



National Center for Healthy Housing

National Healthy Homes Training Center and Network *Essentials for Healthy Homes Practitioners Course*

Course Evaluation Survey

Your input is critical in determining how this course may impact your work and how the course might be improved. We will be collecting your input with two tools:

- ❖ At the end of Day 2 before you leave, you will be asked to fill out the **Post-Training Survey**.
- ❖ In three to six months after the training we will ask you some questions in an online **Follow-Up Survey** about how the course has impacted your work

Please turn in this completed form at the end of class. If you are uncomfortable providing your name and contact information, please leave it blank. However, nurses must provide the information to enable us to issue you a certificate for continuing education credits. Thank you for your cooperation.

Public Health Nurses ONLY:

If you are a nurse, you are eligible to receive 12.75 continuing education credit hours for this course. To qualify you must:

1. Attend the entire class. If you missed a portion, please talk to the instructor;
2. Complete this evaluation form including page 7; and
3. Provide us with the information below

Printed Name

Signature

Date

Hours Attended

1. My overall evaluation of the course is: ☐ excellent ☐ good ☐ fair ☐ poor

2. Circle "yes" or "no" for the following items:

- | | | |
|---|-----|----|
| a. Did the program meet your expectations? | YES | NO |
| b. Would you recommend this program to a colleague? | YES | NO |
| c. Was the content of this course relevant to your job? | YES | NO |
| d. Was there enough time for discussion and questions? | YES | NO |

3. To what extent did the program meet the course objectives?

- ☐ completely ☐ much of it ☐ only some ☐ not at all

4. Can you incorporate concepts learned during the course into your daily work right away?

- ☐ yes ☐ much of it ☐ only some ☐ not at all

If not at all, why not? _____

Scale:

Excellent 5	Good 4	Average 3	Below Average 2	Poor 1
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5. Overall quality of presentations: Please circle number (Scale above)

- | | | | | | |
|---|---|---|---|---|---|
| a. Clarity of presentation | 5 | 4 | 3 | 2 | 1 |
| b. Relates material to problems & issues in my practice | 5 | 4 | 3 | 2 | 1 |
| c. Questions and discussion | 5 | 4 | 3 | 2 | 1 |
| d. Case studies and exercises | 5 | 4 | 3 | 2 | 1 |
| e. Audio-visual aids | 5 | 4 | 3 | 2 | 1 |
| f. Additional comments: | | | | | |
-

6. Overall quality of facilities. Please circle number (Scale above)

- | | | | | | |
|-----------------------------|---|---|---|---|---|
| a. Instructional facilities | 5 | 4 | 3 | 2 | 1 |
| b. Meals/breaks | 5 | 4 | 3 | 2 | 1 |
| c. Ease of registration | 5 | 4 | 3 | 2 | 1 |
| d. Comments: | | | | | |
-

7. Individual Faculty Evaluation. Rate the presenters using the scale below. Circle your response.

Name of Presenter: _____

- | | | | | | |
|-----------------------|---|---|---|---|---|
| a. Well-prepared | 5 | 4 | 3 | 2 | 1 |
| b. Knowledgeable | 5 | 4 | 3 | 2 | 1 |
| c. Enthusiastic | 5 | 4 | 3 | 2 | 1 |
| d. Easy to Understand | 5 | 4 | 3 | 2 | 1 |
| e. Comments: | | | | | |
-

Name of Presenter: _____

- | | | | | | |
|-----------------------|---|---|---|---|---|
| a. Well-prepared | 5 | 4 | 3 | 2 | 1 |
| b. Knowledgeable | 5 | 4 | 3 | 2 | 1 |
| c. Enthusiastic | 5 | 4 | 3 | 2 | 1 |
| d. Easy to Understand | 5 | 4 | 3 | 2 | 1 |
| e. Comments: | | | | | |
-

Name of Presenter: _____

- | | | | | | |
|-----------------------|---|---|---|---|---|
| a. Well-prepared | 5 | 4 | 3 | 2 | 1 |
| b. Knowledgeable | 5 | 4 | 3 | 2 | 1 |
| c. Enthusiastic | 5 | 4 | 3 | 2 | 1 |
| d. Easy to Understand | 5 | 4 | 3 | 2 | 1 |
| e. Comments: | | | | | |
-

8. What additional info do you need to help you in your work? _____

9. What did you like best about the course? _____

10. What did you like least about the course? _____

11. What issues should have been covered that were not? _____

12. What do you think your agency would need to incorporate a comprehensive healthy homes approach into its regular field inspections? _____

13. Do you have any ideas or general comments for future programs? _____

14. Do you anticipate any of the following barriers to integrating healthy homes information into your practice? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Insufficient funding | <input type="checkbox"/> Inadequate management support |
| <input type="checkbox"/> Limited resident interest | <input type="checkbox"/> Need more information to use practices |
| <input type="checkbox"/> Lack of time | <input type="checkbox"/> No rules or codes to use |
| <input type="checkbox"/> Unsure of how to use information for action | <input type="checkbox"/> Other _____ |

15. During the training, did you find it valuable to talk about healthy homes issues with participants who work in fields other than your own? (e.g. If you work in public health, was it valuable to talk to someone who works in housing?)

