
   ○ Something else: _____

4. How would you rate the comfort of your residence in terms of temperature in the winter?

   ○ Too cold
   ○ A comfortable temperature
   ○ Too warm

5. How would you rate the comfort of your residence in terms of temperature in the summer?

   ○ Too cold
   ○ A comfortable temperature
   ○ Too warm

6. Which of the following features, if any, does your residence currently have?
   Check all that apply.

   ☐ Cold running water
   ☐ Hot running water
   ☐ A working exhaust fan in the bathroom
   ☐ Shower or tub grab bars
   ☐ Permanent carpet on the bathroom floor
   ☐ A working exhaust fan over the stove
   ☐ Windows that open and close
   ☐ Window locks that work properly
   ☐ Interior doors that open and close
   ☐ Exterior doors that open and close
   ☐ Exterior door locks that work properly
   ☐ A working smoke detector
   ☐ A working carbon monoxide detector
   ☐ A working fire extinguisher
   ☐ None of the above

7. **Which of the following problems, if any, are issues in your residence?** *Check all that apply.*

    ☐ Leaking faucets or plumbing fixtures
    ☐ Moisture or dampness due to heavy rain or floods
    ☐ Unpleasant smells or odors, including mildew odors or musty smells
    ☐ Holes in ceilings, floors, or walls
    ☐ Peeling or no paint on ceilings, floors, or walls
    ☐ Water stains or water damage on ceilings, floors, or walls
    ☐ Evidence of mold or mildew
    ☐ Poor ventilation or air flow
    ☐ Water leaks or corrosion near electrical systems
    ☐ Lights that are missing or not working
    ☐ Electrical outlets or switches that are not working
    ☐ Evidence of insects
    ☐ Evidence of rodents
    ☐ None of the above
    ☐ Other: _____

8. **Do you use any insecticides or bug sprays in your residence to control insects?**

    ○ Yes
    ○ No

9. **Does anyone smoke tobacco in your residence?**

    ○ Yes
    ○ No

10. **Which of the following pets, if any, do you have living in your residence?** *Check all that apply.*

    ☐ Cat(s)
    ☐ Dog(s)
    ☐ Other animal(s) with fur
    ☐ No pets
    ☐ Other pets: _____

11. **How noisy would you say your neighbors typically are?**

    ○ Very noisy
    ○ Somewhat noisy
    ○ Somewhat quiet
    ○ Very quiet

12. **As far as you know, does the inside of your residence have any eco-friendly features?**

    ○ Yes
    ○ No *Go to question14.*

13. **What are those features?**

    _____
    _____
    _____
    _____
    _____

The following questions ask about specific details in your residence. Please go to each area to look at the items as you answer the questions.

Bathroom #1

14. How would you rate the condition of your bathroom cabinets?

    ○ No damage
    ○ Missing shelves, doors or drawers
    ○ Shelves, doors or drawers have damage.
    ○ Both damage and missing items
    ○ No cabinets in the bathroom.

15. Looking at your bathroom sink, how well does your drain work?

    ○ Drain works properly.
    ○ Water drains slowly but can be used.
    ○ Drain is completely clogged.

16. Do you have hot and cold water in your bathroom sink?

    ○ Both hot and cold water
    ○ Only cold water
    ○ Only hot water

17. How would you describe the condition of your toilet?

    ○ Toilet is in good condition and working.
    ○ Toilet seat is broken or cracked.
    ○ Toilet is missing.

18. Do you have grab bars installed near your toilet?

    ○ Grab bars are installed.
    ○ There are no grab bars.

19. Looking at your shower or bathtub, are there grab bars installed?

    ○ Grab bars are installed.
    ○ There are no grab bars.

20. Do you have another bathroom?

    ○ Yes
    ○ No *Go to question 27.*

Bathroom #2

21. How would you rate the condition of your bathroom cabinets?

    ○ No damage
    ○ Missing shelves, doors or drawers
    ○ Shelves, doors or drawers have damage.
    ○ Both damage and missing items
    ○ No cabinets in the bathroom.

22. Looking at your bathroom sink, how well does your drain work?

    ○ Drain works properly.
    ○ Water drains slowly but can be used.
    ○ Drain is completely clogged.

23. Do you have hot and cold water in your bathroom sink?

    ○ Both hot and cold water
    ○ Only cold water
    ○ Only hot water

24. How would you describe the condition of your toilet?

    ○ Toilet is in good condition and working.
    ○ Toilet seat is broken or cracked.
    ○ Toilet is missing.

25. Do you have grab bars installed near your toilet?

    ○ Grab bars are installed
    ○ There are no grab bars

26. Looking at your shower or bathtub, are there grab bars installed?

    ○ Grab bars are installed
    ○ There are no grab bars

Ceiling, Floors and Walls

27. Looking at the paint on the walls and ceiling in your home, how would you describe their condition?

    ○ Paint on the walls and ceiling in my home is in good condition.
    ○ Paint is peeling in one or two places.
    ○ Paint is peeling in more than one or two places.

28. Not including mold, do your walls or ceiling show any water stains or water damage?

    ○ No water stains or water damage visible
    ○ Water stains or visible water damage in one or two places
    ○ Water stains or water damage visible in more than two places

29. Separate from the water stains, is mold visible on your walls or ceiling?

    ○ Yes
    ○ No *Go to question 31.*

30. Please indicate what you think is causing the mold.

    ○ Leaking roof
    ○ Leaking appliance
    ○ Leaking water pipe in wall or ceiling
    ○ Poor ventilation
    ○ Don't know

Electrical Systems

31. Looking at your light switches and electrical outlets, do you see any leaks or corrosion?

    ○ Yes
    ○ No

32. Do you have any electrical outlets or switches that are not covered?

    ○ Yes: Wires are exposed in at least one outlet or switch.
    ○ No: All of my outlets and switches have covers.

33. Please describe your use of extension cords.

    ○ Extension cords have fewer than two devices plugged into them.
    ○ Extension cords have more than two devices plugged into them.
    ○ I don't use extension cords.
       Go to question 36.

34. Looking at your extension cords, where would you say they are?

    ○ Behind furniture, under rugs or taped to the floor
    ○ In walkways and doorways

35. Looking at your extension cords, please describe their condition.

    ○ Extension cords are in good condition with no exposed wiring.
    ○ Extension cords are in poor condition with at least some exposed wiring.

Kitchen

36. How would you rate the condition of your kitchen cabinets?

- ○ No damage
- ○ Missing shelves, doors or drawers
- ○ Shelves, doors or drawers have damage.
- ○ Both damage and missing shelves or drawers
- ○ No cabinets in the kitchen

37. Do you have a garbage disposal?

- ○ Yes
- ○ No *Go to question 39.*

38. Does your garbage disposal work properly?

- ○ Yes
- ○ No

39. Looking at your kitchen sink, how well does your drain work?

- ○ Drain works properly.
- ○ Water drains slowly but can be used.
- ○ Drain is completely clogged.

40. Do you have hot and cold water in your kitchen sink?

- ○ Both hot and cold water
- ○ Only cold water
- ○ Only hot water

41. How would you describe the range hood above your stove?

- ○ Range hood works properly.
- ○ Range hood does not work well.
- ○ Range hood does not turn on.
- ○ I do not have a range hood.

42. How would you describe the condition of your stove?

- ○ All of the burners on the stove work properly.
- ○ One or more of the burners do not turn on.
- ○ I do not have a stove.

43. How would you describe the condition of your refrigerator?

- ○ Refrigerator works well and keeps my food at a good temperature.
- ○ Refrigerator does not keep my food cold enough.
- ○ Refrigerator keeps my food too cold and sometimes freezes food stored inside.
- ○ I do not have a refrigerator.

44. How would you describe your kitchen flooring?

- ○ Linoleum
- ○ Wood
- ○ Carpet
- ○ Other: _____

45. How do you store cleaning products in the kitchen?

- ○ In a cabinet out of reach of children
- ○ In a cabinet that children can reach and open
- ○ I don't store cleaning products in the kitchen.

Lighting

46. **How would you describe the lighting in your home?**

   ○ The lighting is good. I can turn on enough lights to see in all of the rooms and hallways in my home.

   ○   The lighting is mostly good. There are some rooms or hallways without good lighting.

   ○ I need more lighting. There are not enough lights.

Bathroom

1. **Bathroom Cabinets**

   ○ Shelves, vanity tops, or drawers damaged or doors not functioning as they should
   ○ Shelves, vanity tops, drawers, or doors missing
   ○ Both damaged and missing elements seen
   ○ No damage/missing cabinets

2. **Lavatory Sink**

   ○ ≥50% discoloration or cracks: The sink cannot be used because of extensive discoloration or cracks – OR – The sink or associated hardware is missing or has failed.
   ○ <50% discoloration or cracks: The sink can be used, but there are either cracks or extensive discoloration affecting less than 50% of the basin – OR – A stopper is missing.
   ○ No cracks/discoloration

3. **Plumbing Drain**

   ○ Drain completely clogged: Fixtures are not usable because the drain is completely clogged or shows extensive deterioration.
   ○ Slow drain: Water does not drain freely, but the fixtures can be used.
   ○ Drain working properly

4. **Plumbing Faucets/Fixtures**

   ○ Large water leak: There is a steady leak adversely affecting the area around it – OR – The faucet or pipe cannot be used.
   ○ Small water leak: There is a leak or drip contained by the basin.
   ○ No leaks observed

5. **Water Temperature**

   ○ Only hot water present, but not hotter than 120°F
   ○ Only cold water present
   ○ Hot and cold water present

6. **Water Pressure**

   ○ Inadequate at any bathroom plumbing fixtures
   ○ Adequate at all bathroom plumbing fixtures

7. **Shower/Tub Surface** *(This does not include leaking faucets or pipes, which are addressed in question 4.)*

   ○ ≥50% of surface area damaged, inoperable or missing: The shower or tub can be used but there are cracks or extensive discoloration in more than 50% of the basin surface area - OR- The shower or tub cannot be used for any reason – OR - The shower, tub, faucets, drains, or associated hardware are missing or have failed.
   ○ <50% of surface area damaged: The shower or tub can be used but there are cracks or extensive discoloration in less than 50% of the surface area of the basin or stall.
   ○ No damage

8. Bathroom Exhaust

- ○ Exhaust fan not working – OR - No exhaust fan or window present
- ○ Exhaust fan working

9. Toilet

- ○ Toilet seat and/or bowl cracked or broken: Fixture elements (seat, flush handle, cover, etc.) are missing or damaged – OR - There is a hazardous condition: *Report to building management/owner immediately and record specifics in the comments section*. OR - The bowl is fractured or broken and cannot retain water – OR - The toilet is missing – OR - The toilet cannot be flushed because of obstruction or another defect.
- ○ Toilet seat cracked or broken
- ○ A water closet/toilet is not damaged and functions properly.

10. Shower/Bath/Toilet Caulking and/or Seals

- ○ Deteriorated caulk/seals
- ○ No deterioration observed

11. Permanent Carpet on Bathroom Floor

- ○ Permanent carpet: Does not include removable bath mats
- ○ No permanent carpet: Bathroom floor is a hard, cleanable surface.

12. Is there an elderly resident or a resident with a physical disability in the household?

- ○ Yes
- ○ No *Go to question 16.*

13. Shower/Tub Grab Bars

- ○ Grab bars not installed
- ○ Grab bars improperly installed
- ○ Grab bars properly installed inside and outside of tub

14. Toilet Grab Bars

- ○ Grab bars not installed
- ○ Grab bars improperly installed
- ○ Grab bars properly installed next to toilet

15. Bathroom Call-for-Aid

- ○ Damaged or not working
- ○ No call-for-aid unit
- ○ No damaged, not working, or not missing

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

Ceiling, Floors, and Walls

16. **Bulging/Buckling**

    ○ Bulging, buckling, sagging, or alignment problem

    ○ No bulging, buckling, or alignment problem

17. **Holes**

    ○ Large holes ≥8½ inches × 11 inches: A hole is larger than 8½ inches by 11 inches but it does not penetrate the area above or adjacent – OR - More than three tiles or panels are missing – OR - There is a crack more than 1/8 inch wide and 11 inches long – OR - A hole penetrates the area above or adjacent.

    ○ Medium-sized holes present: Holes less than 8½ inches × 11 inches in area – OR - No hole penetrates the area above or adjacent – OR - No more than three tiles or panels are missing.

    ○ Small holes present: Holes smaller than 8½ inches × ½ inches (do not count pinholes) in total hole area.

    ○ No holes observed

18. **Peeling/Needs Paint**

    ○ ≥2 square feet damage: Peeling or deteriorated paint in an area larger than 2 square feet in any one room

    ○ <2 square feet damage: Peeling or deteriorated paint in an area smaller than 2 square feet in any one room

    ○ No damage/peeling paint

19. **Water Stains/Water Damage** (*This does not include visible mold, which is addressed in question 21.}*

    ○ ≥4 square feet of water stains/water damage: Any one ceiling, floor, or wall has evidence of water stains/ water damage, or a leak (such as a darkened area) over a large area (4 square feet or more). Water may or may not be visible.

    ○ <4 square feet water stains/water damage: Any one ceiling, floor, or wall has evidence of water stains/ water damage, a leak (such as a darkened area) over a small area (less than 4 square feet). Water may or may not be visible.

    ○ No water stains/water damage

20. **Condensation on Windows**

    ○ Condensation on windows, doors, walls

    ○ No condensation on windows, doors, walls

21. **Mold** (*This does not include water stains or damage, which are addressed in question 19.*)

    ○ ≥4 square feet visible mold present or musty odor detected: Any one ceiling, floor, or wall has visible mold over a large area (4 square feet or more) – OR - A musty odor is detected.

    ○ <4 square feet visible mold present: Any one ceiling, floor, or wall has visible mold over a small area (less than 4 square feet).

    ○ No mold observed or musty odor detected

22. **Mold Source**

    ○ Leaking roof

    ○ Leaking appliance

    ○ Leaking water pipe in wall or ceiling

    ○ Poor ventilation

    ○ Do not know

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

Doors

23. Door Surface

- ○ ≥1 inch: One door has a hole or holes equal to or larger than 1 inch in diameter in total surface area, significant peeling/cracking/no paint, rust that affects the integrity of the door surface, or broken/missing glass.
- ○ ¼ inch to 1 inch diameter: One interior door—not a bathroom or entry door—has a hole or holes or peeling/cracking no paint, or rust with a diameter ranging from ¼ inch to 1 inch in total surface area
- ○ No damaged surface observed

24. Frame/Threshold/Lintel/Trim

- ○ Bathroom or entry door not working (closing, opening and/or latching): At least one bathroom door or entry door is not functioning or cannot be locked because of damage to the frame, threshold, lintel, or trim or door hardware.
- ○ At least one interior door not working (closing, opening and/or latching): At least one door is not functioning or cannot be locked because of damage to the frame, threshold, lintel, or trim or hardware.
- ○ Both: Both bathroom or entry door and other interior door not working
- ○ No damage observed: All doors functioning

25. Seals (Entry Only)

- ○ Entry door seals deteriorated/missing: The seals are missing on one or more entry door(s), or they are so damaged that they do not function as they should.
- ○ No damage observed

26. Door Missing

- ○ Bathroom door missing
- ○ One or more doors missing but not a bathroom door or entry door
- ○ Entry door missing
- ○ None missing

27. Deadbolt Locks

- ○ Deadbolt locks cannot be unlocked from the inside without a key.
- ○ No deadbolt locks
- ○ Deadbolt locks can be unlocked from the inside without a key.

28. Door Lock Operation

- ○ Door locks cannot be operated by a child in an emergency.
- ○ No door locks
- ○ Door locks can be operated by a child in an emergency.

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

Electrical

29. Electrical Panel Access Impeded

○ Yes: One or more fixed items or items of sufficient size and weight can impede access to the unit's electrical panel during an emergency.

○ No: Access is not impeded.

30. Breakers/Fuses

○ Damaged breakers or fuses, frayed wiring, arcing scars: Carbon residue, melted breakers, or arcing scars

○ Missing breakers/open panels/missing covers: Missing breakers or open panels (breaker port or receptacle or panel cover)

○ Improper fusing: Fuse receptacles with improper or bypassed fuses

○ Access blocked; could not inspect: Electrical system could not be visually accessed due to blockage or inaccessibility.

○ No deficiency observed

31. Water Leaks or Corrosion Near Electrical Systems

○ Yes: Any leaks or corrosion – OR - Any stains or rust on the interior of electrical enclosures –OR - Any evidence of water leaks in the enclosure or any hardware deficiency (such as nicks, abrasions, or fraying of the insulation that expose wires that conduct current). (Do not consider this a deficiency for wires that are not intended to be insulated, such as grounding wires.)

○ No: Leaks or corrosion not observed

32. Wiring

○ Deteriorated electrical insulation: Nicks, abrasions, or fraying of the insulation that exposes any conducting wire

○ No deterioration

33. Ground Fault Circuit Interrupters (GFCI)

○ Inoperable or missing

○ Operable

34. Arc Fault Circuit Interrupters (AFCI)

○ Inoperable or missing

○ Operable

35. Missing or Broken Electrical Covers

○ Exposed wiring: An open breaker port or exposed wiring – OR – A cover is missing and electrical connections are exposed.

○ None missing/broken/exposed

36. Extension Cord Use

○ Extension cords not used properly: Extension cords under carpets or across doorways – OR - Too many appliances plugged into one extension cord

○ Extension cords used properly: Extension cords not draped across doorways or under carpets and not overloaded with too many appliances

○ No extension cord use

37. Extension Cord Condition

○ Not good: Extension cords cracked or frayed

○ Good: Extension cords not cracked or frayed

○ No extension cord use

Water Heater

38. Is there a water heater in the unit?

- ○ Yes
- ○ No *Go to question 44.*

39. Water Heater Exhaust

- ○ Misaligned: Any misalignment that may cause improper or dangerous venting of gases
- ○ Not misaligned
- ○ Does not apply: Electrical hot water or heater used instead of gas-fired or oil-fired unit

40. Water Temperature

- ○ Temperature set at or above 120°F
- ○ No hot water
- ○ Temperature set below 120°F

41. Leaks

- ○ Water leak observed
- ○ No water leak observed

42. Water Heater Temperature/Pressure Relief Valve

- ○ Absent
- ○ Present

43. Water Heater Secured

- ○ Not strapped down
- ○ Strapped down

HVAC System

44. Is there an HVAC unit in the unit?

- ○ Yes
- ○ No *Go to question 51.*

45. General Rust/Corrosion (HVAC)

- ○ Significant rust/corrosion: Significant deterioration from rust and corrosion on HVAC units in the dwelling unit (includes ducts, radiators, baseboard heaters, etc.). The system does not provide sufficient heating or cooling.
- ○ Surface rust/corrosion: Deterioration from rust and corrosion on HVAC units in the dwelling unit (includes ducts, radiators, baseboard heaters, etc.). The system still provides sufficient heating or cooling.
- ○ No rust/corrosion in HVAC units in the dwelling unit (includes ducts, radiators, baseboard heaters, etc.)

46. HVAC Operation

- ○ Not working: HVAC system does not function; it does not provide the heating or cooling it should. The system does not respond when the controls are engaged.
- ○ Working

47. Supply Air for HVAC (From Basement Only)

- ○ Supply Air for HVAC (From Basement Only)
- ○ No forced air system present
- ○ Supply (return) air includes fresh (outdoor) air

48. HVAC Filters

- ○ Need replacement
- ○ Clean
- ○ Not applicable

49. HVAC Exhaust Ventilation System

- ○ Reversed air flow in chimney observed: ***Report to building management/owner immediately and record specifics in the comments section.***
- ○ Misaligned, damaged, blocked, rusted, corroded, or disconnected
- ○ Not misaligned, damaged, blocked, or disconnected
- ○ No exhaust ventilation required (e.g., electric)

50. HVAC Noise

- ○ Noisy/vibrating/leaking: HVAC system shows signs of abnormal vibrations, other noise, or leaks when engaged.
- ○ Not noisy

51. Space Heaters

- ○ Space heaters used in unit are not at least 3 feet from anything that can burn.
- ○ Space heaters used in unit are at least 3 feet from anything that can burn.
- ○ Not applicable: No space heaters used in unit

52. Fireplace Screen

- ○ Fireplace does not have a sturdy screen to catch sparks.
- ○ Fireplace has a sturdy screen to catch sparks.
- ○ Not applicable: No fireplace in unit

53. Fireplace Dampers

- ○ Fireplace dampers not operational
- ○ Fireplace dampers operational
- ○ Not applicable: No fireplace in unit

54. Wood Stove Barrier

- ○ No barrier to keep children from getting too close to wood stove surfaces
- ○ Barrier in place to keep children away from wood stove surfaces
- ○ Not applicable: No wood stove in unit

Kitchen

55. Cabinets

- ○ ≥50% cabinets or cabinet doors missing: More than 50% of the cabinets or doors are missing.
- ○ <50% cabinets or cabinet doors missing: Less than 50% of the cabinets, doors, or shelves are missing
- ○ No doors missing.

