

TLC Trial Form CLEANUP.03 Home Clean-up

For clinic use only

Log number _____

Center ID: _____ - ____
Screening ID: S _____ - ____
Study ID: T _____ - ____
House ID: _____

INSTRUCTIONS: *The purpose of this form is to document that TLC clean-up activities were performed for a child's residence or that the house already meets certification standards. More than one cleaning may occur for a given residence during the course of the Trial. Therefore, it is important to fill in the House ID (assigned sequentially for each location that is assessed for a child) and the number of times this particular location has been cleaned (expressed in the Visit Code). For example, Visit Code H2-2 indicates that this is the second cleaning of this particular house.*

1. **Purpose of assessment** ()₁ Pre-randomization
()₂ Relocation
()₃ Routine Follow-up
()₄ Other, specify _____
2. **Was this house cleaned?** ()₀ No ()₁ Yes

IF THE HOUSE WAS **NOT** CLEANED

3. **Reason house was not cleaned** ()₁ New construction
()₂ House already meets HUD standards
()₃ Family refused cleaning
()₄ Other, specify _____

IF THE HOUSE WAS CLEANED

4. **Date of clean-up** _____ / _____ / _____ mm/dd/yy
5. **Were there any deviations from the TLC Environmental Protocol? If yes, please explain in COMMENTS section below.**
()₀ No ()₁ Yes

ADMINISTRATIVE MATTERS

6. **Date form completed** _____ / _____ / _____ mm/dd/yy
7. **TLC Staff** _____
Signature _____
TLC Code

COMMENTS

Send to:
TLC Data Coordinating Center

Include no identifying information