Peer Educators Post Training Survey

Thank you for participating in the training session for the Lead 101 Program! We hope that this training was helpful and has prepared you for home visits. We ask that you complete the following survey to help us evaluate our training. Please be as honest as possible.

All information will be shared in a de-identified (anonymous) manner and used for program improvement. If you have any questions about this survey or the training, please contact [INSERT CONTACT].

The following questions assess your readiness to make home visits.

For each statement below, please select the degree to which you agree or disagree by marking with an "X".

I feel ready to	Strongly Agree	Agree	Disagree	Strongly Disagree
Describe lead and sources of lead exposure to parents.				
2. Share with parents how to reduce risk of lead poisoning in their home.				
3. Review the process of lead poisoning with parents, including how to recognize symptoms and warning signs.				

The following questions assess your knowledge about lead and its effects.

For each statement below, please mark whether you think the statement is true or false by marking with an "X".

	True	False
1. Lead exposure can harm people of all ages, but young children and pregnant women are most at risk.		
2. Although a child may seem healthy, long-term effects of lead can kick in years later.		
3. Water is the main reason for the lead problem in Kent County.		
4. Toys are never made with lead paint.		
5. Some dishes or cups are made with lead but are safe to use.		
6. Particularly for children, lead can help the brain.		
7. Typical behaviors, such as crawling, can put children at risk for lead exposure.		

The remaining questions evaluate your satisfaction with the training program.

For the last two questions, please fill in the lines below.

Please list the 3 most useful thing	s vou learned	during th	is training.
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1.	
2.	
3.	

How can we improve the training program?	
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Peer Educator Post Home Visit Survey

The following questions look to evaluate if specific activities occurred and information was shared during the home visit.

For each statement below, please select "yes" or "no" by marking with an "X".

	Yes	No
1. I gave the parent a binder with resources related to lead prevention.		
2. In the session, I demonstrated some cleaning techniques.		
3. I toured the parent's home and made suggestions of improvements he/she could make to reduce lead exposure.		
4. I went through the entire slide deck with the parent.		

Community Parent Post Home Visit Survey

Thank you for participating in the Lead 101 Program! We hope that this home visit was helpful. We ask that you complete the following survey to help us evaluate our training. Please be as honest as possible.

All information will be shared in a de-identified (anonymous) manner and used for program improvement. If you have any questions about this survey or the training, please contact [INSERT CONTACT].

The following questions assess your confidence to successfully take action to reduce your child's exposure to lead.

For each statement below, please select the degree to which you agree or disagree by marking with an "X".

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I can name sources of lead in a home.				
2. I can take steps to protect my children from lead.				
3. I know cleaning I can do to reduce the risk of lead				
exposure in my home.				

The following questions assess your understanding about lead and its effects.

For each statement below, please select the degree to which you agree or disagree by marking with an "X".

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Before working with Healthy Homes, my understanding of where lead hazards can be found in my home was				
2. After working with Healthy Homes, my understanding of where lead hazards can be found in my home is				
3. Before working with Healthy Homes, my understanding of how to protect children from hazards in the home was				
4. After working with Healthy Homes, my understanding of how to protect children from hazards in the home is				

The following questions assess your knowledge about lead and its effects.

For each statement below, please mark whether you think the statement is true or false by marking with an "X".

	True	False
1. Lead exposure can harm people of all ages, but young children and pregnant women are most at risk.		
2. Although a child may seem healthy, long-term effects of lead can kick in years later.		
3. Water is the main reason for the lead problem in Kent County.		
4. Toys are never made with lead paint.		
5. Some dishes or cups are made with lead but are safe to use!		
6. Particularly for children, lead can help the brain.		
7. Typical behaviors, such as crawling, can put children at risk for lead exposure.		

The ren	naining questions assess your satisfaction with the home visit program.
For the	e last two questions, please fill in the lines below.
Please	list the 3 most useful things you learned during this home visit.
1.	
2.	
3.	
3.	
How ca	an we improve the home visit program?