56. Cabinet Damage

- ○ ≥20% damaged or laminate separation
- ○ <20% damaged or laminate separation
- ○ No damage or laminate separation

57. Countertops

- ○ ≥20% missing/damaged: More than 20% of the countertop working surface is missing, deteriorated, or damaged below the laminate. Countertop is not a sanitary surface on which to prepare food.
- ○ <20% missing/damaged: 20% or less of the countertop working surface is missing, deteriorated, or damaged below the laminate. Countertop is not a sanitary surface on which to prepare food.
- ○ No missing/damaged countertops

58. Dishwasher

- ○ Not working: The dishwasher does not function as it should.
- ○ Working
- ○ No dishwasher

59. Garbage Disposal

- ○ Not working: The garbage disposal does not function as it should.
- ○ Working
- ○ No garbage disposal

60. Kitchen Drain

- ○ Kitchen drain completely clogged: Drain completely clogged or extensively deteriorated.
- ○ Slow kitchen drain: Basin does not drain freely.
- ○ Kitchen drain working properly

61. Kitchen Plumbing

- ○ Steady leak/adverse effect: A steady leak is having an adverse effect on the surrounding area - OR - The kitchen faucet or pipe is not usable.
- ○ Leak contained by kitchen sink: A leak or drip is contained by the basin or pipes and the faucet is functioning properly.
- ○ No leak

62. Electrical

- ○ No ground-fault circuit interrupter (GFCI) near kitchen sink – OR – GFCI does not work properly.
- ○ GFCI is near kitchen sink and it works properly.

63. Water Temperature

- ○ Only hot water present at kitchen plumbing fixtures
- ○ Only cold water present at kitchen plumbing fixtures
- ○ Hot and cold water present at kitchen plumbing fixtures

64. Water Pressure

- ○ Inadequate water pressure at kitchen plumbing fixtures
- ○ Adequate water pressure at all kitchen plumbing fixtures

65. Range Hood

- ○ Not working: Range hood does not turn on.
- ○ Partial blockage: An accumulation of dirt threatens the free passage of air – OR - Flue completely blocked
- ○ No range hood/exhaust fan
- ○ No blockage/functional: Range hood works properly.

66. Range or Stove

- ○ Stove and/or oven missing
- ○ Two or more burners not working: Gas ranges - Flames not distributed equally or pilot lights out on two or more burners. Electric ranges - Two or more heating elements (including the oven) not working
- ○ One burner not working: Gas ranges - Flames not distributed equally or pilot lights out on one burner. Electric ranges - One heating element (including the oven) not working
- ○ Stove and oven working

67. Refrigerator

- ○ Refrigerator missing or inoperable
- ○ Seals deteriorated: Refrigerator has an excessive accumulation of ice – OR - Seals around refrigerator doors are deteriorated – OR - Refrigerator does not cool adequately for the safe food storage (temperature above 40°F).
- ○ Refrigerator functioning properly (temperature 40°F or below)

68. Kitchen Sink

- ○ ≥50% discoloration, chips, or cracks or inoperable: Sink cannot be used because of extensive discoloration, chips, or cracks – OR - Sink cannot be used because the sink or associated hardware is missing or has failed.
- ○ <50% discoloration, chips, or cracks: Sink can be used but cracks, chips, or extensive discoloration are seen in less than 50% of the basin – OR - A stopper is missing.
- ○ No cracks/discoloration/chips; sink operable

69. Permanent Carpet on Kitchen Floor

- ○ Permanent carpet on kitchen floor (does not include removable mats)
- ○ Kitchen floor is a hard, cleanable surface.

70. Cleaning Products

- ○ Cleaning products not stored out of the reach of children
- ○ Cleaning products stored out of the reach of children
- ○ No cleaning products stored in kitchen area

Laundry Area

71. Clothes Dryer

- ○ Vent missing: Dryer vent to outside is missing.
- ○ Vent damaged: Dryer exhaust is not effectively vented to the outside because of blockage or inadequate design or is vented into the interior.
- ○ Vent not missing or damaged: Exhaust vent is functioning properly.
- ○ No dryer

72. Exhaust Duct from Dryer

- ○ Flexible plastic: Dryer exhaust duct is made of flexible plastic.
- ○ Flexible metal: Dryer exhaust duct is made of flexible metal.
- ○ Other: Wood or other combustible material
- ○ Rigid metal: Dryer exhaust duct is made of rigid metal.

73. Dryer Venting

- ○ Dryer vents to basement.
- ○ Dryer vents to attic.
- ○ Dryer vents to crawl space.
- ○ Dryer vents to outside.
- ○ Other:_____

Lighting

74. Interior Housing Unit Lighting

- ○ One or more lights missing: In one or more rooms in a unit, a permanent lighting fixture is missing, and no other switched light source is functioning in the room.
- ○ One or more lights not working: In one or more rooms in a unit, a permanent lighting fixture is not working, and no other switched light source is functioning in the room.
- ○ All lights working/none missing

75. Outlets/Switches

- ○ Broken, wires exposed: Broken cover plates with wires exposed – OR - Outlets or switches missing.
- ○ Broken, but no exposed wires
- ○ No broken cover plates

Porch/Deck/Balcony

76. Railings

- ○ Missing: The baluster or side rails are missing.
- ○ Loose or damaged: The baluster or side rails enclosing this area are loose or damaged.
- ○ No damage

77. Electrical Outlets

- ○ No GFCIs present – OR - GFCIs not functional
- ○ GFCIs present and functional
- ○ No exterior outlets

78. Spindles and Railings

- ○ Missing: Spindles or railings missing on porch, deck, or balcony
- ○ Present: Spindles and railings present on porch, deck, or balcony
- ○ Not applicable: No porch, deck, or balcony

79. Spindles and Railings: Condition

- ○ Damaged
- ○ Loose
- ○ Too low
- ○ Too far apart
- ○ Missing
- ○ Good condition and properly spaced
- ○ Not applicable: No porch, deck, or balcony

80. Spindles

- ○ Spindles more than 4 inches apart
- ○ Spindles not more than 4 inches apart
- ○ Not applicable: No porch, deck, or balcony

81. Railing Height

- ○ Railing is not between 30 and 42 inches in height.
- ○ Railing is between 30 and 42 inches in height.
- ○ Not applicable: No porch, deck, or balcony

Smoke and Carbon Monoxide Detectors

82. Smoke Detectors

- ○ Not operational: At least one smoke detector tested in each unit; detector does not work as designed.
- ○ No smoke detector present: No smoke detector in unit
- ○ Operational: One smoke detector tested in each unit (if feasible); detector works as designed.

83. Smoke Detector Location

- ○ No smoke detectors in unit
- ○ Smoke detectors in home, but not on every level, outside each bedroom, and in a common living area
- ○ Smoke detectors on every level of the home, outside each bedroom, and in a common living area

84. Smoke Detector Power

- ○ No smoke detectors in unit
- ○ Smoke detector powered by main electrical supply without battery backup
- ○ Smoke detector powered by battery
- ○ Smoke detector powered by main electrical supply with battery backup

85. Carbon Monoxide (CO) Detectors

- ○ Not operational: At least one CO detector tested in each unit; detector does not work as designed.
- ○ No CO detector in unit
- ○ Operational: All CO detectors tested in each unit (if feasible); all detector(s) work as designed.

86. Carbon Monoxide (CO) Detector Location

- ○ No CO detectors in unit
- ○ CO detector in dwelling unit but not near bedroom area
- ○ CO detector near bedroom area

87. Fire Extinguisher

- ○ No fire extinguisher present
- ○ Fire extinguisher present in home
- ○ Fire extinguisher present in home and charged

Stairs

88. Stair Railings

- ○ Handrail missing
- ○ Handrail damaged or broken, loose, or otherwise unusable or insecure
- ○ Handrail present on both sides and not broken, missing, or insecure
- ○ Does not apply: No stairs or three or fewer stairs

89. Steps: Condition

- ○ One or more steps are broken or missing
- ○ No broken or missing steps
- ○ Does not apply: No steps

90. Steps: Covering

- ○ No covering on stairs
- ○ Covering on stairs is not firmly attached or is in poor condition.
- ○ Covering on stairs (e.g., nonslip tread covers) is firmly attached and in good condition.

Windows

91. Windows

- ○ One or more windows missing
- ○ One or more windows cracked or broken
- ○ One or more windows cannot be opened
- ○ All windows intact and can be opened

92. Window Sills

- ○ Missing or damaged: A sill is missing or damaged, but the inside of the surrounding wall is not exposed and is still weathertight.
- ○ Not weathertight: A sill is missing or damaged enough to expose the inside of the surrounding wall and compromise its weather tightness.
- ○ Not missing or damaged

93. Window Locks

- ○ Not functioning and cannot be secured/locked
- ○ Not functioning but can be secured/locked
- ○ Functioning and lockable

94. Window Caulking/Seals

- ○ Missing/deteriorated (leaks present): There is missing or deteriorated caulk or seals and evidence of leaks or damage to the window or surrounding structure.
- ○ Missing/deteriorated (no leaks): There is missing or deteriorated caulk on windows, but there is no evidence of damage to the window or surrounding structure.
- ○ Not missing/deteriorated

95. Window Paint

- ○ Deteriorating paint: Deteriorating paint or a window that needs paint on 10% or more of its surface
- ○ No deteriorating paint: All paint intact or deteriorating paint on less than 10% of the surface

Childproofing Measures

96. Do young children live in or visit the household?

- ○ Yes
- ○ No *Go to question 101.*

97. Window Cords (Strangulation Hazard)

- ○ Yes: Window cords looped or tied together *Record location in comments section.*
- ○ No: Window cords not looped or tied together

98. Water Safety

- ○ Toilets not covered (toilet lids open)
- ○ Toilets covered (toilet lids closed)

99. Chemicals, Pesticides, Cleaning Supplies, or Medications Stored Within Easy Reach of Children

- ○ Yes *Record location in comments section.*
- ○ No

100. Child Tamper-Resistant Outlet Covers

- ○ No tamper-resistant outlet covers in units with young children
- ○ Installed tamper-resistant outlet covers in units with young children
- ○ Not applicable (No young children in unit)

Other Hazards

101. Indoor Garbage and Debris

- ○ Garbage and debris not properly stored: Missing, uncovered, or leaking container
- ○ Garbage and debris properly stored

102. Sharp Edges

- ○ Yes: Physical hazard present that could produce a skin cut or injury *Record location in comments section.*
- ○ No: Sharp edges not present

103. Trip Hazards

- ○ Yes: Tripping hazards present *Record location in comments section.*
- ○ No: Tripping hazards not present

104. Unvented Combustion Appliances

- ○ Yes: Unvented combustion appliances (e.g., fuel-fired space heaters, gas clothes dryers, gas logs, charcoal, stoves etc.) present *Record type and number in comments section.*
- ○ No: Unvented combustion appliances (e.g., fuel-fired space heaters, gas clothes dryers, gas logs, charcoal, stoves etc.) not present

105. Infestation: Roaches

- ○ Frass or shells *Record location in comments section.*
- ○ One or more live roaches *Record location in comments section.*
- ○ No roaches or roach evidence

106. Infestation: Rats or Mice

- ○ Droppings or chewed holes
  Record location in comments section.
- ○ One or more rats/mice
  Record location in comments section.
- ○ No rats/mice/droppings/holes

107. Other Insects or Vermin

- ○ Yes: Other insects or vermin seen
  Record type and number in comments section.
- ○ No: Other insects or vermin not seen

108. Termite Tunnels

- ○ Yes: Termite tunnels
  Record location in comments section.
- ○ No: No termite tunnels

109. Sources of Excessive Humidity Present

- ○ Yes: Sources of humidity (e.g., humidifier, dryer vented inside, uncovered fish tank) present *Record type and number in comments section.*
- ○ No: Sources of humidity (e.g., humidifier, dryer vented inside, uncovered fish tank) not present

110. Moldy or Musty Odor Present

- ○ Yes *Record location in comments section.*
- ○ No

111. Dehumidifier Present

- ○ No
- ○ Yes

112. Air Cleaning Device Present

- ○ No
- ○ Yes

113. Pets Present

- ○ No
- ○ Yes *Record type and number in comments section.*

114. Tobacco Smoke or Odor Present

- ○ No
- ○ Yes

115. Other Hazards

- ○ No
- ○ Yes *Record type and location in comments section.*

116. Comments about residential unit interior:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

1. Do you live in a single-family house or in a multifamily building?

    ○   Single-family house
    ○   Multifamily building *Go to question 12.*
    ○   Something else: _____

2. How would you rate the overall condition of the yard around your house?

    ○   Excellent
    ○   Very good
    ○   Good
    ○   Fair
    ○   Poor

3. Which of the following problems, if any, are issues in the yard around your house? *Check all that apply.*

    ☐   Trash, debris, or litter
    ☐   Graffiti
    ☐   Damaged walkway(s)
    ☐   Damaged steps or hand railings
    ☐   Damaged driveway
    ☐   Poor lighting
    ☐   Areas of erosion
    ☐   Stray animals
    ☐   Presence of containers that hold water
    ☐   Standing water in storm drainage areas
    ☐   None of the above
    ☐   Other:_____

4. As far as you know, does the yard around your house have any eco-friendly features?

    ○   Yes
    ○   No *Go to question 6.*

5. What are those features?

    _____

    _____

    _____

    _____

    _____

6. How would you rate the overall condition of the exterior of the house itself?

    ○   Excellent
    ○   Very good
    ○   Good
    ○   Fair
    ○   Poor

7. Which of the following problems, if any, are issues with the exterior of the house itself? *Check all that apply.*

    ☐   Peeling paint
    ☐   Damaged walls or siding
    ☐   Damaged roof
    ☐   Damaged gutters
    ☐   Damaged foundation
    ☐   Unsafe porches or balconies
    ☐   None of the above
    ☐   Other:_____

8. Are the house's gutters and downspouts clean?

    ○   Yes
    ○   No

9. **As far as you know, does the exterior of the house itself have any eco-friendly features?**

    ○ Yes
    ○ No *Go to question 11.*

10. **What are those features?**

    _____

    _____

    _____

    _____

    _____

11. **Other comments**

    _____

    _____

    _____

    _____

    _____

    Skip the remaining questions.
    This survey is complete.

12. **How would you rate the overall condition of the outdoor space around your building?**

    ○ Excellent
    ○ Very good
    ○ Good
    ○ Fair
    ○ Poor

13. **Which of the following problems, if any, are issues with the outdoor space around your building?** *Check all that apply.*

    ☐ Trash, debris, or litter
    ☐ Graffiti
    ☐ Damaged walkway(s)
    ☐ Damaged steps or hand railings
    ☐ Damaged driveway
    ☐ Poor lighting
    ☐ Areas of erosion
    ☐ Stray animals
    ☐ Presence of containers that hold water
    ☐ Standing water in storm drainage areas
    ☐ None of the above
    ☐ Other:_____

14. **How would you describe the litter?**

    ○ There are syringes, bottles or other risky litter present.
    ○ There is litter present but not risky litter.
    ○ There is no litter present.

15. **As far as you know, does the outdoor space around your building have any eco-friendly features?**

    ○ Yes
    ○ No *Go to question 17.*

16. What are those features?

_____

_____

_____

_____

_____

17. How would you rate the overall condition of the exterior of the building itself?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

18. Which of the following problems, if any, are issues with the exterior of the building itself? *Check all that apply.*

- ☐ Peeling paint
- ☐ Damaged walls or siding
- ☐ Damaged roof
- ☐ Damaged gutters
- ☐ Damaged foundation
- ☐ Unsafe porches or balconies
- ☐ None of the above
- ☐ Other: _____

19. What is the condition of the doors and locks?

- ○ All exterior doors have usable locks.
- ○ Some exterior doors do not have usable locks.
- ○ No exterior doors have usable locks.

20. Is the building accessible for the disabled?

- ○ Building is not accessible for the disabled.
- ○ Building is accessible for the disabled.
- ○ Not applicable (single-family home with no disabled residents)

21. What is the condition of the fire escape?

- ○ Fire escape is clear.
- ○ Fire escape is blocked.
- ○ There is no fire escape.

22. What is the condition of the fencing or gates?

- ○ All of the fencing or gates around the building are in good condition.
- ○ Some of the fencing or gates around the building are damaged.
- ○ No fencing or gates present

23. How would you describe the vegetation around the building?

- ○ Vegetation has overgrown the building and is visibly damaging it.
- ○ Vegetation is in contact with the building but has not caused visible damage.
- ○ Vegetation is present, but not touching the building.
- ○ There is no vegetation.

24. Are there fire ants/mounds or harmful insects visible?

- ○ Yes
- ○ No

25. As far as you know, does the exterior of the building itself have any eco-friendly features?

   ○   Yes
   ○   No   *Go to question 27.*

26. What are those features?

   _____

   _____

   _____

   _____

   _____

27. Other comments:

   _____

   _____

   _____

   _____

   _____

Building Exterior

1. **Building Access for the Disabled**

   ○ Building is not accessible for the disabled.
   ○ Building is accessible for the disabled.
   ○ Not applicable (Single-family unit with no disabled residents)

2. **Damaged Doors Frames/Threshold/Lintels/ Trim** *(This does not include damage to door hardware (locks, hinges, etc.), which is addressed in question 3.)*

   ○ At least one fire/emergency door not working or cannot be locked because of damage to the frame, threshold, lintel, or trim. This also includes the main front door.
   ○ At least one door not working or functioning or cannot be locked because of damage to the frame, threshold, lintel, or trim.
   ○ No damage

3. **Damaged Door Hardware/Locks**

   ○ One or more door's panic hardware does not function as it should – OR – One entry door or fire/emergency door does not function as it should or cannot be locked because of damage to the door's hardware.
   ○ One or more doors cannot be locked and does not function as it should or cannot be locked because of damage to the door's hardware.
   ○ No damage

4. **Damaged Door Surface**

   ○ ≥1 inch diameter: One door has a hole or holes larger than 1 inch in diameter, significant peeling/ cracking/no paint, rust that affects the integrity of the door surface, or broken/missing glass – OR - One entry door or fire/emergency door has a hole or holes with a diameter ranging from ¼ inch to 1 inch.
   ○ ¼ inch to 1 inch diameter: One door has a hole or holes with a diameter ranging from ¼ inch to 1 inch.
   ○ No damage

5. **Screen/Storm Doors Damaged/Missing**

   ○ Security door inoperable
   ○ Missing screen or glass: At least one screen door or storm door is damaged or is missing screens or glass—shown by an empty frame or frames.
   ○ Missing door: There must be evidence that a screen/storm/security door existed.
   ○ No damage

6. **Deteriorated/Missing Caulking/Seals/ Flashing**

   ○ Missing or damaged caulk, seals, or flashing: The seals/caulking is missing on one entry door or they are so damaged that they do not function as they should.
   ○ No missing or damaged caulk, seals, or flashing
   ○ Not designed to have seals, caulk, or flashing

7. **Missing Doors (In Exterior Doorway)**

   ○ Yes: One or more doors is missing.
   ○ No: All doors are present.

