

Home Safety Questionnaire

Name _____ **Date** _____

When you are prone to falling, your home can either support you or become a reason for your falls. Look around you and answer the questions truthfully about how well your home is helping you to avoid falling. Then think about how you can change things to make it less likely that you will fall.

Please bring this form with you to your next appointment.

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

Always	Almost always	Sometimes	Often dark
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4. While inside my home I walk in shoes, not barefoot or in slippers. (Footwear)

Often	Usually	Sometimes	Mostly barefoot
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5. I slip or have difficulty getting on and off the toilet. (Toilet)

Never	Rarely	Sometimes	Often
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6. I slip or have difficulty getting in and out of the bath or shower. (Bath)

Never	Rarely	Sometimes	Often
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