



Healthy & Sustainable Housing Initiative (HSHI) Training Form

Introduction

The HSHI is testing the effectiveness of a Quick Observational Tool (QOT). This form serves as an observational tool to identify homes that require an environmental remediation to get rid of health risks (e.g., lead paint, asbestos, leaky roof, etc.).

By developing an effective the Quick Observational Tool the HSHI’s partnering organizations will be able to screen a large number of homes. If a home is observed and determined to have health risks, then a referral will be made to the appropriate health department. The HSHI’s follow-up procedure will include offering a home visit to complete a full-length assessment, as time permits, and provide a list of resources.

To determine if the Quick Observational Tool is effective, both the QOT and full-length assessment will need to be completed for a large number of homes.

How You Can Help

Here are some details about how to complete a Quick Observational Tool:

1. The form is 2 pages with contact information questions, 9 observation questions, and only one QOT is to be completed per home.
2. The completed QOT will not be distributed beyond the HSHI partner network.
3. First, a consent form will need to be signed by the homeowner. Please go over this form with the homeowner to ensure that he/she understands the process.
4. Conduct the home inspection. Please refer to the chart below to answer the questions correctly.
5. After collecting the information on the form, briefly review findings with the homeowners. At this time, information is given to the families about any hazards that were found in their home. (We will be collecting data from the QOT to determine which are the most common hazards and will develop educational tools to address those).
6. Return the completed QOT to your agency contact.

Questions for St. Louis City residents can be directed to **[Insert Name & Contact Info]**.

Questions for St. Louis County residents can be directed to **[Insert Name & Contact Info]**.

Filling Out the Form

Question	Instructions for Completion
Step 1: Contact Information	
Participant’s contact information	Please detail the homeowner’s name, address, and phone number so the HSHI may follow-up. Be sure to include an alternate phone number if possible.
Your contact information	Please include your name, organization name, phone number, and email address.
Housing Type	Select ONLY ONE. Circle the appropriate housing type.
Resident Type	Select ONLY ONE. Circle the appropriate resident type.
Step 2: Informed Consent and Questions	
Consent form	Please go over this form with the homeowner to ensure that he/she understands the process. The form must be signed to continue.
	Does the participant have any questions before starting – please

Questions	make a note of the types of questions so we can create a list of appropriate answers. The QOT will not be given to any legal authority for the purposes of prosecution or child protection.
Questions (Cont'd)	The QOT is to provide health and housing leaders with data of the need for healthy homes and to develop, design and provide appropriate educational materials for families to ensure they have a healthy home.
Step 3: Home Observation	
1. Is there a lead risk (home built before 1978, knowledge of lead in the home, elevated blood lead levels, degraded/flaking paint)?	Select ONLY ONE. Indicate Yes, No, or Don't Know.
2. Are there any leaks, flooding, water damage, mold, or damp or musty smells?	Select ONLY ONE. Indicate Yes, No, or Don't Know.
3. Is there any evidence of pests like cockroaches or rodents like mice or rats?	Select ONLY ONE. Indicate Yes, No, or Don't Know.
4. Has anyone who lives in the home ever been diagnosed with asthma by a medical professional?	Select ONLY ONE. Indicate Yes, No, or Don't Know.
5. Is there any visible dust present in the home?	Select ONLY ONE. Indicate Yes, No, or Don't Know.
6. Does the home have the appropriate utilities (water, gas, electric)?	Select ONLY ONE. Indicate Yes, No, or Don't Know.
7. Are there any safety risks (electrical, ventilation, fall hazards)?	Select ONLY ONE. Indicate Yes, No, or Don't Know.
8. Are there any security hazards (broken/unlocked windows or doors)?	Select ONLY ONE. Indicate Yes, No, or Don't Know.
9. Do the residents have smoke and CO detectors that work?	Select ONLY ONE. Indicate Yes, No, or Don't Know.
Step 4: Comments and Follow-Up	
Comment section	Please make any comments about how easy or difficult the tool has been to use or any comments that the participant has about the tool, the process or information shared.
Step 5: Participant Actions	
Does the participant have any resources to make the changes to make the home healthier?	Please list any resources the participant may mention. Or if they have none, please write in None Available. (This will assist us in recognizing potential resources for others).
Is the participant making any repairs/changes to the home?	Please indicate if the participant is already making changes to the home.
What is the participant's top priority for fixing/addressing the health of the home?	Please indicate what the participant feels is the most important issue to fix or address in the home.
Follow up form	If at least ONE item is noted, or at least ONE health condition exists, please complete the follow-up form and return to the appropriate health department.

If you have questions about how this tool was developed or may be used, you may contact
Jill Thompson at Generate Health
Email: jthompson@generatehealthstl.org
Phone: 314-880-5707

Developed by the Healthy and Sustainable Homes Initiative of Generate Health STL. Permission to copy this for agency use to aid families in having health homes is granted. Please acknowledge Generate Health when using this or the training components.