8. **Fire Escape Egress**

   ○ Fire escape blocked or otherwise not functioning
   ○ No fire escape
   ○ Fire escape functioning and not blocked

9. **Fire Escape Components**

   ○ Ladder, railing, stair missing (or not operational): Any of the functional components that affect the function of the fire escape (for example, one section of a ladder or a railing) are missing.
   ○ No fire escape
   ○ No missing components

10. **Basement Fire Escape/Emergency Egress**

    ○ No: No fire escape for basements with bedrooms and finished living spaces
    ○ Yes: At least one fire escape for basements with bedrooms and finished living spaces
    ○ Not applicable

11. **Foundation Type**

    ○ Slab
    ○ Crawl space
    ○ Basement
    ○ Cellar

12. **Foundation Cracks/Gaps**

    ○ ≥1/8 inches wide × 1/8 inches deep × 6 inches long: Cracks more than 1/8 inch wide by 1/8 inch deep by 6 inches long – OR - Large pieces—many bricks, for example—are separated or missing from the wall or floor – OR - Large cracks or gaps (a possible sign of a serious structural problem) – OR - Cracks run the full depth of the wall, providing opportunity for water penetration – OR - Sections of the wall or floor are broken apart.
    ○ <1/8 inches wide × 1/8 inches deep × 6 inches long: Cracks smaller than these dimensions
    ○ No cracks/gaps: No signs of deterioration

13. **Spalling/Exposed Rebar**

    ○ ≥50%: Obvious, significant spalled area(s) are affecting 50% or more of any foundation wall – OR - Spalling is exposing any reinforcing material (rebar or other material).
    ○ 10 to <50%: Obvious, large spalled area(s) are affecting 10%–50% of any foundation wall.
    ○ <10%
    ○ Not applicable (No foundation)

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

14. Exterior Lighting Fixtures/Bulbs

- ○ ≥20% broken/inoperable – OR - The condition constitutes an obvious safety hazard: *Report to building management/ owner immediately and record specifics in the comments section.*
- ○ <20% broken/inoperable, but this does not constitute an obvious safety hazard.
- ○ No exterior lighting
- ○ No broken/inoperable fixtures/bulbs

15. Damaged/Clogged Drains (Roofs) *(This does not include gutters and downspouts, which are addressed in question 20.)*

- ○ Fully clogged: Drain is so damaged or clogged with debris so the drain no longer functions (shown by ponding).
- ○ Partially clogged: Debris around or in a drain, but no evidence of ponding – OR - Drain is damaged or partially clogged with debris, but the drain system still functions and there is no evidence of ponding.
- ○ No clog
- ○ No drain

16. Chimney Clearance

- ○ All chimneys do not have good clearance above roof line: Chimney height is less than 3 feet above the highest point where the chimney penetrates the roofline.
- ○ All chimneys have good clearance above roof line: Chimney height is more than 3 feet above the highest point where the chimney penetrates the roofline.
- ○ No chimneys

17. Damaged Soffits/Fascia/Flashing

- ○ Missing or damaged with water intrusion: Soffits or fascia that should be there are missing or so damaged that water penetration is visibly possible.
- ○ Some cracks but no water intrusion: Damage to soffits or fascia, but no obvious opportunities for water penetration
- ○ No damage

18. Vents *(This does not include exhaust fans on the roof or soffit vents, which are addressed separately.)*

- ○ Missing or major damage: Vents are missing or so visibly damaged that further roof damage is possible.
- ○ Some damage: The vents are visibly damaged, but do not present an obvious risk to promote further roof damage.
- ○ No damage

19. Gutters/Downspouts

- ○ Some components missing: Splashblocks or other components are missing. Drainage system components are missing, causing visible damage to the roof, structure, exterior wall surface, or interior.
- ○ Some components damaged: Splashblocks or other components are damaged. Drainage system components are damaged, causing visible damage to the roof, structure, exterior wall surface, or interior.
- ○ Both: Some components are missing and some are damaged.
- ○ No damaged or missing components

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

20. **Gutters/Downspout Discharge** *(This does not include clogged drains, which are addressed in question 15.)*

   ○ Less than 2 feet from building foundation or grading causes water to pool near foundation

   ○ Discharges directly to storm water system

   ○ More than 2 feet from building and grading is sloped away from foundation

21. **Roof Shingles or Tiles or Other Roofing Material**

   ○ ≥100 square feet of shingle or tile damage

   ○ One shingle to less than 100 square feet of shingle, tile, or roofing material damage

   ○ One shingle or tile missing/damaged (<1 square foot)

   ○ No missing or damaged shingles, tiles, or roofing material

22. **Primary Exterior Wall Surfaces**

   ○ Brick
   ○ Stucco
   ○ Wood
   ○ Stone
   ○ Cement/concrete block
   ○ Asbestos
   ○ Vinyl
   ○ Other: _____

23. **Secondary Exterior Wall Surfaces**

   ○ Brick
   ○ Stucco
   ○ Wood
   ○ Stone
   ○ Cement/concrete block
   ○ Asbestos
   ○ Vinyl
   ○ Not applicable
   ○ Other: _____

24. **Wall Cracks and Gaps**

   ○ ≥1/8 inches wide × 1/8 inches deep × 6 inches long: Crack(s) more than 1/8 inch wide by 1/8 inch deep by 6 inches long – OR - evidence of moisture intrusion – OR - Pieces—many bricks, for example—are separated from the wall – OR - Crack(s) run the full depth of the wall, providing opportunity for water penetration – OR - Sections of the wall are broken apart.

   ○ <1/8 inches wide × 1/8 inches deep × 6 inches long: Crack(s) less than 1/8 inch wide by 1/8 inch deep by 6 inches long and no evidence of moisture intrusion

   ○ No cracks/gaps

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

25. Damaged Chimney

- ○ Chimney separated from wall
- ○ Holes >4 inches × 4 inches: The surface of the chimney shows surface damage on more than one piece of wall—a few bricks or a section of siding, for example – OR - The surface of the chimney has holes that affect an area larger than 4 inches by 4 inches.
- ○ Both holes and separation
- ○ Holes observed, total area of opening <4 inches × 4 inches
- ○ No damage or no chimney required

26. Wall Surface Deterioration

- ○ ≥8½ × 11 inches: A missing piece—a single brick or section of siding, for example—or a hole larger than ½ inch in diameter – OR - Deterioration affects an area larger than 8½ inches by 11 inches – OR - Deterioration exposes any reinforcing material (rebar) – OR - There is a hole of any size that completely penetrates the exterior wall – OR - Wall surfaces out of plumb (≥1 inch in 20 feet) – OR - Wall surface out of horizontal alignment (≥1 inch in 20 feet).
- ○ Up to 8½ inches × 11 inches: A missing piece—a single brick or section of siding, for example—or a hole smaller than ½ inch in diameter – OR - Deterioration affects an area up to 8½ inches by 11 inches.
- ○ No missing pieces/holes/spalling

27. Masonry Caulking and/or Mortar

- ○ ≥12 inches missing/damaged: Mortar is missing around more than one contiguous masonry unit – OR - Deteriorated caulking in an area longer than 12 inches.
- ○ <12 inches missing/damaged: Mortar is missing around a single masonry unit – OR - Deteriorated caulk is confined to less than 12 inches.
- ○ No damage or no caulking/mortar required

28. Wall/Soffit/Fascia Paint/Water Damage

- ○ ≥20 square feet: More than 20 square feet of building exterior walls affected
- ○ <20 square feet, but some staining: Less than 20 square feet of building exterior walls affected
- ○ No water stains/peeling or no paint required (e.g., brick walls)

29. Window Panes

- ○ One or more missing or broken: A glass pane is missing – OR - A glass pane is cracked or broken AND sharp edges are seen.
- ○ Both broken and missing: More than one window has broken and missing glass panes.
- ○ One or more cracked: A glass pane is cracked but no sharp edges are seen.
- ○ None broken, cracked, or missing

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

30. Window Screens

- ○ One or more screens damaged: One or more screens in one building are punctured, torn, or otherwise damaged.
- ○ One or more screens missing: Do not cite this if the window is not designed to have a screen.
- ○ Both damaged and missing: One or more screen damaged or missing
- ○ No screens damaged or missing or no screen required

31. Window Sills/Frames/Lintels/Trim

- ○ Major damage, missing or exposed interior wall, not weathertight: Sills, frames, lintels, or trim are missing or damaged, exposing the inside of the surrounding walls and compromising its weather tightness.
- ○ Some damage, but no wall exposed, still weathertight: Damage to sills, frames, lintels, or trim, but nothing is missing. The inside of the surrounding wall is not exposed. No impact seen on either the functioning of the window or weather tightness.
- ○ No damage

32. Window Caulking/Seals/Glazing Compound

- ○ Missing or deteriorated, leaks or damage present: There are missing or deteriorated caulk or seals—with evidence of leaks or damage to the window or surrounding structure.
- ○ Missing/deteriorated, but no leaks or damage: Most of the window shows missing or deteriorated caulk or glazing compound, but there is no evidence of damage to the window or surrounding structure or leaks.
- ○ Not missing or deteriorated

33. Window Assembly or Trim Paint

- ○ ≥50%: Peeling paint or a window that needs paint on more than 50% of the painted surface
- ○ 10% to <50%: Peeling paint or a window that needs paint on between 10%–50% of the painted surface
- ○ <10%, but some non-intact: Peeling paint or a window that needs paint on less than 10% of the painted surface
- ○ All intact: All paint on exterior windows is intact or no paint is required (e.g., aluminum or vinyl windows).

34. Comments about building exterior:

_____

_____

_____

_____

_____

_____

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

Building Site

35. Fencing and Gate Damaged/Falling/Leaning/Deteriorated Paint

- ○ Damaged but not functional or deteriorated paint in an area larger than 20 square feet: An exterior fence or gate is so damaged that it does not function as it should. An exterior fence, security fence, or gate is damaged and does not function as it should or could threaten safety or security.
- ○ No fencing or gates present
- ○ Damaged but functional; no deteriorated paint areas larger than 20 square feet: An exterior fence, security fence, or gate shows signs of deterioration, but still functions as it should, and it presents no risk to security or safety.
- ○ No damage

36. Holes or Openings in Soil Below Fence

- ○ ≥6 square inches
- ○ <6 square inches
- ○ No holes or not applicable

37. Areas of Ground Erosion

- ○ Large erosion (depression, rut or groove more than 8 inches wide by 5 inches deep): Runoff has extensively displaced soil, which has caused visible damage to structures – OR - Advanced erosion threatens the safety of pedestrians or makes an area of the grounds unusable – OR - There is a rut larger than 8 inches wide by 5 inches deep – OR - There is extensive ponding – OR - Water or ice has collected in a depression or on ground where ponding was not intended.
- ○ Pooling of water (small erosion; depression, rut or groove less than 8 inches wide by 5 inches deep): Erosion has caused surface material to collect, leading to a degraded surface that would likely cause water to pool in a confined area, especially next to structures, paved areas, or walkways, or a small rut/groove is 6–8 inches wide and 3–5 inches deep.
- ○ No erosion

38. Overgrown Vegetation

- ○ Vegetation has damaged building. Plants have visibly damaged a component, area, or system of the property or have made them unusable/impassable. Vegetation is extensive and dense; it is difficult to see broken glass, holes, and other hazards. – OR - Vegetation penetrates an unintended surface—buildings; gutters; fences/walls; roofs; heating, ventilation, and air conditioning units (HVAC); etc. – OR - Vegetation is producing excessive moisture that may lead to mold or mildew on nearby exterior.
- ○ Vegetation is present or contacts building, but no damage: Extensive, dense vegetation obstructs the intended path of walkways or roads, but the path is still passable – OR - Vegetation is present but causes no problem.
- ○ No vegetation present

39. Graffiti

- ○ Graffiti in 6 or more places
- ○ Graffiti in 2–5 places
- ○ Graffiti in 1 place
- ○ No graffiti

40. Litter

- ○ Excessive: More than 10 large trash or litter items
- ○ Slight or Moderate: 2–10 large trash or litter items
- ○ None: Fewer than 2 large trash or litter items

41. Cracks in Pavement

- ○ ≥¾ inch, hinging/tilting, or missing section(s) that affect traffic ability over more than 5% of the property's parking lots/driveways/roads or that cause trip hazards: major trip hazard
- ○ <¾ inch displacement (vertical height): minor trip hazard
- ○ No cracks: level

42. Fire Ants/Mounds or Harmful Insects

- ○ Yes: Presence of fire ants/mounds or harmful insects
- ○ No: Fire ants/mounds or harmful insects not seen

43. Containers That Hold Water

- ○ Yes: Presence of water-holding containers conducive to mosquito breeding
- ○ No: Water-holding containers not present

44. Garbage and Debris

- ○ Garbage and debris not properly stored: Missing, uncovered, or leaking container
- ○ Garbage and debris properly stored

45. Refuse Disposal Area

- ○ Wall or roof for outdoor enclosed area is leaning or collapsed – OR - Concrete slab deteriorated.
- ○ Collection area overflowing: Area is too small to store refuse until pickup – OR - Garbage cans are overflowing.
- ○ Refuse properly contained
- ○ No exterior refuse disposal area

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

46. Retaining Walls

- ○ Severe deterioration/safety risk: A retaining wall is damaged and does not function as it should or is a safety risk.
- ○ Some deterioration: A retaining wall shows some signs of deterioration, but it still functions as it should, and it is not a safety risk.
- ○ No deterioration
- ○ No retaining walls present

47. Standing Water *(This does not include storm water detention basins, which are addressed in questions 48 and 49.)*

- ○ Yes: Storm drainage areas (e.g., ditches) have standing water.
- ○ No: No standing water in storm drainage areas

48. Storm Drainage

- ○ Completely blocked: The system is completely blocked or a large segment of the system has failed because a large quantity of debris has caused: backups into adjacent area(s) – OR - Runoffs into areas where runoffs are not intended.
- ○ Partially blocked: The system is partially blocked by a large quantity of debris, causing backup into adjacent area(s).
- ○ No designed storm drainage
- ○ No obstructions

49. Outdoor Water

- ○ Yes: Pond/lake/stream
- ○ Yes: Drainage reservoir
- ○ No: No other water on site

50. Outdoor Water: Drainage Reservoir Fencing

- ○ No: Reservoir not fenced
- ○ Yes: Reservoir fenced but fence needs repair
- ○ Yes: Reservoir fully fenced and fence intact
- ○ Not applicable: No drainage reservoir

51. Septic Tank

- ○ Moist ground in septic tank area: *Imminent health hazard: Report to building management/owner immediately and record specifics in the comments section.*
- ○ No evidence of excessive ground moisture
- ○ No septic tank present

52. Walkways/Steps/Hand Railing

- ○ Missing or damaged or loose: A hand rail for four or more stairs is missing, damaged, loose, or otherwise unusable; hand rail only present on one side, visible faults in the pavement: longitudinal, lateral, alligator, etc. – OR - Pavement that sinks or rises because of the failure of sub-base materials. Five percent or more of the walkways must be impacted—50 out of 1,000 square feet, for example. Relief joints are there by design; do not consider them cracks.
- ○ No damage
- ○ No walkway/steps

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

53. Large Trees

○ Hanging over unit and touching unit

○ Well maintained: Trimmed back from unit

○ No large trees present

54. Comments about building site:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

1. How would you rate the overall upkeep and maintenance of the indoor common areas of your building, such as lobbies, hallways, or community rooms?

   ○ Excellent
   ○ Very Good
   ○ Good
   ○ Fair
   ○ Poor

2. Which of the following features, if any, does the indoor common areas of your building currently have? *Check all that apply.*

   ☐ A designated smoking area
   ☐ A working smoke detector
   ☐ A working carbon monoxide detector
   ☐ A working fire extinguisher
   ☐ None of the above

3. What is the condition of the designated smoking area in your building?

   ○ Area is clean with no butts or debris visible.
   ○ Area is untidy and littered with debris.
   ○ There is no designated smoking area.

4. Where is the designated smoking area located?

   ○ Smoking area is away from doorways or windows.
   ○ Smoking area is next to doorways or windows.
   ○ There is no designated smoking area.

5. What is the condition of the smoke detectors in your building?

   ○ Smoke detectors are present and working.
   ○ Smoke detectors are present but not working.
   ○ There are no smoke detectors.

6. Which of the following problems, if any, are issues in the indoor common areas of your building? *Check all that apply.*

   ☐ Bulging or buckling walls, ceiling, or floors
   ☐ Holes in ceilings, floors, or walls
   ☐ Peeling or no paint on ceilings, floors, or walls
   ☐ Water stains or water damage on ceilings, floors, or walls
   ☐ Evidence of mold or mildew
   ☐ Poor ventilation or air flow
   ☐ Poor lighting
   ☐ Moisture or dampness due to heavy rain or floods
   ☐ Unpleasant smells or odors, including mildew odors or musty smells
   ☐ Evidence of insects
   ☐ Evidence of rodents
   ☐ Elevators that do not work properly
   ☐ Trash, debris, or litter
   ☐ None of the above
   ☐ Other: _____

7. As far as you know, do the indoor common areas of your building have any eco-friendly features?

   ○ Yes
   ○ No *Go to question 9.*

8. What are those features?

   _____

   _____

   _____

   _____

9. How would you describe the exit signs in your building?

   ○ All exits are clearly marked.
   ○ Some exit signs are missing.
   ○ There are no exit signs.

10. What is the condition of the walkways and steps?

   ○ Walkways and steps are in good condition.
   ○ Walkways and steps are in poor condition with cracks or missing pieces.
   ○ There are no walkways or steps.

Common Areas

1. Elevators

- ○ Elevators and elevator equipment do not work properly.
- ○ Elevators and elevator equipment work properly.
- ○ No elevators

2. Exit Signage

- ○ Exit signs missing or broken or not visible
- ○ Exit signs present and functioning

3. Designated Smoking Area

- ○ Area littered with butts/food debris
- ○ No butts/food debris observed
- ○ No designated smoking area

4. Trash Collection Areas

- ○ Trash on floor: Extensive trash and/or garbage on the floor
- ○ Trash containers/chutes missing covers: Missing or damaged covers to trash chutes or trash or garbage containers
- ○ Both: Both trash on floor and missing or damaged covers
- ○ No trash on floor or missing covers

5. Electrical Outlets

- ○ Exposed wiring
- ○ Missing cover plates
- ○ Both: Both exposed wiring and missing cover plates
- ○ No exposed wiring or missing cover plates

6. Smoke Detectors

- ○ Not operational: One smoke detector tested per inspected common area; detector does not work as designed
- ○ No smoke detector: No smoke detectors in common area
- ○ Operational: One smoke detector tested per inspected common area; detector works as designed

7. Carbon Monoxide Detectors

- ○ Not operational: One CO detector tested per inspected common area; detector does not work as designed.
- ○ No carbon monoxide detector: No CO detectors in common area
- ○ Operational: One CO detector tested per inspected common area; detector works as designed

8. Walkways/Steps

- ○ Missing/damaged/loose: Walkways and steps have missing surfaces or are otherwise damaged – OR - A missing or loose hand railing
- ○ No damage
- ○ No walkway/steps

9. Ceiling Buckling

- ○ Bulging or buckling: Bulging, buckling, sagging, or a lack of horizontal alignment
- ○ No bulging/buckling

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

10. Ceiling Holes

○ Large holes: Total area larger than 8½ inches × 11 inches – OR - A hole penetrates the area above – OR – More than three tiles or panels are missing.

○ Small holes: Total area not larger than 8½ inches × 11 inches – OR - No hole penetrates the area above – OR – No more than three tiles or panels are missing.

○ No holes observed

11. Peeling/Needs Paint

○ ≥2 square feet: More than 2 square feet of peeling or deteriorated paint in one or more common areas

○ <2 square feet: Less than 2 square feet of peeling or deteriorated paint in one or more common areas

○ All intact: All paint intact

12. Water Stains/Water Damage (This does not include visible mold on ceiling, which is addressed in question 13.)

○ ≥2 square feet: One or more ceilings(s) has evidence of a leak, water damage, or water staining (such as a darkened area) over a large area (more than 4 square feet).

○ <2 square feet: One or more ceiling(s) has evidence of a leak, water damage, or water staining (such as a darkened area) over a small area (less than 4 square feet).

○ No water stains/water damage

13. Mold (This does not include water stains or damage on ceiling, which is addressed in question 12.)

○ ≥4 square feet of mold observed or musty odor detected: On one or more ceilings(s), mold is seen in a large area (more than 4 square feet) or there is a musty odor.

○ <4 square feet of visible mold: On one or more ceiling(s), mold is seen in a small area (less than 4 square feet).

