

# HOME SAFETY QUESTIONNAIRE

Form # 312 (8/16)

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

DOB: \_\_\_\_\_

When you are prone to falling, your home can either support you or become a reason for your falls. The following is a list of common things that make a difference in a falling problem.

Look around you and answer the questions truthfully about how well your home is helping you avoid falling. Then think about how you can change things to make it less likely that you will fall.

**Bring this form with you for your evaluation.**

*Please choose by circling the best response to each of the questions below.*

1. As I move from room to room in my house, I slip or stumble from clutter of electrical cords, low furniture, or other things in my path. (Trips)

Never

Rarely

Once a week

More than once a week

2. As I move from room to room in my house there are sturdy things I can grab to steady myself if I feel unsteady. (Handholds)

Everywhere

Most places

Sometimes

Few things to steady me

3. I have a good light when I walk in my house, (include nighttime trips to the toilet). (Light)

Always

Almost always

Sometimes

Often dark

4. While inside my home I walk in shoes, not barefoot or in slippers. (Footwear)

Often

Usually

Sometimes

Mostly barefoot

5. I slip or have difficulty getting on and off the toilet. (Toilet)

Never

Rarely

Once a week

Often

6. I slip or have difficulty getting in and out of the bath or shower. (Bath)

Never

Rarely

Once a week

Often

7. I slip or have difficulty with steps or stairs in my house. (Stairs)

Never

Rarely

Once a week

Often

8. I stand on my toes to get things out of reach in my kitchen or closets (Reach)

Never

Rarely

Sometimes

Often

9. In the places I walk outside, there are uneven surfaces, cracked sidewalks, slippery steps, or other problems that make me trip or stumble. (Outside)

Never

Rarely

Sometimes

Often

10. If I were to fall, hurt myself, and were unable to get up, I would be able to get help quickly. (Help)

Always

Usually

Sometimes

No – usually alone

## *Home Safety Questionnaire: Scoring Instructions*

\* Extreme left items score 0, with sequential left to right scores of 1, 2, 3.

For example, item 10: Always=0 Usually=1 Sometimes=2 No – usually alone =3

\* The higher the score, the more concern regarding the safety issue.

\* The score should be copied into the same numbered and titled block in the Home Safetybox on the Preventive Physical Examination form.

## *Home Safety Questionnaire: Reference Materials for Patient*

\* CDC Home Safety Checklist – <http://www.cdc.gov/ncipc/pub-res/toolkit/brochures.htm>

# HOME SAFETY QUESTIONNAIRE

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