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 respon 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 c roomippers. (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) **l l**

Ne , hurt myself, and/or I would be able to get help q uickly. (Help)

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*** The score should be copied in the same**

Home Safety Questionnaire: Reference M

* CDC Home Safety Checklist – http://ww