Community Parent Phone Interview Survey

(within 1-week post-session)

The following questions assess the attitudes and behaviors of parents after the home visit.

For each statement below, please select the degree to which the parent agreed or disagreed by marking with an "X".

I plan to	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Practice wet-cleaning regularly, removing paint chips, and ensuring my family does not wear shoes inside.				
2. Remove or cover damaged paint until repairs can be safely made in my home.				
3. Make sure that my child washes his/her hands after playing outside to prevent lead exposure.				
4. Make sure that my child doesn't play in bare soil.				

The following questions ask what activities were done during the home visit.

For each statement below, please select "yes" or "no" by marking with an "X".

	Yes	No
The peer educator gave me a binder with resources for lead prevention.		
2. The peer educator showed me some ways to clean my house to prevent lead exposure.		
3. The peer educator took me around my home and suggested what I could do to reduce lead exposure.		
4. The peer educator gave me resources that can help me fix lead hazards in the home.		

Community Parent Demographic Questions

The following questions ask about the demographics of parents to ensure that the Lead 101 program is reaching its target population.

Please circle the answer that best fits.

1. What is your preferred language?

		nglish		
		panish Other, please describe:		
	c. O	mier, piease describe.		
2.	How do y	you identify your race?		
	-	american Indian/Alaska Native		
	b. A	sian, Black/African American		
		Iawaiian/Other Pacific Islander		
		Vhite		
		ome other race		
	f. T	wo or more races		
3.	-	dentify as Hispanic/Latino?		
		Tes		
	b. N	10		
4.	Which of	the following terms best describes your housing?		
	a. R	ent		
	b. O	Own		
	c. L	and contract		
	d. O	Other, please describe:		
5.	a. Sb. Tc. Md. S	the following describes the setup of your home? ingle-Family House wo-Family fulti-Family ingle-Family Mobile other, please describe:		
6.	What year	What year was your home built?		
7.	What is your zip code?			
8.	How many people live in your home?			
9.	Of the people who live in your home, how many are 0 to 5 years old?			
10.	10. Of the people who live in your home, how many are 6 to 17 years old?			
11.	11. Of the people who live in your home, how many are 18 years and older?			

12. Whi	ch describe your household? (Select all that apply.)	
;	a. Single female head of household	
	o. Single male head of household	
	c. Two parent household	
	d. Grandparents raising grandchildren	
	e. Multi-family household	
	Multi-generational household	
	g. Other, please describe:	
	<u> </u>	
13. Do you or your family receive the follow methods of government assistance? (Select all the		
	a. EBT	
1	o. Medicaid	
	e. WIC	
	d. Cash assistance	
	e. Reduced/free lunch	
	C. Other, please describe:	

Peer Educator Demographic Questions

The following questions ask about the demographics to ensure that peer educators share some of the characteristics with the program's target population.

Please circle the answer that best fits.

a. English

1. What is your preferred language?

	_	anish her, please describe:			
	c. Oth	nier, piease describe.			
2.	a. An b. As c. Ha d. WI e. So	ou identify your race? merican Indian/Alaska Native mian, Black/African American maiian/Other Pacific Islander thite me other race wo or more races			
3.	Do you ide a. Ye b. No				
4.	a. Re b. Ov c. La				
5.	a. Sirb. Twc. Mud. Sir	he following describes the setup of your home? ngle-Family House vo-Family ulti-Family ngle-Family Mobile her, please describe:			
6.	What year was your home built?				
7.	What is your zip code?				
8.	How many people live in your home?				
9.	Of the people who live in your home, how many are 0 to 5 years old?				
10. Of the people who live in your home, how many are 6 to 17 years old?					
11.	11. Of the people who live in your home, how many are 18 years and older?				

- 12. Which describe your household? (Select all that apply.)
 - a. Single female head of household
 - b. Single male head of household
 - c. Two parent household
 - d. Grandparents raising grandchildren
 - e. Multi-family household
 - f. Multi-generational household
 - g. Other, please describe:
