

# Program Evaluation

Introduce yourself, see if the family member you worked with is available. Remind them briefly about the program, and that this is a short follow-up call to see how they've been doing since we last checked in. For example, you might use the script below.

Thank you for participating in this BREATHE Asthma Outreach Program. We hope it was helpful to you and your family. We would like to ask you a few questions – how you felt about the program, what you thought about our work, and what you might do with the information and materials you received. Your answers will help us improve our outreach and reach other families.

Date: \_\_\_\_\_

Name of participate answering questions \_\_\_\_\_

## Questions for all participants:

How have your child's asthma symptoms been during the past month? \_\_\_\_\_

After participation in this program, do you feel more empowered to take control of your asthma?  Not at all  Not much  Maybe a little  Quite a bit  definitely!

After participating in this program, how much did you learn about environmental asthma triggers?  Not at all  Not much  Maybe a little  Quit a bit  I learned a lot !

After participating in this program, I know where I can get personalized help if I have a question about indoor environmental quality and Healthy Homes.  Yes  No

In your first home visit, you said that, to you, successful asthma management meant "\_\_\_\_\_ (fill in answer from question during VV1)". Do you feel this program has helped make that goal more achievable for you?  Yes, definitely!  Yes, somewhat  Maybe a little  Maybe, but not much  No, not at all

Did you sign up for Outdoor Air Quality email alerts through EnviroFlash or LDEQ?  Yes  No--I didn't even know that was an option!  No--I knew about it but did not sign up

If you knew about it but did not sign up, why not? \_\_\_\_\_

How helpful were the education materials about asthma triggers and cleaning methods that you received?  Not at all helpful  Not helpful  I'm not sure  Helpful  Very helpful

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Do you think you will continue to use the information and household practices you learned about?

- Yes  
 No

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Since you found out about it, how often have you used the resources from EPA or LDEQ to check the outdoor air quality in your area?

- I use it all the time!  
 Every now and then  
 maybe once or twice  
 Never --I didn't even know that was an option!  
 Never--I knew about it but never used it

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If you knew about it but did not sign up, why not?

\_\_\_\_\_

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Since you participated in this program, how often has the asthma patient had asthma symptoms like coughing and wheezing, or needing to use their inhaler?

- More often  
 Less often  
 About the same amount  
 No asthma symptoms since!

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After participating in this program, did you make any change in the ways you clean and maintain your home?

- Yes, a big change  
 A few things, a small change  
 No, not really

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If you made any changes, please describe them briefly.

\_\_\_\_\_

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If you have NOT made any changes yet, do you plan to make any changes later based on what you learned?

- Yes  
 No

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TRUE or FALSE: Since participating in this program, I believe there are fewer asthma triggers in the home resulting from cleaning practices, pest control practices, smoking, etc.

- True  
 False

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How much do you feel ASTHMA has affected your quality of life in the past two weeks? Consider, for instance, the number of missed work/school days due to asthma, lost productivity, how often you felt limited in your activities (e.g., exercising, running, gardening, cleaning, etc.), and/or how often your mental health has been affected due to asthma (e.g., if you felt sad, depressed, "left out", "different", anxious or frustrated because of asthma).

- Not at all  
 Not much  
 Maybe a little  
 Quite a bit  
 A lot

### What did you think of the home visits you had where about asthma triggers and Healthy Homes were discussed?

|   | Yes, I agree          | No, I disagree        | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| I liked working with the OLOLCH and LDH                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that the visits took too long                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I liked the information I was given at the home visits        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that the home visits/questionnaire invaded our privacy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I liked the educational handouts I was given                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I felt that the information didn't apply to me and my family  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would like to learn more about managing asthma              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

How many days of work days and/or school days (choose one or both) have you missed in the past 4 weeks due to asthma?

- 1 day or less of school  
 2-5 days of school  
 more than 5 days of school  
 1 day or less of work  
 2-5 days of work  
 more than 5 days of work

Choose all that apply: Is/are there a particular place(s) that you find your asthma symptoms have been worse in the past 4 weeks?

- Home  
 Workplace  
 School  
 Other  
 (score 1 if home is selected)

If other, please describe

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Is there anything that you think would make this program more useful for you?

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Is there anything else you would like to tell us about your Asthma Home visits?

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