○ No mold or musty odor

14. Mold Source

○ Leaking roof
○ Leaking appliance
○ Leaking water pipe in wall or ceiling
○ Poor ventilation
○ Do not know

15. Floor Buckling

○ Yes: Bulging, buckling, sagging, or alignment problems

○ No: Bulging, buckling, sagging, or alignment problems not seen

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

16. Floor Covering

- ○ ≥50% damaged: For one or more floor(s), more than 50% of the floor covering is damaged – OR - Damage to the floor covering exposes the underlying material.
- ○ 10%–<50% damaged: An estimated 10%–50% of the floor covering has stains, surface burns, shallow cuts, small holes, tears, loose areas, exposed seams, or other defect. The covering is fully functional, and there is no safety hazard.
- ○ <10% damaged: Less than 10% of the floor covering has stains, surface burns, shallow cuts, small holes, tears, loose areas, exposed seams, or other defect. The covering is fully functional, and there is no safety hazard.
- ○ No damage observed on any of the floors

17. Flooring/Tiles

- ○ ≥50% missing or damaged: More than 50% of the flooring is affected by small holes and damage – OR - The condition causes a safety problem.
- ○ 10%–<50% missing or damaged: An estimated 10%–50% of the flooring has small holes in areas of the floor surface, but there are no safety problems.
- ○ <10% missing or damaged: For a single floor, there are small holes in areas of the floor surface. Less than 10% of the floor is affected and there are no safety problems.
- ○ No damaged or missing flooring

18. Peeling or Deteriorated Paint

- ○ ≥2 square feet: Peeling or deteriorated paint in an area larger than 2 square feet in any one room or common area
- ○ <2 square feet: Peeling or deteriorated paint in an area smaller than 2 square feet in any one room or common area
- ○ No peeling or deteriorated paint

19. Subfloor

- ○ ≥4 square feet rotting or deteriorated: Large areas of rot (more than 4 square feet) seen – OR - Applying weight to the floor causes noticeable deflection.
- ○ <4 square feet rotting or deteriorated
- ○ Subfloor cannot be observed.

20. Waters Stains/Water Damage *(This does not include visible mold on floor, which is addressed in question 21.)*

- ○ ≥4 square feet: A large portion of one of more floors (more than 4 square feet) has been substantially saturated or damaged by water, mold, or mildew. Cracks, mold, and flaking are seen; the floor surface may have failed.
- ○ <4 square feet: Evidence of a water stain (such as a darkened area) over a small area of floor (less than 4 square feet). Water may or may not be seen. Less than 10% of the floors are affected.
- ○ No water stains/water damage

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

21. Mold *(This does not include water stains or damage on floor, which is addressed in question 20.)*

    ○ ≥4 square feet mold observed or musty odor detected: On one or more floor(s) there is evidence of mold over a large area (more than 4 square feet) – OR -- A musty odor is detected

    ○ <4 square feet visible mold: On one or more floor(s) there is evidence of mold over a small area (less than 4 square feet).

    ○ No visible mold present

22. Sharp Edges

    ○ Yes: Physical hazard present that could produce a skin cut or injury. *Record location in comments section.*

    ○ No: Sharp edges not present

23. Trip Hazards

    ○ Yes: Tripping hazards present. *Record location in comments section.*

    ○ No: Tripping hazards not present

24. Comments about common areas:

    _____

    _____

    _____

    _____

    _____

    _____

    _____

    _____

Building Systems

25. **Central Water Supply or Sewage System**

    ○ Water leaks observed: If leaking water is a safety concern (i.e., is leaking on or near electrical equipment) ***Report it to building management/owner immediately and record specifics in the comments section.***

    ○ No water leaks observed

26. **Outside Water Spigots**

    ○ Outside water spigots protected by hose bibb vacuum breakers

    ○ Outside water spigots not protected by hose bibb vacuum breakers

27. **Chimney and Exhaust Ventilation for Fuel-fired Equipment**

    ○ Improper exhaust venting: Any misalignment, blockage, rust, corrosion, or other deficiency that may cause improper or dangerous venting of exhaust gases – OR - There is no pressure relief valve.

    ○ Proper exhaust venting: flue OK

    ○ No chimney exhaust ventilation system required (e.g., electric water heater)

28. **Makeup Air**

    ○ Makeup air not provided to the fireplace, gas water heater, or other fuel-burning fixtures

    ○ Makeup air provided to the fireplace, gas water heater, or other fuel-burning fixtures

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

29. Breakers/Fuses

- ○ Damaged breakers or fuses, frayed wiring, arcing scars: Carbon residue, melted breakers, or arcing scars
- ○ Missing breakers/open panels/missing covers: Missing breakers or open panels (breaker port or receptacle or panel cover)
- ○ Improper fusing: Fuse receptacles with improper fuses or bypassed
- ○ Access blocked; could not inspect: The electrical system could not be visually accessed because of blockage or inaccessibility.
- ○ No deficiency observed

30. Water Leaks or Corrosion On or Near Electrical Systems

- ○ Evidence of water leaks/corrosion: Any corrosion that affects the condition of the components that carry current – OR - Any stains or rust on the interior of electrical enclosures – OR - Any evidence of water leaks in the enclosure or hardware.
- ○ No evidence of water leaks/corrosion

31. Wiring

- ○ Deteriorated insulation exposing conducting wire: Nicks, abrasions, or fraying of the insulation exposing any conducting wire. *Do not check this for a bare grounding wire.*
- ○ No deteriorated insulation

32. Extension Cord Use

- ○ Extension cords not used properly: Extension cords under carpets or across doorways – OR - Too many appliances plugged into one extension cord
- ○ Extension cords used properly: Extension cords not draped across doorways or under carpets and not overloaded with too many appliances
- ○ No extension cord use

33. Extension Cord Condition

- ○ Not good: Extension cords cracked or frayed
- ○ Good: Extension cords not cracked or frayed
- ○ No extension cord use

34. Electrical Covers

- ○ One or more missing covers: A cover is missing, which results in exposed visible electrical connections.
- ○ Covers not missing

35. Fire Sprinklers

- ○ Sprinkler disabled, missing, blocked, or painted over: Any sprinkler head is missing, visibly disabled, painted over, blocked, capped or otherwise disabled. *Report to building management/owner immediately and record specifics in the comments section.*
- ○ No sprinkler system
- ○ Sprinkler not disabled/missing/blocked

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

36. Missing, Damaged, Expired, or Wrong Kind of Fire Extinguishers/Fire Hoses

- ○ ≥10%, or none in building: More than 10% of the fire extinguishers are missing, damaged, or expired. *If there are no fire extinguishers, report to building management/owner immediately and record specifics in the comments section* – OR - There is not an operable/non-expired fire extinguisher on each floor – OR - The building does not have a fire extinguisher.
- ○ ≥5% to <10%: 5%–10% of the fire extinguishers are missing, damaged, expired, or wrong kind.
- ○ <1% to <5%: <1% to <5% of extinguishers missing/damaged/expired or wrong kind
- ○ None missing/damaged/expired

37. Emergency Exit/Egress Routes

- ○ All exits not clear of furniture, toys, and clutter
- ○ All exits clear of furniture, toys, and clutter

38. Boiler/Pump *(This does not include fuel supply leaks, which are addressed in question 36.)*

- ○ Water or steam leaks: Water or steam leaking in piping or pump packing or boiler
- ○ No leaks
- ○ Does not apply

39. Fuel Supply

- ○ Leaks observed or odor of natural gas, propane, or oil detected: Any amount of fuel is leaking from the supply tank or piping. *Report leaks to building management/owner immediately and record specifics in the comments section. The odor of natural gas or propane is an imminent health hazard; the structure should be evacuated.*
- ○ No leaks observed or odor detected
- ○ Does not apply

40. Chimney Exhaust

- ○ Reversed air flow in chimney observed. *Report to building management/owner immediately and record specifics in the comments section.*
- ○ Misaligned, damaged, blocked, or disconnected: Misalignment of an exhaust system on a gas-fired or oil-fired unit that causes improper or dangerous venting of gases – OR - Evidence of blockage or disconnection – OR - Evidence of rust and corrosion that could cause improper flue pipe and chimney function
- ○ Not misaligned, damaged, blocked, or disconnected
- ○ No chimney exhaust ventilation required

41. Chimney Spark Arrestor and Rain Cap

- ○ No chimney spark arrestor or rain cap
- ○ Chimney spark arrestor and rain cap installed
- ○ No chimney

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

42. HVAC Condensate and Sewage Corrosion

○ Rust or corrosion prevents functioning: Significant formations of metal oxides, significant flaking, discoloration, or the development of a noticeable pit or crevice – OR - Equipment or piping does not function because of this condition – OR - A drain is clogged or components of the sanitary system are leaking – OR - Evidence of standing water, puddles, or ponding (a sign of leaks or clogged drains)

○ Some rust or corrosion or other damage, but system functioning

○ No rust/corrosion

○ Not applicable: No ducts or pipes

43. HVAC Air Supply

○ From basement only

○ Supply (return) air entirely from living area

○ Supply (return) air includes fresh (outdoor) air

○ No forced air system present

44. Comments about building systems:

_____

_____

_____

_____

_____

_____

_____

_____

Some questions in this tool are based on the National Center for Healthy Housing Checklist and Expert Assessment Tools.

To be used for residential buildings at the parcel level only.

1. Address: _____

   _____

2. Block Identification Number (Optional): _____

3. Type of Residential Structure

   ○ Single-family house (detached)
   ○ Two-family house/duplex (attached)
   ○ Multifamily dwelling with 3-9 units (e.g., apartments, townhomes, condos)
   ○ Multifamily dwelling with 10-49 units (e.g., apartments, townhomes, condos)
   ○ Multifamily dwelling with 50 or more units (e.g., apartments, townhomes, condos)

4. Condition of the Structure Exterior

	Sound condition and in good repair	Minor maintenance, repair, or replacement needed	Major repair or replacement needed	Not applicable
Roof	○	○	○	○
Gutters	○	○	○	○
Windows	○	○	○	○
Exterior doors	○	○	○	○
Siding/exterior walls	○	○	○	○
Paint on walls and trim	○	○	○	○
Foundation	○	○	○	○
Porches/balconies	○	○	○	○
Attached garage	○	○	○	○
Other: _____	○	○	○	○

5. Condition of the Features Around the Structure

	Sound condition and in good repair	Minor maintenance, repair, or replacement needed	Major repair or replacement needed	Not applicable
Detached structure	○	○	○	○
Fencing	○	○	○	○
Sidewalk and walkway	○	○	○	○
Driveway	○	○	○	○
Parking lot	○	○	○	○
Other: _____	○	○	○	○

6. Visible on the Property

	A lot	Some	None
Trash, debris, or litter	○	○	○
Overgrown vegetation	○	○	○
Abandoned vehicles, appliances, or other equipment	○	○	○
Deteriorating or abandoned toys, tools, or other paraphernalia	○	○	○
Other: _____	○	○	○

7. **Maintenance of the Lawn and/or Landscaping**

   ○ Well maintained
   ○ Adequately maintained
   ○ Poorly maintained

8. **Structure Appears Vacant**

   ○ Yes
   ○ No *Go to question 10.*

9. **Vacant Structure Security**

   ○ Fully secured in a solid and professional manner so that it appears occupied or in use
   ○ Fully secured in a solid and professional manner without trying to make it appear occupied or in use
   ○ Fully secured in a casual or makeshift manner
   ○ Not fully secured
   ○ Not secured in any manner

10. **Positive Assets or Appealing Qualities of the Structure and Site**

    ○ Yes
    ○ No *Go to question 12.*

11. **Describe the positive assets or attractive qualities.**

    _____
    _____
    _____
    _____
    _____
    _____

12. **Major Health or Safety Hazards of the Structure and Site**

    ○ Yes
    ○ No *Go to question 14.*

13. **Describe the major health or safety hazards.**

    _____
    _____
    _____
    _____
    _____
    _____

14. **Overall Exterior Condition of the Structure**

    ○ Good and needs no maintenance or repair
    ○ Needs minor repairs only
    ○ Requires at least one major repair
    ○ Requires comprehensive renovation
    ○ Dilapidated and not able to be repaired or renovated
    ○ Construction of dwelling is not complete

15. **Overall Condition of the Features Around the Structure**

    ○ Good and needs no maintenance or repair
    ○ Needs minor repairs only
    ○ Requires at least one major repair
    ○ Requires comprehensive renovation
    ○ Dilapidated and not able to be repaired or renovated

16. **Overall Visual Attractiveness of the Structure and Site**

- ○ Very attractive
- ○ Attractive
- ○ Somewhat attractive
- ○ Somewhat unattractive
- ○ Unattractive
- ○ Very unattractive

17. **Additional Comments About the Structure and Site**

_____

_____

_____

_____

_____

_____

_____

_____

1. Property address:

    _____

    _____

    _____

2. Resident ID (optional):

    _____

Demographics

First, we'd like to ask you a few questions about you and your household.

3. Including yourself, how many adults 18 years of age or older live in your household?

    _____

4. How many children under 18 years of age live in your household?

    _____

5. Which of the following best describes your current status? *Check only one.*

    ○ Employed full time
    ○ Employed part time
    ○ Unemployed and looking for work
    ○ Unable to work due to disability
    ○ Stay-at-home caregiver or parent
    ○ Retired
    ○ Student
    ○ Other:_____

Your Home

The following questions are about your home.

6. When did you move into your new home or apartment?

    ○ Within the last 30 days
    ○ Over a month ago, but less than six months ago
    ○ Between seven months and a year ago
    ○ Over a year ago

7. Are you satisfied with your new home?

    ○ Very satisfied
    ○ Somewhat satisfied
    ○ Somewhat dissatisfied
    ○ Very dissatisfied

8. In your previous home were you worried about getting around your house without tripping on uneven flooring or broken steps?

    ○ Yes
    ○ No

9. In your new home are you worried about getting around your house without tripping on uneven flooring or broken steps?

    ○ Yes
    ○ No

10. In your previous home were you concerned about electrical fires from exposed wires or improper wiring?

    ○ Yes
    ○ No

11. In your new home are you concerned about electrical fires from exposed wires or improper wiring?

    ○ Yes
    ○ No

12. In your previous home were you concerned about your family's health being affected by lead paint, off-gassing, or other unsafe materials in your home?

    ○ Yes
    ○ No

13. In your new home are you concerned about your family's health being affected by lead paint, off-gassing, or other unsafe materials in your home?

    ○ Yes
    ○ No

Overall Health

The following questions are about the health of you and those who live in your home.

14. How would you describe the overall health of you and your household in your previous home?

    ○ Excellent
    ○ Very good
    ○ Good
    ○ Fair
    ○ Poor

15. How would you describe the overall health of you and your household since moving into your current home?

    ○ Excellent
    ○ Very good
    ○ Good
    ○ Fair
    ○ Poor

16. In your previous home, did anyone smoke in the house?

    ○ Yes
    ○ No

17. Since moving into your new home, does anyone smoke in your home?

    ○ Yes
    ○ No

18. In your previous home, did you or anyone living in your home experience the following?

    Check all that apply.

    ☐ Chronic headaches
    ☐ Burning eyes
    ☐ Skin rashes
    ☐ Breathing issues like wheezing or asthma
    ☐ Other allergic reactions
    ☐ None of the above *Go to question 20.*
    ☐ Other:_____

19. If yes, would those symptoms go away when you left your house temporarily?

    ○ Yes, within a few hours
    ○ Yes, if gone a few days
    ○ No, they stay the same

20. Since moving into your new home have you or anyone living in your home experienced the following:

    Check all that apply.

    ☐ Chronic headaches
    ☐ Burning eyes
    ☐ Skin rashes
    ☐ Breathing issues like wheezing or asthma
    ☐ Other allergic reactions
    ☐ None of the above *Go to question 22.*
    ☐ Other:_____

21. **Do those symptoms go away when you leave the house?**

    ○ Yes, within a few hours
    ○ Yes, if gone a few days
    ○ No, they stay the same

22. **Has anyone in your household been diagnosed with asthma?**

    ○ Yes
    ☐ No *Go to question 25.*

23. **In your previous home, approximately how many days each month did those with asthma in your household have asthma symptoms?**

    ○ 1-2 days
    ○ 3-5 days
    ○ 6-10 days
    ○ More than 10 days

24. **Since moving into your new home, approximately how many days each month do those with asthma in your household have asthma symptoms?**

    ○ 1-2 days
    ○ 3-5 days
    ○ 6-10 days
    ○ More than 10 days
    ○ Not sure, it's been less than a month since renovations were completed.

25. **Is there anything else you'd like to tell us about your household's health since moving into your new home?**

    _____
    _____
    _____
    _____
    _____
    _____

1. Property address:

    _____

    _____

    _____

2. Resident name (optional):

    _____

Demographics

First, we'd like to ask you a few questions about you and your household.

3. Including yourself, how many adults 18 years of age or older live in your household?

    _____

4. How many children under 18 years of age live in your household?

    _____

5. Which of the following best describes your current status? *Check only one.*

    ○ Employed full time
    ○ Employed part time
    ○ Unemployed and looking for work
    ○ Unable to work due to disability
    ○ Stay-at-home caregiver or parent
    ○ Retired
    ○ Student
    ○ Other:_____

Your Home

The following questions are about renovations that have been made to your home.

6. What type of work was completed in your home? *Check all that apply.*

    ☐ Roof repair
    ☐ Repairs to electrical wiring
    ☐ Plumbing and water system repair
    ☐ Sewer or septic system repair
    ☐ New windows and/or doors
    ☐ Repairs to heating system
    ☐ Repairs to cooling system
    ☐ Mold removal/mitigation
    ☐ Lead paint removal
    ☐ Asbestos removal/abatement
    ☐ Insulation replacement and/or addition
    ☐ Addition of grab bars, ramps or other accessibility and safety renovations
    ☐ Foundation and structural repairs
    ☐ Flooring repairs/replacement (including sub-floor, floor surface, carpet or tile)
    ☐ Grading, drainage, other yard improvements
    ☐ Replacement of home
    ☐ Other:_____

7. How recently was the work completed on your home?

    ○ Within the last 30 days
    ○ Over a month ago, but less than six months ago
    ○ Between seven months and a year ago
    ○ Over a year ago

8. Were you satisfied with the work completed on your home?

    ○ Very satisfied
    ○ Somewhat satisfied
    ○ Somewhat dissatisfied
    ○ Very dissatisfied

9. Before the work was done, were you worried about getting around your house without tripping on uneven flooring or broken steps?

    ○ Yes
    ○ No *Go to question 11.*

10. After the work was done, are you still worried about getting around your house without tripping on uneven flooring or broken steps?

    ○ Yes
    ○ No

11. Before the work was done, were you concerned about electrical fires from exposed wires or improper wiring?

    ○ Yes
    ○ No *Go to question 13.*

12. After the work was done, are you still concerned about electrical fires from exposed wires or improper wiring?

    ○ Yes
    ○ No

13. Before the work was done, were you concerned about your family's health being affected by lead paint, off-gassing, or other unsafe materials in your home?

    ○ Yes
    ○ No *Go to question 15.*

14. After the work was done, are you concerned about your family's health being affected by lead paint, off-gassing, or other unsafe materials in your home?

    ○ Yes
    ○ No

Overall Health

The following questions are about the health of you and those who live in your home.

15. How would you describe the overall health of you and your household before the work was done?

    ○ Excellent
    ○ Very good
    ○ Good
    ○ Fair
    ○ Poor

16. How would you describe the overall health of you and your household after the work was completed?

    ○ Excellent
    ○ Very good
    ○ Good
    ○ Fair
    ○ Poor

17. Before the work was begun, did anyone smoke in your home?

    ○ Yes
    ○ No

18. After the work was completed, does anyone smoke in your home?

    ○ Yes
    ○ No

19. **Before the work was done, did you or anyone living in your home experience the following?**

    Check all that apply.

    ☐ Chronic headaches
    ☐ Burning eyes
    ☐ Skin rashes
    ☐ Breathing issues like wheezing or asthma
    ☐ Other allergic reactions
    ☐ Injuries related to broken steps or uneven flooring
    ☐ None of the above *Go to question 21.*
    ☐ Other: _____

20. **Would those symptoms go away when you left your home?**

    ○ Yes, within a few hours
    ○ Yes, if gone a few days
    ○ No, they stay the same

21. **Since the work was completed, have you or anyone living in your home experienced the following:**

    Check all that apply.

    ☐ Chronic headaches
    ☐ Burning eyes
    ☐ Skin rashes
    ☐ Breathing issues like wheezing or asthma
    ☐ Other allergic reactions
    ☐ None of the above *Go to question 23.*
    ☐ Other: _____

22. **Do those symptoms go away when you leave the house?**

    ○ Yes, within a few hours
    ○ Yes, if gone a few days
    ○ No, they stay the same

23. **Has anyone in your household been diagnosed with asthma?**

    ○ Yes
    ○ No *Go to question 26.*

24. **Before the work was done, approximately how many days each month did those with asthma in your household have asthma symptoms?**

    ○ 1-2 days
    ○ 3-5 days
    ○ 6-10 days
    ○ More than 10 days

25. **After the work was completed, approximately how many days each month have those with asthma in your household had asthma symptoms?**

    ○ 1-2 days
    ○ 3-5 days
    ○ 6-10 days
    ○ More than 10 days
    ○ Not sure, it's been less than a month since renovations were completed.

