

ST. LOUIS HEALTHY AND SUSTAINBLE HOUSING INITIATIVE (HSHI)



QUICK OBSERVATION TOOL (QOT)

The HSHI is working across the St. Louis region to help families increase the health of their homes. ***A healthier home means a healthier family!***

These results WILL NOT be distributed outside of the HSHI partner network.

Step 1: Contact Information

Participant Name(s): _____

QOT Completed By: _____

Date: _____

Organization: _____

Phone Number: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Email Address: _____

Circle: Home Apartment Condo

Two Family Four Family

Address: _____

Resident Type: Owns Rents Temporary

Apt. No.: ____ City: _____ State: ____

Zip Code: _____

Step 2: Informed Consent and Questions

Has the participant signed the consent form (please attach)? Yes No

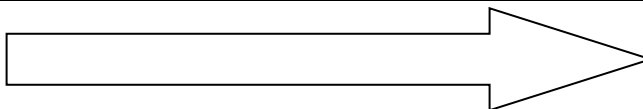
Does the participant have any questions before beginning (please answer or refer)? Yes No

Step 3: Home Observation

What areas of the home were seen/visited? _____

Is there a lead risk (home built before 1978, knowledge of lead in the home, elevated blood lead levels, degraded/flaking paint)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Are there any leaks, flooding, water damage, mold, or damp or musty smells?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Is there any evidence of pests like cockroaches or rodents like mice or rats?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Has anyone who lives in the home ever been diagnosed with asthma by a medical professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Is there any visible dust present in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Does the home have the appropriate utilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Are there any safety risks (electrical, ventilation, fall hazards)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Are there any security hazards (broken/unlocked windows or doors)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Do the residents have smoke and CO detectors that work?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

PLEASE SEE OTHER SIDE



Step 4: Comments and Follow-up

Please write any comments below:

Step 5: Participant Actions

Does the participant have any resources to make the changes to make the home healthier?

Is the participant making any repairs/changes to the home? _____

What is the participant's top priority for fixing/addressing the health of the home?

Has the participant been given the follow-up form?

Yes No

(Permission to refer)

--- Please return this form and the signed consent form agency contact who provided the tool ---

If you have questions about how this tool was developed, 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.