- ☐ Yes ☐ No

16. Do you perform home visits as part of your routine practice? (Check one)

☐ Yes

☐ No

Scale:

<u>Most Confident</u>	<u>Very Confident</u>	<u>Somewhat Confident</u>	<u>Minimally Confident</u>	<u>Not Confident</u>
5	4	3	2	1

17. For each healthy homes principle, rate how confident you are that you have the knowledge, skills and ability to identify a problem related to a healthy homes principle or educate a resident on the principle.

Healthy Homes Principle	Identify Problems	Educate Resident
a) Keep It Dry	5 4 3 2 1	5 4 3 2 1
b) Keep It Clean	5 4 3 2 1	5 4 3 2 1
c) Keep It Pest-Free	5 4 3 2 1	5 4 3 2 1
d) Keep It Ventilated	5 4 3 2 1	5 4 3 2 1
e) Keep It Safe	5 4 3 2 1	5 4 3 2 1
f) Keep It Contaminant-Free	5 4 3 2 1	5 4 3 2 1
g) Keep It Maintained	5 4 3 2 1	5 4 3 2 1

18. Using the scale above, circle how confident you are that you have the knowledge, skills and ability to:

a. Conduct Visual Assessment 5 4 3 2 1

b. Educate Resident on Housing Code 5 4 3 2 1

19. If you believe you lack the confidence or will be unable to perform any of the above actions, please tell us why below.

20. Do you plan to carry a visual inspection checklist or assessment form on home visits?

☐ Yes

☐ No. If no, why not?

21. Do you plan to bring any of the following tools or equipment on a home visit? (Check all that apply)

☐ Moisture Meter ☐ Baits/Traps ☐ Radon kits ☐ Lead hazard sampling ☐ CO alarm

☐ None of the above. If none, why not? _____

21. Indicate your agreement with the following statement by checking the appropriate response:

The content of this course was presented without bias of any commercial product or drug

Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

If you believe that any specific session was presented with commercial bias please indicate the session by writing it here: _____

**Were the following objectives for the course met?
Required for Nurses to Receive Continuing Nursing Education Credits**

OBJECTIVES		
1. Describe at least four housing conditions and the health problems associated with them.	Yes	No
2. Demonstrate how to characterize risk using the epidemiological triangle.	Yes	No
3. Identify 3 populations that may be at higher risk for housing related disease and injury.	Yes	No
4. Identify three important housing systems that contribute to a comfortable living space.	Yes	No
5. Identify three types of codes that can be used to enforce remediation of housing-based health threats.	Yes	No
6. Name three health hazards in the home that are related to excessive moisture.	Yes	No
7. Identify four sources of moisture in the home.	Yes	No
8. Describe five strategies for controlling moisture in the home.	Yes	No
9. List three contaminants or allergens that are frequently found in house dust and their health effects.	Yes	No
10. Describe three ways allergens or contaminants get into house dust.	Yes	No
11. Identify at least three strategies to reduce allergens or contaminants in house dust.	Yes	No
12. Name three illnesses or injuries associated with pest infestation.	Yes	No
13. Identify three clues of pest infestation.	Yes	No
14. Identify the three strategies associated with an IPM approach.	Yes	No
15. Name two illegal pesticides that may be used in the home.	Yes	No
16. Name five unhealthful conditions associated with poor ventilation.	Yes	No
17. List five things in a household that need ventilation.	Yes	No
18. Name three things that power airflow in a building.	Yes	No
19. List at least three household contaminants that can be removed by ventilation.	Yes	No
20. Describe two ways ventilation reduces air contaminant levels	Yes	No
21. Explain the difference between an injury and an accident.	Yes	No
22. Name the three most common home injury related causes of death.	Yes	No
23. Name five locations to look for safety hazards in the home.	Yes	No
24. Name five ways to prevent home injury.	Yes	No
25. Identify at least four contaminants in the home and strategies to prevent, contain or control them.	Yes	No
26. Describe at least four ways that contaminants get into the home.	Yes	No
27. Identify at least three health effects and their associated contaminant.	Yes	No
28. Name at least three systems that require ongoing maintenance.	Yes	No
29. Identify two maintenance actions that require the use of a professional.	Yes	No
30. Name at least two provisions of a code that could be used to cite a hazard in the home.	Yes	No
31. Explain why a partnership with the community is essential.	Yes	No
32. Identify five important players involved in healthy homes issues.	Yes	No
34. Identify three sources of data and where you might find them.	Yes	No
33. Explain why data collection and analysis are important in delivering healthy housing services.	Yes	No
35. List two things that could be observed in a home that must be reported and two that are discretionary.	Yes	No