26. **Is there anything else you'd like to tell us about your household's health since the work has been completed?**

    _____

    _____

    _____

    _____

    _____

    _____

1. The following questions are about the community that is bounded by: _____
_____

Please think about the community land use patterns and features.

2. What land use patterns or features of the community, if any, promote walkability and active
transport? _____
_____
_____

3. What land use patterns or features of the community, if any, compromise walkability and active
transport? _____
_____
_____

4. What land use patterns or features of the community, if any, promote the availability of green space?
_____
_____
_____

5. What land use patterns or features of the community, if any, limit the availability of green space?
_____
_____
_____

6. What land use patterns or features of the community, if any, promote resident safety?
_____
_____
_____

7. What land use patterns or features of the community, if any, jeopardize resident safety?
_____
_____
_____

8. What land use patterns or features of the community, if any, promote resident interaction?

_____

_____

_____

9. What land use patterns or features of the community, if any, restrict resident interaction?

_____

_____

_____

Next, please think about the management of environmental characteristics of the community.

10. What policies and practices are in place to control pollution and other hazards that affect air quality?

_____

_____

_____

11. What policies and practices are in place to control pollution and other hazards that affect ambient water quality?

_____

_____

_____

12. What policies and practices are in place to control pollution and other hazards that affect soil quality?

_____

_____

_____

13. What policies and practices are in place to control the occurrence of flooding?

_____

_____

_____

14. **What policies and practices are in place to manage storm and waste water?**

_____

_____

_____

15. **What policies and practices are in place to support safe housing development?**

_____

_____

_____

Detailed instructions for using this tool can be found starting on page 212.

Make blank copies of the worksheet/s as needed. You will need copies of page 2 before recording additional test results.

Key Person (Data Source): _____

Title and Affiliation: _____

Phone: _____ Email: _____

Geography Description:

Environmental element		Index or indicator description	Test results 1		Test results 2		Test results 3	
			Date	Score	Date	Score	Date	Score
Air quality	A							
	B							
Ambient water quality	A							
	B							
Soil quality	A							
	B							
Noise level	A							
	B							
Flooding	A							
	B							
	A							
	B							
	A							
	B							
	A							
	B							

Geography Description:

Environmental element		Index or indicator description	Test results ___		Test results ___		Test results ___	
			Date	Score	Date	Score	Date	Score
Air quality	A							
	B							
Ambient water quality	A							
	B							
Soil quality	A							
	B							
Noise level	A							
	B							
Flooding	A							
	B							
	A							
	B							
	A							
	B							
	A							
	B							
	A							
	B							
	A							
	B							

Detailed instructions and background for using this tool can be found starting on page 212.

Make blank copies of the worksheet/s as needed. You will need copies of page 2 before recording additional observations.

Key Person (Data Source): _____

Title and Affiliation: _____

Phone: _____   Email: _____

Geography Description:

Environmental element	Date	Comments
		Observation 1
Air quality		
Ambient water quality		
Soil quality		
Noise level		
Flooding		

Geography Description:

Environmental element	Observation ___	
	Date	Comments
Air quality		
Ambient water quality		
Soil quality		
Noise level		
Flooding		

To be used at the block level only.

1. Block Boundaries:

   _____

2. Block Identification Number (Optional):

   _____

3. Predominant Land Use on the Block
   Choose only one.

   ○ Single-family homes (detached)
   ○ Two-family homes/Duplexes (attached)
   ○ Multifamily dwellings with 3-9 units (e.g., apartments, townhomes, condos)
   ○ Multifamily dwellings with 10-49 units (e.g., apartments, townhomes, condos)
   ○ Multifamily dwellings with 50 or more units (e.g., apartments, townhomes, condos)
   ○ Mobile homes or manufactured homes
   ○ Commercial (e.g., restaurants, retail stores, banks, hotels)
   ○ Industrial (e.g., factories, warehouses)
   ○ Office (e.g., companies, nonprofit organizations)
   ○ Institutional (e.g., schools, libraries, churches, mosques, temples, hospital, health clinics)
   ○ Auto-related (e.g., car lots, car dealerships, auto repair shops, gas stations)
   ○ Public space (e.g., parks, playgrounds, plazas, squares, gardens)
   ○ Vacant land
   ○ Vertical mixed-use buildings (i.e., different uses on different floors of the building)
   ○ Other: _____

Structures on the Block

4. Are there single-family homes on the block?

   ○ Yes
   ○ No *Go to question 6.*

5. How many of the single-family homes are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

6. Are there two-family homes on the block?

   ○ Yes
   ○ No *Go to question 8.*

7. How many of the two-family homes are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

8. Are there multifamily dwellings with 3-9 units on the block?

   ○ Yes
   ○ No *Go to question 10.*

9. How many of the multifamily dwellings with 3-9 units are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

10. Are there multifamily dwellings with 10-49 units on the block?

    ○ Yes
    ○ No *Go to question 12.*

11. How many of the multifamily dwellings with 10-49 units are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

12. Are there multifamily dwellings with 50 or more units on the block?

   ○ Yes
   ○ No *Go to question 14.*

13. How many of the multifamily dwellings with 50+ units are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

14. Are there commercial buildings (e.g., restaurants, retail stores) on the block?

   ○ Yes
   ○ No *Go to question 16.*

15. How many of the commercial buildings are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

16. Are there industrial buildings (e.g., factories, warehouses) on the block?

   ○ Yes
   ○ No *Go to question 18.*

17. How many of the industrial building are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

18. Are there office buildings (e.g., companies, nonprofit organizations) on the block?

   ○ Yes
   ○ No *Go to question 20.*

19. How many of the office buildings are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

20. Are there institutional buildings (e.g., schools, libraries, churches) on the block?

   ○ Yes
   ○ No *Go to question 22.*

21. How many of the institutional buildings are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

22. Are there auto-related buildings (e.g., care lots, repair shops, gas stations) on the block?

   ○ Yes
   ○ No *Go to question 24.*

23. How many of the auto-related buildings are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

24. Are there vertical mixed-use buildings (i.e., different uses on different floors of the building) on the block?

   ○ Yes
   ○ No *Go to question 26.*

25. How many of the vertical mixed-use buildings are in sound condition and good repair?

   ○ All or most
   ○ Many or some
   ○ Few or none

Vacant or Abandoned Properties

26. Are there vacant residential buildings on the block?

   ○ Yes
   ○ No *Go to question 28.*

27. How are the vacant residential buildings maintained?

   ○ Well maintained
   ○ Adequately maintained
   ○ Poorly maintained

28. Are there other vacant buildings on the block?

   ○ Yes
   ○ No *Go to question 30.*

29. How are the other vacant buildings maintained?

   ○ Well maintained
   ○ Adequately maintained
   ○ Poorly maintained

30. Are there vacant lots on the block?

   ○ Yes
   ○ No *Go to question 32.*

31. How are the vacant lots maintained?

   ○ Well maintained
   ○ Adequately maintained
   ○ Poorly maintained

Other Sites on the Block

32. Are there parks on the block?

   ○ Yes
   ○ No *Go to question 34.*

33. How are the parks maintained?

   ○ Well maintained
   ○ Adequately maintained
   ○ Poorly maintained

34. Are there playgrounds on the block?

   ○ Yes
   ○ No *Go to question 36.*

35. How are the playgrounds maintained?

   ○ Well maintained
   ○ Adequately maintained
   ○ Poorly maintained

36. Are there sports fields, ballparks, tennis courts, pools, or other recreational spaces on the block?

   ○ Yes
   ○ No *Go to question 38.*

37. How are the sports fields, ballparks, tennis courts, pools, and other recreational spaces maintained?

   ○ Well maintained
   ○ Adequately maintained
   ○ Poorly maintained

38. Are there community spaces, plazas, courtyards, or other gathering spaces on the block?

   ○ Yes
   ○ No *Go to question 40.*

39. **How are the community spaces, plazas, courtyards, and other gathering spaces maintained?**

    ○ Well maintained
    ○ Adequately maintained
    ○ Poorly maintained

40. **Are there greenbelts, biking trails, or walking paths on the block?**

    ○ Yes
    ○ No *Go to question 42.*

41. **How are the greenbelts, biking trails, and walking paths maintained?**

    ○ Well maintained
    ○ Adequately maintained
    ○ Poorly maintained

42. **Are there community gardens or public gardens on the block?**

    ○ Yes
    ○ No *Go to question 44.*

43. **How are the community gardens and public gardens maintained?**

    ○ Well maintained
    ○ Adequately maintained
    ○ Poorly maintained

44. **Are there farmers markets or market squares on the block?**

    ○ Yes
    ○ No *Go to question 46.*

45. **How are the farmers markets and market squares maintained?**

    ○ Well maintained
    ○ Adequately maintained
    ○ Poorly maintained

46. **Are there parking lots on the block?**

    ○ Yes
    ○ No *Go to question 48.*

47. **How are the parking lots maintained?**

    ○ Well maintained
    ○ Adequately maintained
    ○ Poorly maintained

Public Infrastructure

48. **Are there roadways on the block?**

    ○ Yes
    ○ No *Go to question 50.*

49. **How are the roadway surfaces maintained?**

    ○ Well maintained
    ○ Adequately maintained
    ○ Poorly maintained

50. **Are there sidewalks on the block?**

    ○ Yes
    ○ No *Go to question 52.*

51. **How are the sidewalks maintained?**

    ○ Well maintained
    ○ Adequately maintained
    ○ Poorly maintained

52. **Are there curbs on the block?**

    ○ Yes
    ○ No *Go to question 54.*

53. **How are the curbs maintained?**

    ○ Well maintained
    ○ Adequately maintained
    ○ Poorly maintained

54. Are there street lights on the block?

   ○　Yes
   ○　No　*Go to question 56.*

55. How are the street lights maintained?

   ○　Well maintained
   ○　Adequately maintained
   ○　Poorly maintained

56. Are there bicycle racks on the block?

   ○　Yes
   ○　No　*Go to question 58.*

57. How are the bicycle racks maintained?

   ○　Well maintained
   ○　Adequately maintained
   ○　Poorly maintained

58. Are there benches or other seating on the block?

   ○　Yes
   ○　No　*Go to question 60.*

59. How are the benches and other seating maintained?

   ○　Well maintained
   ○　Adequately maintained
   ○　Poorly maintained

60. Are there street trees on the block?

   ○　Yes
   ○　No　*Go to question 62.*

61. How are the street trees maintained?

   ○　Well maintained
   ○　Adequately maintained
   ○　Poorly maintained

Barriers on the Block

62. Is there a highway, either elevated or below grade level, on the block?

   ○　Yes
   ○　No　*Go to question 64.*

63. To what extent is it possible to overcome any barrier the highway presents?

   ○　Definitely can
   ○　Probably can
   ○　Probably cannot
   ○　Definitely cannot

64. Are there railroad tracks on the block?

   ○　Yes
   ○　No　*Go to question 66.*

65. To what extent is it possible to overcome any barrier the railroad tracks present?

   ○　Definitely can
   ○　Probably can
   ○　Probably cannot
   ○　Definitely cannot

66. Is there an impassable land use (e.g., major industrial complex, gated community) on the block?

   ○　Yes
   ○　No　*Go to question 68.*

67. To what extent is it possible to overcome any barrier the impassable land use presents?

   ○　Definitely can
   ○　Probably can
   ○　Probably cannot
   ○　Definitely cannot

68. Is there a river, lake, pond, stream, or canal on the block?

   ○ Yes
   ○ No *Go to question 70.*

69. To what extent is it possible to overcome any barrier the river, lake, pond, stream, or canal presents?

   ○ Definitely can
   ○ Probably can
   ○ Probably cannot
   ○ Definitely cannot

70. Are there drainage ditches on the block?

   ○ Yes
   ○ No *Go to question 72.*

71. To what extent is it possible to overcome any barrier the drainage ditches present?

   ○ Definitely can
   ○ Probably can
   ○ Probably cannot
   ○ Definitely cannot

72. Is there a roadway with six or more lanes on the block?

   ○ Yes
   ○ No *Go to question 74.*

73. To what extent is it possible to overcome any barrier the roadway with six or more lanes presents?

   ○ Definitely can
   ○ Probably can
   ○ Probably cannot
   ○ Definitely cannot

Cleanliness and Upkeep

74. How much of each of the following is visible on the block?

	A lot	Some	None	Not applicable
Trash, debris, or litter on road surfaces	○	○	○	○
Trash, debris, or litter on sidewalks	○	○	○	○
Trash, debris, or litter on residential parcels	○	○	○	○
Trash, debris, or litter on non-residential parcels	○	○	○	○
Overgrown vegetation on residential parcels	○	○	○	○
Overgrown vegetation on non-residential parcels	○	○	○	○
Abandoned vehicles, appliances, or other equipment anywhere	○	○	○	○
Deteriorating or abandoned toys, tools, or other paraphernalia anywhere	○	○	○	○
Illegal dumping (e.g. large household items) anywhere	○	○	○	○
Risky litter (e.g., alcohol containers, condoms, drug supplies) anywhere	○	○	○	○
Graffiti on structures, sidewalks, roads, or other surfaces anywhere	○	○	○	○
Clogged street drains anywhere	○	○	○	○
Standing water anywhere	○	○	○	○
Other: _____	○	○	○	○

75. Are there neighborhood-friendly amenities (e.g., coffee shops, book stores, arts or crafts galleries) on the block?

   ○   Yes
   ○   No *Go to question 77.*

76. Describe the neighborhood-friendly amenities.

   _____

   _____

   _____

   _____

77. Are there adult establishments (e.g., bars, night clubs, adult book or video stores, liquor stores) on the block?

   ○   Yes
   ○   No *Go to question 79.*

78. Describe the adult establishments.

   _____

   _____

   _____

   _____

79. Are there predatory lending sites (e.g., check cashing stores, pawn shops, bail bond stores) on the block?

   ○   Yes
   ○   No *Go to question 81.*

80. Describe the predatory lending sites.

   _____

   _____

   _____

   _____

81. Are there major health or safety hazards (e.g., abandoned gas station, loose dogs, unsecured industrial site, chemical smell) on the block?

   ○   Yes
   ○   No *Go to question 83.*

82. Describe the major health or safety hazards.

   _____

   _____

   _____

   _____

83. Overall Attractiveness of the Block

   ○   Very attractive
   ○   Attractive
   ○   Somewhat attractive
   ○   Somewhat unattractive
   ○   Unattractive
   ○   Very unattractive

84. Comments about land use and maintenance on the block

   _____

   _____

   _____

   _____

To be used at the block level only.

1. Block Boundaries:

   _____

2. Block Identification Number (Optional):

   _____

3. Looking at the entire length of the street from one end of the block to the other, what is the maximum of vehicle lanes for cars? Count traffic lanes in both directions and turning lanes.

   _____

4. Traffic Features of the Street. Found on block *Check all that apply.*

   - ☐ Traffic signals (e.g., stoplight, flashing light)
   - ☐ Stop signs
   - ☐ Speed bumps, speed humps, or rumble strips
   - ☐ Medians between the two traffic directions
   - ☐ Pedestrian crossing signs
   - ☐ Other traffic safety signs (e.g., Slow, Hidden Driveway, Children Playing, Deaf Child, School Zone)
   - ☐ Other: _____

5. Is parking permitted on the street?

   - ○ Yes, on both sides at all times
   - ○ Yes, on both sides, but only at specified times
   - ○ Yes, on one side (either the same side or alternating sides) at all times
   - ○ Yes, on one side (either the same side or alternating sides), but only at specified times
   - ○ No

6. Are there curbs at the edges of the street?

   - ○ Yes, at all street edges
   - ○ Yes, but only at some street edges
   - ○ No

7. Are there bicycle lanes on the block?

   - ○ Yes, bicycle lanes are on the road itself.
   - ○ Yes, bicycle lanes are off the road.
     Go to question 10.
   - ○ No *Go to question 10.*

8. How are the bicycle lanes on the road marked?

   - ○ With painted lines or reflectors
   - ○ With a physical separation from vehicle traffic *Go to question 10.*
   - ○ Other: _____
     Go to question 10.

9. Do the lines or reflectors completely separate bicycle riders from vehicle traffic for the entire block?

   - ○ Yes
   - ○ No

10. **How many sides of the street have sidewalks?**

   ○ Both sides
   ○ One side only
   ○ Neither side *Go to question16.*

11. **Is the sidewalk complete for the full length of the block?**

   ○ Yes, on both sides
   ○ Yes, on one side
   ○ No, on neither side

12. **What material is the surface of the sidewalk(s)?** *Check all that apply.*

   ☐ Concrete
   ☐ Asphalt
   ☐ Bricks or pavers
   ☐ Slate
   ☐ Other: _____

13. **Do any portions of the sidewalk(s) have the following potentially unsafe conditions?** *Check all that apply.*

   ○ Uneven surfaces
   ○ Slippery or slick when wet
   ○ None of the above
   ○ Other: _____

14. **Is there a buffer between the sidewalk(s) and the street (e.g., parked cars, landscaped "buffer" strip)?**

   ○ Yes, for all sidewalks
   ○ Yes, for some sidewalks
   ○ No

15. **Are there any permanent structures in the middle of the sidewalk(s) that prevent pedestrian access to the full width (e.g., street signs, mailboxes, street lights)?** *Do not include features placed at the curb, such as parking meters.*

   ○ Yes
   ○ No

16. **Are there pedestrian accessibility ramps at corners?**

   ○ Yes, at all corners
   ○ Yes, at some corners
   ○ No

17. **When it rains, do standing puddles of water form at corners?**

   ○ Yes, at all corners
   ○ Yes, at some corners
   ○ No

18. **Are there marked pedestrian crosswalks at corners?**

   ○ Yes, at all corners
   ○ Yes, at some corners
   ○ No *Go to question 22.*

19. **Are there walk/don't walk signals at those corners?**

   ○ Yes, at all corners
   ○ Yes, at some corners
   ○ No *Go to question 22.*

20. **Can those walk/don't walk signals be activated by pedestrians?**

   ○ Yes, all of them
   ○ Yes, some of them
   ○ No

21. Once the walk sign appears, how many seconds does a pedestrian have to cross the street?

   _____

22. Are there marked pedestrian crosswalks at places other than corners?

   ○ Yes
   ○ No *Go to question 26.*

23. Are there walk/don't walk signals at those places?

   ○ Yes, at all of those places
   ○ Yes, at some of those places
   ○ No *Go to question 26.*

24. Can those walk/don't walk signals be activated by pedestrians?

   ○ Yes, all of them
   ○ Yes, some of them
   ○ No

25. Once the walk sign appears, how many seconds does a pedestrian have to cross the street?

   _____

26. Is there a pedestrian bridge or overpass from one side of the street to the other?

   ○ Yes
   ○ No

27. Comments about traffic and pedestrian safety on the block:

   _____

   _____

   _____

   _____

   _____

   _____

   _____

1. Is there public transportation (e.g., buses, trolley, trains) in the community?

   ○ Yes
   ○ No *Go to question 4.*

2. How pervasive is public transportation in the community?

   _____

   _____

   _____

3. Describe the quality of the public transportation using specific metrics and assessments.

   _____

   _____

   _____

4. Are there sidewalks in the community?

   ○ Yes
   ○ No *Go to question 7.*

5. How pervasive are sidewalks in the community?

   _____

   _____

   _____

6. Describe the quality of the sidewalks using specific metrics and assessments.

   _____

   _____

   _____

7. Are there bike lanes in the community?

   ○ Yes
   ○ No *Go to question 10.*

8. How pervasive are bike lanes in the community?

   _____

   _____

   _____

9. Describe the quality of the bike lanes using specific metrics and assessments.

   _____

   _____

   _____

10. Are there recreational trails or paths in the community?

    ○ Yes
    ○ No *Go to question 13.*

11. How pervasive are recreational trails or paths in the community?

    _____

    _____

    _____

12. Describe the quality of the recreational trails or paths using specific metrics and assessments.

    _____

    _____

    _____

13. Are there local streets and roadways in the community?

   ○ Yes
   ○ No *Go to question 16.*

14. How pervasive are local streets and roadways in the community?

   _____

   _____

   _____

15. Describe the quality of the local streets and roadways using specific metrics and assessments.

   _____

   _____

   _____

16. Are there parks, playgrounds, or other green spaces in the community?

   ○ Yes
   ○ No *Go to question 19.*

17. How many parks, playgrounds, or other green spaces are in the community?

   _____

18. Describe the quality of the parks, playgrounds, or other green spaces using site-specific metrics and assessments.

   _____

   _____

   _____

19. Are there public libraries in the community?

   ○ Yes
   ○ No *Go to question 22.*

20. How many public libraries are in the community?

   _____

21. Describe the quality of the public libraries using site-specific metrics and assessments.

   _____

   _____

   _____

22. Are there supermarkets or grocery stores in the community?

   ○ Yes
   ○ No *Go to question 25.*

23. How many supermarkets and grocery stores are in the community?

   _____

24. Describe the quality of the supermarkets and grocery stores using site-specific metrics and assessments.

   _____

   _____

   _____

25. Are there pharmacies in the community?

   ○ Yes
   ○ No *Go to question 28.*

26. How many pharmacies are in the community?

_____

27. Describe the quality of the pharmacies using site-specific metrics and assessments.

_____

_____

_____

28. Are there banks and credit unions in the community?

○ Yes
○ No *Go to question 31.*

29. How many banks and credit unions are in the community?

_____

30. Describe the quality of the banks and credit unions using site-specific metrics and assessments.

_____

_____

_____

31. Are there automated teller machines (ATMs) in the community?

○ Yes
○ No *Go to question 34.*

32. How many ATMs are in the community?

_____

33. Describe the quality of the ATMs using site-specific metrics and assessments.

_____

_____

_____

34. Are there churches, mosques, synagogues, or other religious or cultural centers in the community?

○ Yes
○ No *Go to question 37.*

35. How many churches, mosques, synagogues, or other religious or cultural centers are in the community?

_____

36. Describe the quality of the churches, mosques, synagogues, or other religious or cultural centers using site-specific metrics and assessments.

_____

_____

_____

37. Are there community centers or recreational facilities in the community?

○ Yes
○ No *Go to question 40.*

38. How many community centers or recreational facilities are in the community?

_____

39. Describe the quality of the community centers or recreational facilities using site-specific metrics and assessments.

_____

_____

_____

40. Are there farmers markets or farm stands in the community?

○ Yes
○ No *Go to question 43.*

41. How many farmers markets or farm stands are in the community?

_____

42. Describe the quality of the farmers markets or farm stands using site-specific metrics and assessments.

_____

_____

_____

43. Are there art programs in the community?

○ Yes
○ No *Go to question 46.*

44. How many art programs are in the community?

_____

45. Describe the quality of the art programs using site-specific metrics and assessments.

_____

_____

_____

46. Are there exercise or wellness classes in the community?

○ Yes
○ No *Skip the remaining questions. This survey is complete.*

47. How many exercise or wellness classes are in the community?

_____

48. Describe the quality of the exercise or wellness classes using site-specific metrics and assessments.

_____

_____

_____

1. **How you would rate the quality of each of the following near where you live?**

	Excellent	Good	Fair	Poor	Don't know	Does not exist near me
Public transportation, like buses, trolleys, or trains	○	○	○	○	○	○
Sidewalks	○	○	○	○	○	○
Bike lanes	○	○	○	○	○	○
Recreational paths or trails	○	○	○	○	○	○
Local streets and roadways	○	○	○	○	○	○

2. **Please indicate how easy it would be for you to get to each of these places in your community if you wanted to go there.**

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Does not exist near me
Parks, playgrounds, or other green spaces	○	○	○	○	○
Public libraries	○	○	○	○	○
Supermarkets or grocery stores	○	○	○	○	○
Stores that sell ingredients for the foods I grew up with	○	○	○	○	○
Pharmacies	○	○	○	○	○
Banks and credit unions	○	○	○	○	○
Automated teller machines, or ATMs	○	○	○	○	○
Churches, mosques, synagogues, or other religious or cultural centers	○	○	○	○	○
Community centers or recreational facilities	○	○	○	○	○
Farmers markets or farm stands	○	○	○	○	○
Community art programs	○	○	○	○	○
Exercise or wellness classes	○	○	○	○	○

3. Now please indicate how welcome you feel at each of these places.

	Very welcome	Somewhat welcome	Somewhat unwelcome	Very unwelcome	Don't know
Parks, playgrounds, or other green spaces	○	○	○	○	○
Public libraries	○	○	○	○	○
Supermarkets or grocery stores	○	○	○	○	○
Stores that sell ingredients for the foods I grew up with	○	○	○	○	○
Pharmacies	○	○	○	○	○
Banks and credit unions	○	○	○	○	○
Automated teller machines, or ATMs	○	○	○	○	○
Churches, mosques, synagogues, or other religious or cultural centers	○	○	○	○	○
Community centers or recreational facilities	○	○	○	○	○
Farmers markets or farm stands	○	○	○	○	○
Community art programs	○	○	○	○	○
Exercise or wellness classes	○	○	○	○	○

1. Are banking services available in the community?

   ○ Yes
   ○ No *Go to question 4.*

2. At how many sites in the community are banking services offered?

   _____

3. Describe the quality of the banking services offered at these locations using site-specific metrics and assessments.

   _____

   _____

   _____

4. Is credit for short-term or emergency loans available from banks or credit unions in the community?

   ○ Yes
   ○ No *Go to question 7.*

5. How many bank or credit union branches in the community offer credit for short-term or emergency loans?

   _____

6. Describe the quality of the credit services offered at these banks or credit unions using site-specific metrics and assessments.

   _____

   _____

   _____

7. Is case management available in the community to help residents arrange or coordinate services?

   ○ Yes
   ○ No *Go to question 10.*

8. At how many sites in the community are case management services offered?

   _____

9. Describe the quality of the case management services at these locations using site-specific metrics and assessments.

   _____

   _____

   _____

10. Is assistance with applying for or reinstating public benefits available in the community?

    ○ Yes
    ○ No *Go to question 13.*

11. At how many sites in the community is assistance available to apply for or reinstate public benefits offered?

    _____

12. Describe the quality of the assistance at these locations using site-specific metrics and assessments.

    _____

    _____

    _____

13. Are there job training or other workforce development programs available in the community?

   ○ Yes
   ○ No *Go to question 16.*

14. At how many sites in the community are job training or other workforce development programs offered?

   _____

15. Describe the quality of the job training or other workforce development programs at these locations using site-specific metrics and assessments.

   _____

   _____

   _____

16. Is training on how to start or grow a small business or microenterprise available in the community?

   ○ Yes
   ○ No *Go to question 19.*

17. At how many sites in the community is training on how to start or grow a small business or microenterprise offered?

   _____

18. Describe the quality of the training on how to start or grow a small business or microenterprise at these locations using site-specific metrics and assessments.

   _____

   _____

   _____

19. Are business credit or business loan services available in the community?

   ○ Yes
   ○ No *Go to question 22.*

20. At how many sites in the community are business credit or business loan services offered?

   _____

21. Describe the quality of the business credit or business loan services at these locations using site-specific metrics and assessments.

   _____

   _____

   _____

22. Are child care services in a children's center or private home available in the community?

   ○ Yes
   ○ No *Go to question 25.*

23. At how many sites in the community are child care services offered?

   _____

24. Describe the quality of the child care services at these locations using site-specific metrics and assessments.

   _____

   _____

   _____

25. Are after-school or summer programs for children available in the community?

   ○ Yes
   ○ No *Go to question 28.*

26. At how many sites in the community are after-school or summer programs offered?

   _____

27. Describe the quality of the after-school and summer programming for children using site-specific metrics and assessments.

   _____

   _____

   _____

28. Are public schools with one or more grade levels between pre-K and 12th grade available in the community?

   ○ Yes
   ○ No *Skip the remaining questions. This survey is complete.*

29. At how many sites in the community are public schools located?

   _____

30. Describe the quality of the public schools using site-specific metrics and assessments.

   _____

   _____

   _____

First, I would like your thoughts about some services that may be available in this community.

1. To what extent are banking services available in this community?

   _____

   _____

   _____

2. *If available:* How would you describe the quality of those banking services?

   _____

   _____

   _____

3. To what extent is credit for short-term or emergency loans available from banks or credit unions in this community?

   _____

   _____

   _____

4. *If available:* How would you describe the quality of those credit services?

   _____

   _____

   _____

5. To what extent is child care, either in a children's center or a private home, available in this community?

   _____

   _____

   _____

6. *If available:* How would you describe the quality of those child care services?

_____

_____

_____

7. To what extent is after-school or summer programming for children available in this community?

_____

_____

_____

8. *If available:* How would you describe the quality of that programming?

_____

_____

_____

9. To what extent are public schools with grade levels pre-K to 12th grade available in this community?

_____

_____

_____

10. *If available:* How would you describe the quality of those schools?

_____

_____

_____

Now, I am interested in your thoughts about services that are available to community residents either in the community itself or someplace else locally.

11. To what extent is case management available to residents of this community to help them arrange or coordinate services?

_____

_____

_____

_12._ _If available:_ **How would you describe the quality of those case management services?**

_____

_____

_____

13. To what extent are public benefits (e.g., TANF, food stamps, cash assistance) available to the residents of this community?

_____

_____

_____

_14._ _If available:_ **How would you describe the quality of the process of applying for or reinstating public benefit services?**

_____

_____

_____

15. To what extent are job training or other workforce development programs available to the residents of this community?

_____

_____

_____

16. *If available:* How would you describe the quality of that training?

_____

_____

_____

17. To what extent is training on how to start or grow a small business or microenterprise available to the residents of this community?

_____

_____

_____

18. *If available:* How would you describe the quality of that training?

_____

_____

_____

19. To what extent is business credit or a business loan available to the residents of this community?

_____

_____

_____

20. *If available:* How would you describe the quality of those business services?

_____

_____

_____

1. Please indicate how easy you feel it would be for you to get each of the following services if you wanted to.

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Not applicable
Obtaining credit from a bank or credit union	○	○	○	○	○
Working with a case manager to arrange or coordinate services	○	○	○	○	○
Applying for or reinstating public benefits	○	○	○	○	○
Attending job training or other workforce development program	○	○	○	○	○
Attending training on how to start or grow a small business or microenterprise	○	○	○	○	○
Obtaining business credit or a business loan	○	○	○	○	○

2. Now please indicate how welcome you feel you are when using each of these services either for yourself or on behalf of someone else.

	Very welcome	Somewhat welcome	Somewhat unwelcome	Very unwelcome	Don't know
Obtaining credit from a bank or credit union	○	○	○	○	○
Working with a case manager to arrange or coordinate services	○	○	○	○	○
Applying for or reinstating public benefits	○	○	○	○	○
Attending job training or other workforce development program	○	○	○	○	○
Attending training on how to start or grow a small business or microenterprise	○	○	○	○	○
Obtaining business credit or a business loan	○	○	○	○	○

3. Do you have children under the age of 18 in your care?
   - ○ Yes
   - ○ No *Skip the remaining questions. This survey is complete.*

4. Please indicate how easy you feel it would be for you to get each of the following services if you wanted to.

	Very easy	Somewhat easy	Somewhat difficult	Very difficult
Child care services in a children's center or private home for the child(ren) in your care	○	○	○	○
After-school or summer programs for the child(ren) in your care	○	○	○	○
Public schools with pre-K to 12th grade for the child(ren) in your care	○	○	○	○

5. Now please indicate how welcome you feel you are when using each of these services.

	Very welcome	Somewhat welcome	Somewhat unwelcome	Very unwelcome	Don't know
Child care services in a children's center or private home for the child(ren) in your care	○	○	○	○	○
After-school or summer programs for the child(ren) in your care	○	○	○	○	○
Public schools with pre-K to 12th grade for the child(ren) in your care	○	○	○	○	○

VI. Community Demographics and Social Factors

POPULATION CHARACTERISTICS

176   **Community Demographics –
Health**

Records the demographic composition of the community on health-related factors, including race, age, ethnicity, income, employment, and educational attainment. (Tracking)

SOCIAL FACTORS

180   **Community Social Cohesion**

Individual's self-reports about their community's social connections, neighborly support, common values and willingness to participate. (Survey)

1. Geography

2. Gender

	Number
Male	
Female	
	Total Sum:

3. Age

	Number
Under 5 years	
5 to 9 years	
10 to 14 years	
15 to 19 years	
20 to 24 years	
25 to 34 years	
35 to 44 years	
45 to 54 years	
55 to 59 years	
60 to 64 years	
65 to 74 years	
75 to 84 years	
85 years and over	
	Total Sum:

4. Race

	Number
Black or African American	
American Indian or Alaska Native	
Asian	
Native Hawaiian or other Pacific Islander	
Some other race	
Two or more races	
	Total Sum:

5. Ethnicity

	Number
Hispanic or Latino	
Not Hispanic or Latino	
	Total Sum:

6. Educational Attainment (For population 25 years of age and over)

	Number
Less than 9th Grade	
9th to 12th grade, no diploma	
High school graduate or GED	
Some college, no degree	
Associate`s degree	
Bachelor`s degree	
Master's degree	
Graduate or professional degree	
	Total Sum:

7. **Employment** (For population 16 years of age and over)

	Number
Employed	
Unemployed	
Total Sum:	

8. **Household Type** (High-level categories)

	Number
Family households	
Householder living alone	
Other non-family households	
Total Sum:	

9. **Household Type** (Detailed categories)

	Number
Married couple household with own children under 18	
Married couple household without own children under 18	
Single male-headed household with own children under 18	
Single male-headed household without own children under 18	
Single female-headed household with own children under 18	
Single female-headed household without own children under 18	
Householder under 65 years living alone	
Householder 65 years and older living alone	
All other non-family households	
Total Sum:	

10. Household Income

	Number
Less than $10,000	
$10,000 to $14,999	
$15,000 to $24,999	
$25,000 to $34,999	
$35,000 to $49,999	
$50,000 to $74,999	
$75,000 or more	
	Total Sum:

11. Occupied Housing Units

	Number
Owner-occupied	
Renter-occupied	
	Total Sum:

1. Overall, considering everything, how much do you feel that people in your community can count on each other when they need help?

   ○ A great deal
   ○ A fair amount
   ○ A little
   ○ Not at all

2. How often would you say people in your community do each of the following?

	Often	Sometimes	Rarely	Never
Stop to talk when they see other residents	○	○	○	○
Share a meal with other residents	○	○	○	○
Visit with other residents in their homes	○	○	○	○
Spend time doing other things with residents	○	○	○	○
Talk informally with other residents about issues in the community	○	○	○	○

3. How likely would you say it is that people in your community would help out if the following occurred?

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely
I needed a ride somewhere.	○	○	○	○
A package was delivered when I was not at home and it needed to be accepted.	○	○	○	○
I needed a favor, such as picking up mail or borrowing a tool.	○	○	○	○
I needed someone to watch my home when I was away.	○	○	○	○
An elderly neighbor needed someone to periodically check on him or her.	○	○	○	○
A neighbor needed someone to take care of a child in an emergency.	○	○	○	○

4. Please indicate the degree to which each of the following statements describes the people in your community.

	A great deal	A fair amount	A little	Not at all
Share the same values	○	○	○	○
Can be trusted	○	○	○	○
Generally get along with each other	○	○	○	○
Are willing to work together to make the community a better place to live	○	○	○	○
Actively participate in community or civic organizations	○	○	○	○

5. Please indicate how likely you think people in your community are to do each of the following.

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely
Join in and do their share of work on a community project	○	○	○	○
Openly and effectively communicate to address common issues for the community	○	○	○	○
Change situations and policies that affect the community as a whole	○	○	○	○
Identify an issue in the community and figure out how to address it	○	○	○	○

VII. Availability, Quality and Cultural Sensitivity of Health Care Services

AVAILABILITY AND QUALITY OF HEALTH CARE

183	Availability of Hospital and Health Care Services: Key Informant Interview	Records availability and quality of hospitals, clinics, medical and dental services, and pharmacies. (Key Informant Interview)
186	Availability and Practices of Primary Care Services: Key Informant Interview	Describes the cultural sensitivity, responsiveness, coordination of care and challenges of available health care services. (Key Informant Interview)
191	Features and Barriers in Health Care System: Key Informant Interview	Describes the systemic factors that promote or limit access to health care; integration of different types of health care and the availability of health care insurance. (Key Informant Interview)

CULTURAL SENSITIVITY AND INTERACTION WITH HEALTH CARE PROVIDERS

194	Accessibility of Health Care Services	Individual's self-reports on the accessibility, convenience, and quality of services for themselves and their children at their most frequently used health care facility. (Survey)
196	Cultural Sensitivity of Health Care Practices	Individual's self-reports on the welcoming environment, cultural sensitivity, and accommodation to preferred language of their most frequently used health care facility. (Survey)
198	Interaction with Health Care Providers	Individual's self-reports about the comfort and quality of their interaction with a health care professional when getting a medical opinion. (Survey)

1. Is there a hospital with emergency room services located in the community?

    ○ Yes
    ○ No *Go to question 4.*

2. How many hospitals with emergency room services are located in the community?

    _____

3. Describe the quality of the hospital and emergency room services at these locations using site-specific metrics and assessments.

    _____

    _____

    _____

4. Is there a hospital outpatient clinic located in the community?

    ○ Yes
    ○ No *Go to question 7.*

5. How many hospital outpatient clinics are located in the community?

    _____

6. Describe the quality of the hospital outpatient clinic services at these locations using site-specific metrics and assessments.

    _____

    _____

    _____

7. Is there a Federally Qualified Health Center (FQHC) located in the community?

    ○ Yes
    ○ No *Go to question 10.*

8. How many FQHCs are located in the community?

    _____

9. Describe the quality of the FQHC services at these locations using site-specific metrics and assessments.

    _____

    _____

    _____

10. Is there a walk-in clinic (e.g., urgent care center or retail clinic) located in the community?

    ○ Yes
    ○ No *Go to question 13.*

11. How many walk-in clinics are located in the community?

    _____

12. Describe the quality of the walk-in clinic services at these locations using site-specific metrics and assessments.

    _____

    _____

    _____

13. Is there a private-practice primary care doctor's office located in the community?

    ○ Yes
    ○ No *Go to question 16.*

14. How many private-practice primary care doctors' offices are located in the community?

    _____

15. Describe the quality of primary care doctors' services at these locations using site-specific metrics and assessments.

_____

_____

_____

16. Is there a dental clinic located in the community?

○ Yes
○ No *Go to question 19.*

17. How many dental clinics are located in the community?

_____

18. Describe the quality of dental clinic services at these locations using site-specific metrics and assessments.

_____

_____

_____

19. Is there a private-practice dentist's office located in the community?

○ Yes
○ No *Go to question 22.*

20. How many private-practice dentists' offices are located in the community?

_____

21. Describe the quality of private-practice dentists' services at these locations using site-specific metrics and assessments.

_____

_____

_____

22. Is there an eye or vision clinic located in the community?

○ Yes
○ No *Go to question 26.*

23. How many eye or vision clinics are located in the community?

_____

24. Describe the quality of eye or vision clinic services at these locations using site-specific metrics and assessments.

_____

_____

_____

25. Is there a private-practice eye doctor's office located in the community?

○ Yes
○ No *Go to question 28.*

26. How many private-practice eye doctors' offices are located in the community?

_____

27. Describe the quality of private-practice eye doctors' services at these locations using site-specific metrics and assessments.

_____

_____

_____

28. Is there a pharmacy in a retail store located in the community?

○ Yes

○ No *Go to question 31.*

29. How many pharmacies in retail stores are located in the community?

_____

30. Describe the quality of retail pharmacy services at these locations using site-specific metrics and assessments.

_____

_____

_____

31. Is there a stand-alone pharmacy located in the community?

○ Yes

○ No *Skip the remaining questions. This survey is complete.*

32. How many stand-alone pharmacies are located in the community?

_____

33. Describe the quality of stand-alone pharmacy services at these locations using site-specific metrics and assessments.

_____

_____

_____

First, please think about the primary health care that is available to adult residents of this community either in the community itself or someplace else locally.

1. In what ways, if any, do local primary health care providers and facilities ensure that adult residents of this community can get the health care they require for themselves when and where they need it?

    _____

    _____

    _____

2. What barriers, if any, do adult residents of this community encounter when trying to use local providers and facilities to obtain primary health care for themselves?

    _____

    _____

    _____

3. How would you describe the quality of the primary health care services that adult community residents receive?

    _____

    _____

    _____

4. How responsive are local adult primary care providers and facilities to the concerns of residents?

    _____

    _____

    _____

5. How do local adult primary care providers and facilities demonstrate cultural sensitivity?

    _____

    _____

    _____

6. How do local adult primary care providers and facilities accommodate language preferences?

    _____

    _____

    _____

7. How do local adult primary care providers and facilities use health information technology to support patient care (e.g., electronic medical records, website, patient portals, electronic prescribing)?

    _____

    _____

    _____

8. How do local adult primary care providers and facilities use technology to extend access to health care (e.g., telemedicine, electronic visits)?

    _____

    _____

    _____

9. How do local adult primary care providers and facilities coordinate patient primary care with other health care (e.g., specialist care, behavioral health care, physical therapy)?

    _____

    _____

    _____

10. How do local adult primary care providers and facilities collaborate with other health care facilities (e.g., hospitals, emergency rooms, rehabilitation centers)?

    _____

    _____

    _____

11. How do local adult primary care providers coordinate patient primary care with public and private community-based resources (e.g., housing, food benefits)?

_____

_____

_____

Now, please think about the primary health care available to children of community residents either in the community itself or someplace else locally.

12. In what ways, if any, do local primary health care providers and facilities ensure that residents of this community can get the health care their children require when and where they need it?

_____

_____

_____

13. What barriers, if any, do residents of this community encounter when trying to use local providers and facilities to obtain primary health care for their children?

_____

_____

_____

14. How would you describe the quality of the primary health care services that children of community residents receive?

_____

_____

_____

15. How responsive are local child primary care providers and facilities to the concerns of residents?

_____

_____

_____

16. How do local child primary care providers and facilities demonstrate cultural sensitivity?

_____

_____

_____

17. How do local child primary care providers and facilities accommodate language preferences?

_____

_____

_____

18. How do local child primary care providers and facilities use health information technology to support patient care (e.g., electronic medical records, website, patient portals, electronic prescribing)?

_____

_____

_____

19. How do local child primary care providers and facilities use technology to extend access to health care (e.g., telemedicine, electronic visits)?

_____

_____

_____

20. How do local child primary care providers and facilities coordinate patient primary care with other health care (e.g., specialist care, behavioral health care, physical therapy)?

_____

_____

_____

21. How do local child primary care providers and facilities collaborate with other health care facilities (e.g., hospitals, emergency rooms, rehabilitation centers)?

_____

_____

_____

22. How do local child primary care providers coordinate patient primary care with public and private community-based resources (e.g., free or reduced lunch)?

_____

_____

_____

Please think about the structural elements of the local health care system for adults.

1. What systemic factors, if any, promote the ability of adult residents to obtain health care for themselves?

    _____

    _____

    _____

2. What systemic factors, if any, limit the ability of adult residents to obtain health care for themselves?

    _____

    _____

    _____

3. To what extent does the local health care system integrate medical, mental, and behavioral health care with alternative care and social services for adults?

    _____

    _____

    _____

Next, please think about the structural elements of the health care system for children in this community.

4. What systemic factors, if any, promote the ability of residents to obtain health care for their children?

    _____

    _____

    _____

5. What systemic factors, if any, limit the ability of residents to obtain health care for their children?

    _____

    _____

    _____

6.   To what extent does the health care system integrate medical, mental, and behavioral health care with alternative care and social services for children?

_____

_____

_____

Now, please think about the role of insurance in the local health care system.

7.   How widespread is the acceptance of insurance in the health care system?

_____

_____

_____

8.   What insurance requirements, such as premiums, co-pays, deductibles, or pre-authorizations, if any, pose barriers to residents obtaining health care for themselves or their children?

_____

_____

_____

9.   To what extent does insurance coverage of prescription drugs limit the ability of residents or their children to obtain prescribed medication?

_____

_____

_____

Finally, please think about the current facilities and services in the local health care system.

10. How much capital, if any, is available for new and upgraded facilities that provide health care to community residents or their children?

_____

_____

_____

11. What restrictions, if any, limit the sources of available funds for new and upgraded facilities that provide health care to community residents or their children?

_____

_____

_____

12. How much investment, if any, is being made in upgrading health care services and resources for community residents or their children?

_____

_____

_____

13. What restrictions, if any, limit the sources of available funds for upgrading health care services and resources for community residents or their children?

_____

_____

_____

1. **Please think about the place where you most often get health care services for yourself. What kind of place is that?**

   ○ Clinic or health center
   ○ Doctor's office
   ○ Clinic in a store or pharmacy
   ○ Hospital emergency room
   ○ Hospital outpatient department
   ○ Don't go to one place most often
      Go to question 10.
   ○ Some other place: _____

2. **How do you most often get to this place?**

   ○ Walk
   ○ Bicycle
   ○ Public transportation
   ○ Taxi
   ○ Drive my own car
   ○ Get a ride from someone else
   ○ Some other way: _____

3. **In your opinion, what is the overall quality of the health care offered by this place?**

   ○ Excellent
   ○ Good
   ○ Fair
   ○ Poor

4. **Does this place participate in your health insurance plan?**

   ○ Yes
   ○ No
   ○ Don't have health insurance

5. **Does this place offer case management services?**

   ○ Yes
   ○ No
   ○ Don't know

6. **Is this place generally open on days that are convenient for you?**

   ○ Yes
   ○ No

7. **Is this place generally open during hours that are convenient for you?**

   ○ Yes
   ○ No

8. **How easy is it for you to travel to this place?**

   ○ Very easy
   ○ Somewhat easy
   ○ Somewhat difficult
   ○ Very difficult

9. **What would make it easier for you to get to this place?**

   _____

   _____

   _____

10. **Do you have children under the age of 18 in your care?**

    ○ Yes
    ○ No *Skip the remaining questions. This survey is complete.*

11. **Please think about the place where you most often get health care services for the child(ren) under your care. What kind of place is that?**

    ○ Clinic or health center
    ○ Doctor's office
    ○ Clinic in a store or pharmacy
    ○ Hospital emergency room
    ○ Hospital outpatient department
    ○ Don't go to one place most often
       Skip the remaining questions.
       This survey is complete.
    ○ Some other place: _____

12. **How do you most often get to this place?**

    ○ Walk
    ○ Bicycle
    ○ Public transportation
    ○ Taxi
    ○ Drive my own car
    ○ Get a ride from someone else
    ○ Some other way: _____

13. **In your opinion, what is the overall quality of the health care offered by this place?**

    ○ Excellent
    ○ Good
    ○ Fair
    ○ Poor

14. **Does this place participate in your health insurance plan?**

    ○ Yes
    ○ No
    ○ Don't have health insurance

15. **Does this place offer case management services?**

    ○ Yes
    ○ No
    ○ Don't know

16. **Is this place generally open on days that are convenient for you?**

    ○ Yes
    ○ No

17. **Is this place generally open during hours that are convenient for you?**

    ○ Yes
    ○ No

18. **How easy is it for you to travel to this place?**

    ○ Very easy
    ○ Somewhat easy
    ○ Somewhat difficult
    ○ Very difficult

19. **What would make it easier for you to get to this place?**

    _____

    _____

    _____

1. **Please think about the place where you most often get health care services for yourself. What kind of place is that?**

   ○ Clinic or health center
   ○ Doctor's office
   ○ Clinic in a store or pharmacy
   ○ Hospital emergency room
   ○ Hospital outpatient department
   ○ Don't go to one place most often
     Go to question 9.
   ○ Some other place: _____

2. **Are the services you get at this place available in the language you prefer?**

   ○ Yes *Go to question 5.*
   ○ Only through a translator
   ○ No *Go to question 5.*

3. **How easy is it for you to obtain a translator at this place?**

   ○ Very easy
   ○ Somewhat easy
   ○ Somewhat difficult
   ○ Very difficult

4. **What would make it easier for you to obtain a translator at this place?**

   _____

   _____

   _____

5. **How welcome do you personally feel at this place?**

   ○ Very welcome
   ○ Somewhat welcome
   ○ Somewhat unwelcome
   ○ Very unwelcome

6. **What would make you feel more welcome in this place?**

   _____

   _____

   _____

7. **How sensitive do you feel this place is to the concerns of people from your cultural background?**

   ○ Very sensitive
   ○ Somewhat sensitive
   ○ Somewhat insensitive
   ○ Very insensitive

8. **What would this place need to do to be more sensitive to the concerns of people from your cultural background?**

   _____

   _____

   _____

9. **Do you have children under the age of 18 in your care?**

   ○ Yes
   ○ No *Skip the remaining questions. This survey is complete.*

10. **Please think about the place where you most often get heath care services for your child(ren). What kind of place is that?**

    ○ Clinic or health center
    ○ Doctor's office
    ○ Clinic in a store or pharmacy
    ○ Hospital emergency room
    ○ Hospital outpatient department
    ○ Don't go to one place most often

       Skip the remaining questions.

       This survey is complete.

    ○ Some other place: _____

11. **Are the services you get at this place available in the language you prefer?**

    ○ Yes *Go to question 14.*
    ○ Only through a translator
    ○ No *Go to question 14*.

12. **How easy is it for you to obtain a translator at this place?**

    ○ Very easy
    ○ Somewhat easy
    ○ Somewhat difficult
    ○ Very difficult

13. **What would make it easier for you to obtain a translator at this place?**

    _____

    _____

    _____

14. **How welcome do you personally feel at this place?**

    ○ Very welcome
    ○ Somewhat welcome
    ○ Somewhat unwelcome
    ○ Very unwelcome

15. **What would make you feel more welcome in this place?**

    _____

    _____

    _____

16. **How sensitive do you feel this place is to the concerns of people from your cultural background?**

    ○ Very sensitive
    ○ Somewhat sensitive
    ○ Somewhat insensitive
    ○ Very insensitive

17. **What would this place need to do to be more sensitive to the concerns of people from your cultural background?**

    _____

    _____

    _____

1. During the past 12 months, did you personally interact with any health care professionals (such as a physician, nurse practitioner, physician assistant, or registered nurse) while you were getting health care services for yourself?

   ○ Yes
   ○ No *Go to question 13.*

2. Please think about the one health care professional with whom you interacted most often for a medical opinion about your own health. Which of the following best describes that person's position? *Choose only one.*

   ○ Physician
   ○ Nurse practitioner
   ○ Physician assistant
   ○ Registered nurse
   ○ Someone else: _____

3. Overall, how satisfied are you with the interactions you have had with that person?

   ○ Very satisfied
   ○ Somewhat satisfied
   ○ Somewhat dissatisfied
   ○ Very dissatisfied

4. How well would you say that person knows you and your health needs?

   ○ Very well
   ○ Fairly well
   ○ Not that well
   ○ Not at all

5. Thinking about the amount of time this person spends with you when you see him or her, would you say it is … ?

   ○ Too much time
   ○ Not enough time
   ○ About the right amount of time

6. How comfortable do you feel talking with that person?

   ○ Very comfortable
   ○ Somewhat comfortable
   ○ Somewhat uncomfortable
   ○ Very uncomfortable

7. When you tell that person something about your health, how responsive do you feel he or she is?

   ○ Very responsive
   ○ Somewhat responsive
   ○ Not that responsive
   ○ Not at all responsive

8. When that person tells you something about your health, how easy is it to understand what he or she is saying?

   ○ Very easy
   ○ Somewhat easy
   ○ Somewhat difficult
   ○ Very difficult

9. When you have questions about your health, how satisfied are you with the way in which that person answers them?

   ○ Very satisfied
   ○ Somewhat satisfied
   ○ Somewhat dissatisfied
   ○ Very dissatisfied

10. **How sensitive do you feel this person is to the concerns of people with your cultural background?**

    ○ Very sensitive
    ○ Somewhat sensitive
    ○ Somewhat insensitive
    ○ Very insensitive

11. **How satisfied are you with how well that person coordinates your care with the other health care professionals you see?**

    ○ Very satisfied
    ○ Somewhat satisfied
    ○ Somewhat dissatisfied
    ○ Very dissatisfied

12. **Is that person able to make referrals to other health professionals when you need them?**

    ○ Yes
    ○ No
    ○ Don't know

13. **Do you have children under the age of 18 in your care?**

    ○ Yes
    ○ No *Skip the remaining questions. This survey is complete.*

14. **During the past 12 months, did you personally interact with any health care professionals (such as a physician, nurse practitioner, physician assistant, or registered nurse) while children in your care were getting health care services?**

    ○ Yes
    ○ No *Skip the remaining questions. This survey is complete.*

15. **Please think about the one health care professional with whom you interacted most often for a medical opinion about your child(ren)'s health. Which of the following best describes that person's position?**

    ○ Physician
    ○ Nurse practitioner
    ○ Physician assistant
    ○ Registered nurse
    ○ Someone else: _____

16. **Overall, how satisfied are you with the interactions you have had with that person?**

    ○ Very satisfied
    ○ Somewhat satisfied
    ○ Somewhat dissatisfied
    ○ Very dissatisfied

17. **How well would you say that person knows your child(ren) and their health needs?**

    ○ Very well
    ○ Fairly well
    ○ Not that well
    ○ Not at all

18. **Thinking about the amount of time this person spends with you when he/she sees your child(ren), would you say it is … ?**

    ○ Too much time
    ○ Not enough time
    ○ About the right amount of time

19. **How comfortable do you feel talking with that person?**

    ○ Very comfortable
    ○ Somewhat comfortable
    ○ Somewhat uncomfortable
    ○ Very uncomfortable

20. When you tell that person something about your child(ren)'s health, how responsive do you feel he or she is?

- ○ Very responsive
- ○ Somewhat responsive
- ○ Not that responsive
- ○ Not at all responsive

21. When that person tells you something about your child(ren)'s health, how easy is it to understand what he or she is saying?

- ○ Very easy
- ○ Somewhat easy
- ○ Somewhat difficult
- ○ Very difficult

22. When you have questions about your child(ren)'s health, how satisfied are you with the way in which that person answers them?

- ○ Very satisfied
- ○ Somewhat satisfied
- ○ Somewhat dissatisfied
- ○ Very dissatisfied

23. How sensitive do you feel this person is to the concerns of people with your child(ren)'s cultural background?

- ○ Very sensitive
- ○ Somewhat sensitive
- ○ Somewhat insensitive
- ○ Very insensitive

24. How satisfied are you with how well that person coordinates your child(ren)'s care with the other health care professionals they see?

- ○ Very satisfied
- ○ Somewhat satisfied
- ○ Somewhat dissatisfied
- ○ Very dissatisfied

25. Is that person able to make referrals to other health professionals when your child(ren) need them?

- ○ Yes
- ○ No
- ○ Don't know

VIII. Collaborations and Partnerships

COLLABORATIONS AND PARTNERSHIPS

202   **Satisfaction with Collaborative Partnership**

Member's self-report on their levels of satisfaction with the capacity, commitment, leadership, communication, and benefits of the collaborative. (Survey)

QUALITY OF COLLABORATIVE
Capacity (membership, leadership, resources, adaptability)

1. **Please indicate your level of satisfaction with each of the following aspects of the collaborative.**

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not applicable
Extent to which the partners/ members in the collaborative represent the sectors and skills needed to achieve the collaborative's goals.	○	○	○	○	○
Level of partner/member organizations' commitment to and engagement in the collaborative's work.	○	○	○	○	○
Level of community member and leader engagement in the collaborative.	○	○	○	○	○
Ability of the leadership of the collaborative to communicate a compelling vision for the collaborative and effectively engage partners/ members in its work.	○	○	○	○	○
Ability of the leadership of the collaborative to manage the logistics of a collaborative effort (i.e., meetings, communication, decision-making, resource development).	○	○	○	○	○
Ability of the leadership of the collaborative to create a positive collaborative climate (i.e., one that fosters respect, trust, inclusiveness, and openness).	○	○	○	○	○
Level of financial and in-kind resources to support the collaborative's work.	○	○	○	○	○
How the collaborative's resources are distributed.	○	○	○	○	○
Collaborative's ability to understand and adapt to changing conditions (i.e., community needs, leadership transitions, resource changes, political climate).	○	○	○	○	○
External stakeholders' perceptions about the collaborative's effectiveness and role in the community.	○	○	○	○	○

2. **Comments:** _____

_____

Operations (processes, participation, communication, decision-making)

3. Please indicate your level of satisfaction with each of the following aspects of the collaborative.

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not applicable
Effectiveness of the collaborative's organizational structure.	○	○	○	○	○
Level of resources to support the collaborative's operations.	○	○	○	○	○
Clarity and feasibility of the collaborative's goals and strategies.	○	○	○	○	○
Alignment of partner/member organizations' goals with those of the collaborative.	○	○	○	○	○
Partners/Members' understanding of their roles and responsibilities.	○	○	○	○	○
Level of attendance and productivity of the collaborative's meetings.	○	○	○	○	○
Frequency and effectiveness of communication.	○	○	○	○	○
Extent to which the partners /members in the collaborative participate in decision-making.	○	○	○	○	○
Mechanisms to celebrate the collaborative's accomplishments and recognize the contributions of partners/members.	○	○	○	○	○

4. Comments: _____
_____
_____

Climate (trust, respect, commitment)

5. Please indicate your level of satisfaction with each of the following aspects of the collaborative.

	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Not applicable
Level of trust and respect among the partners/ members in the collaborative.	○	○	○	○	○
Extent to which the partners/members in the collaborative have relationships outside of the collaborative.	○	○	○	○	○
Partners/Members' level of comfort expressing differences of opinion.	○	○	○	○	○
Process for resolving conflicts within the collaborative.	○	○	○	○	○
Balance of power among partners/members in the collaborative.	○	○	○	○	○
How workload is shared among partners/members in the collaborative.	○	○	○	○	○

6. Comments: _____

_____

_____

BENEFITS AND DRAWBACKS OF COLLABORATIVE

7. To what extent do you agree or disagree with the following statements about your participation in the collaborative?

Participation in the collaborative has...	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
Enhanced my organization's understanding of community needs and resources.	○	○	○	○	○
Enabled my organization to have a bigger impact in the community than it could on its own.	○	○	○	○	○
Increased my organization's capacity and/or skills.	○	○	○	○	○
Enhanced my organization's relationships with other organizations.	○	○	○	○	○
Enhanced my organization's public profile.	○	○	○	○	○
Increased my organization's access to resources.	○	○	○	○	○
Hindered my organization from meeting its own organizational mission.	○	○	○	○	○
Hindered my organization's ability to act independently.	○	○	○	○	○
Negatively affected my organization's image due to association with other partners/members or the collaborative.	○	○	○	○	○
Diverted time and resources away from other organizational priorities or obligations.	○	○	○	○	○

8. Comments: _____

_____

_____

PURPOSE AND SUCCESS OF COLLABORATIVE

9. What would you describe as the primary purpose(s) of this collaborative partnership?

_____

_____

_____

10. How successful do you think this collaborative partnership has been thus far in achieving its goals?

○ Very successful
○ Somewhat successful
○ Not at all successful

BACKGROUND INFORMATION

11. How long has your organization been a member of the collaborative?

○ Less than 1 year
○ Between 1 and 3 years
○ More than 3 years

12. How long have you participated in the collaborative?

○ Less than 1 year
○ Between 1 and 3 years
○ More than 3 years

13. How would you describe your level of involvement in the collaborative?

○ Not very active
○ Somewhat active
○ Very active

14. What is your role in the organization you are representing in the collaborative?

_____

15. How many organizations are involved in this collaborative?

_____

16. How long has this collaborative been operating?

_____

Appendices

Success Measures Health Metrics
Background and Instructions

PURPOSE

The Success Measures Health Metrics tool is designed to document vital-sign readings and the results of medical tests conducted by a health care professional in a clinic, laboratory, hospital, or other controlled setting. Measurements recorded for a given individual at different points in time will track longitudinal stability and changes in the health condition with which the indicator is associated.

Four key health conditions identified as possible precursors to decline in overall health are included in the Health Metrics: hypertension, diabetes, high cholesterol, and obesity. Each condition is represented by a measure (or set of measures) for which medical evidence showing the indicator quantifies an individual's status with regard to the specified condition.

TOOL AND RELATIONSHIP TO HEALTH

The Health Metrics tool includes five worksheets for recording data: four pertaining to one of the noted health conditions and a fifth that can be used to document data related to a different health condition. Depending on which medical conditions are being tracked, you will be using from one to five of the Health Metrics worksheets.

Blood Pressure: This worksheet is used to record an individual's systolic and diastolic blood pressure readings on specified dates. These numbers are generally accepted in the medical field as an indicator of hypertension. Blood pressure is the force of the blood pushing against artery walls. High blood pressure may increase resistance against the flow of blood, causing the heart to pump harder to circulate the blood which may elevate the risk of coronary heart disease and stroke.

Blood Sugar: This worksheet is used to record an individual's Hemoglobin A1c reading on specified dates. This number is generally accepted in the medical field as an indicator of Type 2 diabetes, a disease in which the blood sugar (glucose) level is well above normal and is associated with serious health problems, including coronary heart disease and stroke. Prediabetes, where the blood sugar level is higher than normal, but not high enough for a diagnosis of diabetes, indicates a higher risk for developing type 2 diabetes.

Cholesterol: This worksheet is used to record an individual's high-density lipoprotein (HDL), low-density lipoprotein (LDL), and triglyceride readings on specified dates. These numbers are generally accepted in the medical field as an indicator of high blood cholesterol. Cholesterol is a waxy, fat-like substance that

the human body needs. However, when there is too much cholesterol in the blood, it can build up on artery walls. This may increase the risk of coronary heart disease and stroke.

Body Mass Index: This worksheet is used to record an individual's height and weight on specific dates. The formula provided calculates Body Mass Index (BMI), which is moderately correlated with body fat level. This number is generally accepted in the medical field as an indicator of obesity, which increases the risk of coronary heart disease and stroke as well as the risk of antecedent health conditions, including high blood pressure, high cholesterol, and diabetes.

Other Medical Condition: This worksheet template can be used to record a defined vital-sign reading or other medical test. This measure logged should be a generally accepted indicator of a specified medical condition related to overall health.

DATA REQUIREMENTS AND SOURCES

To complete these worksheets, you will need access to vital-sign readings and/or results of specific medical tests (1) at the individual level and (2) at two or more points in time.

Among the potential sources of secondary data are private practices, clinics, laboratories, and hospitals. Another option is to use primary data collected by your organization for this purpose. Potential locations are on-site meetings, health fairs, or other group settings. Alternatively, secondary data gathered in similar venues for a different purpose can be used.

Keep in mind that once an initial measure(s) has been recorded for an individual, there must be a mechanism in place that allows for the collection of future data for that individual at subsequent points in time.

USING THE WORKSHEETS

At the outset, choose between one and five health conditions that are of interest in the community. The worksheets associated with those conditions are the ones that will be completed over time. Note that you may want to make additional blank copies of the worksheets before recording information.

General

For all applicable worksheets, begin by recording the following background information:

- Name of the facility that is providing the data for that worksheet, or the site at which the data are being collected
- The address of the facility or site
- The type of data in that worksheet (primary or secondary)
- The name, title, and affiliation of the key person familiar with the data collection for that worksheet
- The phone number and email address of the key person

Make a separate list of the participants for whom data are collected by documenting each resident's first and last name and birth date. Each individual on the list should be assigned a unique identification number that cannot be linked to the specific participant.

Each time new data are available, refer to the participant list to determine whether or not each individual is a previous participant. Next, do one of the following:

- For new participants, add the individual's first and last name and birth date to the participant list and assign a unique identification number. Record that ID number in the first column of each worksheet and enter the health indicator data in the individual's row according to the instructions below.
- For previous participants, locate the individual's name on the participant list and determine an identification number. Find that ID number on each relevant worksheet and enter the health indicator data in the individual's row according to the instructions below.

Blood Pressure

For each individual, record the date on which the measurement was taken and enter the two numbers that denote blood pressure: the higher number, called systolic pressure, and the lower number, called diastolic pressure. The systolic number represents the pressure in blood vessels when the heart beats, that is, contracts and pumps blood. The diastolic number represents the pressure in blood vessels when the heart is at rest and filling with blood. Both are measured as millimeters of mercury (mm Hg). Enter whole numeric values only.

Blood Sugar

For each individual, record the date on which the measurement was taken and enter the Hemoglobin A1c reading. Hemoglobin A1c, which is an indicator of blood sugar (glucose) level, is represented as a percentage. The higher the Hemoglobin A1c, the higher the blood sugar. Enter numeric values only and use two decimal places.

Cholesterol

For each individual, record the date on which the measurement was taken and enter the three blood cholesterol readings. the LDL ("good" cholesterol), the HDL ("bad" cholesterol), and the triglyceride. Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood. Enter whole numeric values only.

Two additional measures, total cholesterol and the cholesterol ratio, can be computed using these three numbers. Total cholesterol is the sum of the LDL reading, the HDL reading, and 20 percent of the triglyceride reading. The formula is as follows:

Total cholesterol = (LDL in mg/dL) + (HDL in mg/dL) + 0.20*(triglycerides in mg/dL)

The cholesterol ratio represents the relative relationship between HDL and total cholesterol. The formula is as follows:

Cholesterol ratio = (Total cholesterol in mg/dL)/(HDL in mg/dL)

Body Mass Index

For each individual, record the date on which the measurement was taken and enter weight in pounds. At the initial encounter, also record height in inches. Enter whole numeric values only and round down fractional and decimal numbers if necessary.

Body Mass Index (BMI) is a calculated measure that is the ratio of weight to height-squared and multiplied by a standard conversion factor. The formula is as follows:

$$\text{BMI} = ((\text{Weight in pounds})/(\text{Height in inches})^2) \times 703$$

Other Health Condition

This worksheet requires the general background information indicated, as well as the additional information related to the medical condition being studied.

Enter the name of the health condition of interest and the name of the medical test that has been chosen as the indicator. Include the definition(s) of one to four measurement(s) that will be taken at the time of the medical test. Also make note of how each measure is interpreted with regard to the medical condition.

For each individual, record the date on which the measurement was taken and enter the value(s) for the designated measures. Enter numeric values only using a decimal and rounding standard determined at the outset.

Success Measures Environmental Metrics
Background and Instructions

PURPOSE

The Success Measures Environmental Metrics tool is designed to document information about quality of the environment in a specific geographic area. Measurements and/or comments are recorded at different points in time to monitor longitudinal stability and changes in that geography's environmental factors.

Five designated elements of the environment are identified in the tool: air quality, ambient water quality, soil quality, noise level, and flooding. In addition, supplemental characteristics can be introduced by the tool user.

TOOL DESCRIPTION

The Environmental Metrics tool includes two worksheets: one for recording quantitative data and one for recording qualitative data.

The Quantitative Worksheet is used to track one or two specific numeric indicators for the selected environmental factors.

The Qualitative Worksheet is used to record narratives about one or more chosen environmental factors.

Depending on which environmental elements are of interest and the nature of the data, you will be completing portions of one or both Environmental Metrics worksheets.

DATA REQUIREMENTS AND SOURCES

To complete these worksheets, you will need access to indicators, indices, and/or comments (1) for a specific environmental element and (2) at two or more points in time. Among the potential sources of secondary data are governmental agencies, nonprofit organizations, institutions of higher education, and testing laboratories. Another option is to use primary data collected by your organization for this purpose.

Keep in mind that once an initial measure has been recorded for the geography, there must be a mechanism in place that allows for the collection of the same quantitative data for that geography at subsequent points in time. Similarly, qualitative comments at two or more points in time are needed.

USING THE WORKSHEETS

At the outset, chose or add the environmental elements that are of interest in the geography. Then locate the row associated with each of these factors in the appropriate worksheet(s). Note that the nature of the data (quantitative and/or qualitative) will determine whether one or both worksheets will be used.

Quantitative

After filling out relevant information for the key data source, enter a description of the relevant geography on the worksheet. In the row for each chosen environmental element, enter a description of one or two indices and/or indicators that will be used to monitor the quality of that factor. Be sure to include the name of the measure, how it is calculated, and the source of the information. Include the relevant information about your key data source as well.

Each time a measurement is obtained, record the date on which it was originally taken (not when it became available), and enter the numeric value of the index or indicator in the applicable row.

Qualitative

After filling out relevant information for the key data source, enter a description of the relevant geography on the worksheet. Only those rows designated for the chosen environmental elements will be used.

Each time comments about a factor are obtained, record the date on which they were originally made (not when they became available), and enter the text of the narrative in the applicable row.

Health and Community Development Outcome Measurement Working Group*
Success Measures® at NeighborWorks® America
September 2014

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Success Measures Health Outcome Tools

Measuring Health-Related Outcomes for Community Development and Health Institutions

The Success Measures Outcome Health Tools evaluate the health-related outcomes of a wide range of affordable housing, neighborhood revitalization, workforce development, supportive service, community engagement and related community benefit programs. Included are tools for collecting both primary and secondary health-related data on individual health status, attitudes, behaviors and influences, as well as community environmental factors, demographics, and social factors.

Tool Title	Description
INDIVIDUAL AND COMMUNITY HEALTH STATUS	
Individual Health Status	
Medical Conditions	Individual's self-reports about their health history, long-term health conditions, and acute health events. (Survey)
Disease Management	Individual's self-reports about how they are managing specific chronic diseases, receiving care, and controlling adverse health episodes, such as arthritis, asthma, autoimmune disease, depression and diabetes. (Survey) *Sections on specific conditions or diseases can be used individually or combined in any number.*
Overall Health	Individual's self-reports about their overall health, emotional well-being, and physical condition, including height and weight. (Survey)
Health Metrics	Records objective measurements of the health of individuals that result from a specific medical test, such as blood pressure, blood sugar, cholesterol, or body mass index. (Tracking)
Community Health Status	
Community Morbidity	Records the incidence of specific infectious diseases in a neighborhood or geographic area. (Tracking)
Community Mortality	Records the death rates due to specific causes in a neighborhood or geographic area. (Tracking)
Medical Visit Metrics	Records the number of hospital admissions, emergency room treat-and-release visits, and health clinic visits for specific medical conditions. (Tracking)
INDIVIDUAL HEALTH BELIEFS AND ATTITUDES	
Attitudes and Discussions About Health	
Views on Health	Individual's self-reports about influences on their health, their willingness to discuss health topics, and the similarity of their attitudes to family and friends. (Survey)

Health Discussions with Household Members	Individual's self-reports about the importance and frequency of other household members' discussions on specific health topics. (Survey)
Health Discussions with Friends	Individual's self-reports about the frequency of talking with close friends about specific health topics, including eating habits, mental health, and death. (Survey)

Views on a Healthy Lifestyle

Views on Eating	Individual's self-reports about their attitudes toward healthy foods and balanced meals. (Survey)
Views on Physical Activity	Individual's self-reports about their attitudes toward being physically active. (Survey)
Views on Alcohol, Tobacco and Drug Use	Individual's self-reports about their beliefs and attitudes toward secondhand smoke, alcohol, tobacco and marijuana, and prescription drugs. (Survey)
Views on Relaxation and Stress Management	Individual's self-reports about their views on stress and the effectiveness of specific stress-reducing activities. (Survey)

INDIVIDUAL HEALTH BEHAVIORS

Health Knowledge and Use of Health Care

Health Care Knowledge	Individual's self-reports about their sources for health-related advice, their level of trust in specific sources, and their confidence participating in their own health care. (Survey)
Use of Health Care Services	Individual's self-reports about their use of or inability to use different health-care settings and providers, including alternative and complementary care. (Survey)
Health Insurance	Individual's self-reports about having or not having private or public health insurance coverage for themselves or their children and the impact on their health. (Survey)

Participation in a Healthy Lifestyle

Eating Behavior	Individual's self-reports about past and present eating habits related to fruits and vegetables, cooking meals at home, community gardens, packaged foods, and the potential for changing habits. (Survey)
Physical Activity Behavior	Individual's self-reports about their level of physical or recreational activities and exercise, including barriers to these activities. (Survey)
Alcohol, Tobacco and Drug Use Behavior	Individual's self-reports about consuming alcohol, smoking tobacco, and using prescription drugs in a way not directed by a doctor. (Survey)
Relaxation and Stress Management Behavior	Individual's self-reports about what specific activities they do to reduce stress or take time for themselves. (Survey)

Care Giving and Receiving

Caring for Others	Individual's self-reports about providing care for someone with long-term illness, disability, or advanced age. (Survey)
Receiving Care from Others	Individual's self-reports about receiving help from others with errands, household chores, or personal care. (Survey)

INDIVIDUAL FACTORS AND INFLUENCES RELATED TO HEALTH

Individual Factors

Individual Demographics – Health	Individual's self-reports about personal or household characteristics, including age, gender, race, ethnicity, first language, and sexual orientation. (Survey)
Housing Costs	Individual's self-reports about renting or owning their home, satisfaction with available housing, and ability to meet housing and utility expenses. (Survey)
Financial Stability	Individual's self-reports about their financial situation, financial security and access to banks and credit. (Survey)
Food Security	Individual's self-reports about having enough to eat, ability to afford balanced meals, and using food stamps or food pantries. (Survey)
Functional Status	Individual's self-reports about how physical or mental health issues might limit their ability to carry out daily personal, household or social activities. (Survey)
Interest in Education and Training	Individual's self-reports about recent educational or training classes they have attended and their interest in or barriers to furthering their education. (Survey)
Employment and Workforce Development	Individual's self-reports about their current or past employment status and their interest in or barriers to job training, workforce education, or finding a job. (Survey)
Personal Traits	Individual's self-reports about their own feelings of self-confidence, level of curiosity, and responses to change. (Survey)
Social Support and Safety	Individual's self-reports about their social networks and feelings of safety in their home and community. (Survey)
Housing Stability	Individual's self-reports about the length of time they have lived in the community and in their current home, the number of times they have moved, and whether they rent or own their home. (Survey)

Use of Community Services and Amenities

Use of Amenities	Individual's self-reports about using, or barriers to using, amenities near home, including retail, financial, classes, and community infrastructure or transportation. (Survey)
Use of Community Services	Individual's self-reports about using, or barriers to using, community services, such as financial assistance, job or business training, social services, and schools.

Social and Cultural Contexts

Social Connections	Individual's self-reports about personal connections and proximity to friends and families, satisfaction with the amount of time spent with them, and feelings of comfort with other people. (Survey)
Cultural Context	Individual's self-reports about how their religion, faith, or belief system impact their health care experience, where they seek health care services and their interaction with health care professionals. (Survey)

Influences on Individual

Influences on Individual's Views on Health	Individual's self-reports about how close friends or household members influence their own feelings about health and health topics, where they get trusted health information, and where they seek medical care. (Survey)
Influences on Individual's Eating	Individual's self-reports about the influence on their own eating habits by household members and close friends. (Survey)
Influences on Individual's Physical Activity	Individual's self-reports about the influence on their own physical activity by household members or close friends. (Survey)
Influences on Individual's Alcohol and Tobacco Use	Individual's self-reports about their own acceptance of smoking and drinking, and the status of the smoking and drinking habits of household members. (Survey)

COMMUNITY ENVIRONMENTAL FACTORS

Housing Conditions

Interior of Residence: Resident Perception	Individual's self-reports about basic features and conditions of their single or multifamily residence, such as bathrooms, ceilings, floors, wall, electrical systems and lighting. (Survey) *Sections on specific topics can be used individually or combined in any number.*
Interior of Residence: Expert Assessment	Building expert's assessment of the condition of owned or rented residential units, including infrastructure, electrical and HVAC systems, hazards, and childproofing. (Observation)

Exterior of Residence: Resident Perception

Individual's self-reports about the upkeep and condition of their residence's exterior (single-family house or multifamily building), including yard, paint, lighting, fencing, fire escapes, and eco-friendly features. (Survey)

Residential Building Exterior and Site: Expert Assessment

Building expert's assessment of exterior elements of residential buildings, including structural and site hazards, drainage problems, ground erosion; appropriate safety features, and access for the disabled. (Observation)

Multifamily Common Areas: Resident Perception

Individual's self-reports about the upkeep and condition of the common areas of their multifamily building, such as lobbies, halls, ceilings and floors, exit signs, walkways and steps, smoking areas and litter. (Survey)

Multifamily Common Areas and Building Systems: Expert Assessment

Building expert's assessment of common areas, mechanical systems, exit signage, trash collection, smoke detectors, peeling paint, and elevators. (Observation)

Housing in the Community

Records observations at the parcel level of residential building conditions, such as roof, gutters, foundation, fence, driveway, attractiveness, maintenance and security. (Observation)

New Housing: Resident Perception

Individual's self-reports about satisfaction, concerns for safety and health status in previous and new housing. (Survey)

Rehab Housing: Resident Perception

Individual's self-reports about the rehab work and their satisfaction, safety concerns and health status before and Land Use and Physical Features

Land Use and Physical Features

Design and Management: Key Informant Interview

Describes land use patterns and environmental characteristics, such as walkability, green space, resident interaction and safety, pollution, and storm and waste water. (Key Informant Interview)

Environmental Metrics

Records quantitative and qualitative data about the environment, including air, soil, and water, in a neighborhood or other geographic area. (Tracking)

Land Use and Maintenance

Records observations at the block level of land use, maintenance, types and condition of homes and buildings, including vacant or abandoned properties, public infrastructure and barriers. (Observation) *Sections on specific topics can be used individually or combined in any number.*

Traffic and Pedestrian Safety

Records observations of vehicular and pedestrian flow at the block level, such as traffic signals, speed bumps, parking rules, bicycle lanes, sidewalks; accessibility ramps, and crosswalks. (Observation)

Community Services and Amenities

Availability and Quality of Amenities: Key Informant Interview	Records availability and quality of recreational, transit, retail, social and wellness facilities in the community. (Key Informant Interview)
Accessibility and Perception of Amenities	Individual's self-reports about the quality, accessibility, and welcoming environment at recreation, transit, libraries, wellness and community programs and facilities near where they live. (Survey)
Services and Trainings in the Community: Available Data	Records the availability and quality of workforce trainings, financial services; and social services. (Key Informant Interview)
Services and Trainings in the Community: Key Informant Perception	Describes the availability and quality of trainings and financial and social services. (Key Informant Interview)
Services and Trainings in the Community: Resident Perception	Individual's self-reports on ease and comfort level when accessing banking, job training, or child care services in the community. (Survey)

COMMUNITY DEMOGRAPHICS AND SOCIAL FACTORS

Population Characteristics

Community Demographics – Health	Records the demographic composition of the community on health-related factors, including race, age, ethnicity, income, employment, and educational attainment. (Tracking)

Social Factors

Community Social Cohesion	Individual's self-reports about their community's social connections, neighborly support, common values and willingness to participate. (Survey)

AVAILABILITY, QUALITY AND CULTURAL SENSITIVITY OF HEALTH CARE SERVICES

Availability and Quality of Health Care

Availability of Hospital and Health Care Services: Key Informant Interview	Records availability and quality of hospitals, clinics, medical and dental services, and pharmacies. (Key Informant Interview)
Availability and Practices of Primary Care Services: Key Informant Interview	Describes the cultural sensitivity, responsiveness, coordination of care and challenges of available health care services. (Key Informant Interview)

Features and Barriers in Health Care System: Key Informant Interview	Describes the systemic factors that promote or limit access to health care; integration of different types of health care and the availability of health care insurance. (Key Informant Interview)

Cultural Sensitivity and Interaction with Health Care Providers

Accessibility of Health Care Services	Individual's self-reports on the accessibility, convenience, and quality of services for themselves and their children at their most frequently used health care facility. (Survey)
Cultural Sensitivity of Health Care Practices	Individual's self-reports on the welcoming environment, cultural sensitivity, and accommodation to preferred language of their most frequently used health care facility. (Survey)
Interaction with Health Care Providers	Individual's self-reports about the comfort and quality of their interaction with a health care professional when getting a medical opinion. (Survey)

COLLABORATIONS AND PARTNERSHIPS

Satisfaction with Collaborative Partnership	Member's self-report on their levels of satisfaction with the capacity, commitment, leadership, communication, and benefits of the collaborative. (Survey)

The Success Measures Health Outcome Tools are also available through paid subscription to the Success Measures Data System, a web-based platform which houses the tools and allows users to customize or create tools while efficiently managing and conducting all phases of evaluation, from data collection to analysis and reporting, in one secure online environment.

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Success Measures® at NeighborWorks® America offers evaluation consulting, technical assistance, measurement tools, and technology to nonprofits, funders and intermediaries in the community development and health-related fields.