Rebuilding Together Greater Milwaukee
Occupational Therapy Home Safety Assessment

Applicant Name(s): _____ Telephone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

OT _____ Telephone: _____ Date: _____

Homeowner health condition / Biography

Ambulation Device: _____

Homeowner Health Assessment Interview

Health Condition	Recent:	General Eye sight:	Uses Hearing Aid	Last Doctor / Eye Visit:
☐ Good ☐ Fair ☐ Poor	☐ Illness ☐ Surgery ☐ Other:_____	☐ Good ☐ Fair ☐ Poor	☐ Yes ☐ No	☐ Doc _____ ☐ Eye _____

Outside The House

Type of home:	☐ One Story	☐ One and a-half story	☐ Two Story
Number of Steps:	☐ Front: _____	☐ Back: _____	☐ Side: _____
Step Height:	☐ Front: _____	☐ Back: _____	☐ Side: _____
Are Steps Even?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Condition:	☐ Good ☐ Needs Repairs	☐ Good ☐ Needs Repairs	☐ Good ☐ Needs Repairs
Number of Railings:	☐ Front: _____	☐ Back: _____	☐ Side: _____
Railing Height:	☐ Front: _____	☐ Back: _____	☐ Side: _____
Are Railings Secured?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Condition:	☐ Good ☐ Poor	☐ Good ☐ Poor	☐ Good ☐ Poor

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Outside The House (continued)

Door Width:	☐ Front: _____	☐ Back: _____	☐ Side: _____
Wheel Chair Accessible?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Porch or Stoop support Wheel Chair Turning Space?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Future Need?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Explain:			
Outside Light:	☐ Front: _____	☐ Back: _____	☐ Side: _____
Condition:	☐ Not Working ☐ Adequate ☐ Needs Repairs	☐ Not Working ☐ Adequate ☐ Needs Repairs	☐ Not Working ☐ Adequate ☐ Needs Repairs

1. Do you have difficulty walking/entering into the house? ☐ Yes ☐ No
   Describe: _____

2. Do you have difficulty identifying visitors? ☐ Yes ☐ No
   Window in door ☐ Yes ☐ No Peephole in door ☐ Yes ☐ No
   Describe: _____

3. Do you have difficulty hearing the doorbell or knocks on the door? ☐ Yes ☐ No
   Door bell Working? ☐ Yes ☐ No | Door bell Installed ☐ Yes ☐ No | Knocker Installed ☐ Yes ☐ No
   Describe: _____

4. Do you have difficulty managing the door locks and knobs/handles? ☐ Yes ☐ No
   Door locks working? ☐ Yes ☐ No | knobs Installed ☐ Yes ☐ No | lever handle Installed ☐ Yes ☐ No
   Describe: _____

5. Do you have difficulty getting the mail safely? ☐ Yes ☐ No
   Location of Mailbox ☐ Too High ☐ Too Low ☐ Opposite of Door swing ☐ Slot in Door
   Describe: _____

6. Do you ever use a ☐ wheelchair, ☐ walker, ☐ cane, ☐ other: _____ outside the home? ☐ Yes ☐ No
   Describe: _____

7. Do you have difficulty getting trash to the carts? ☐ Yes ☐ No
   Do you have difficulty getting carts to the Collection Point? ☐ Yes ☐ No
   Describe: _____

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Inside The House-General

1. Do you use throw rugs? ☐ Yes ☐ No
   Kitchen: ☐ Backed ☐ Not Backed Bathroom: ☐ Backed ☐ Not Backed
   Condition: ☐ Fringe Ends ☐ Curling ☐ Moves Easily ☐ Good
2. Do you ever trip inside the home? ☐ Yes ☐ No | Have you fallen inside the home? ☐ Yes ☐ No
   Location: ☐ Bedroom ☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Hallway ☐ Stair
   Have you fallen outside the home? ☐ Yes ☐ No
   Location: _____
3. In what rooms are you most concerned about falling?
   Location: ☐ Bedroom ☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Hallway ☐ Stair
4. Your telephone, can you easily? ☐ read the dial | ☐ Yes ☐ No | ☐ reach | ☐ Yes ☐ No |
   Number of Cordless Phones: _____ Emergency numbers kept? ☐ Telephone ☐ Other: _____
   Location: ☐ Bedroom ☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Hallway ☐ Stair
5. Do you have nightlights? ☐ Yes ☐ No
   Location: ☐ Bedroom ☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Hallway ☐ Stair
   Do you keep lights on at night? ☐ Yes ☐ No
   Location: ☐ Bedroom ☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Hallway ☐ Stair
   Adequacy: ☐ Good ☐ Fair ☐ Poor
6. Observe: pathways free of obstacles/clutter? ☐ Yes ☐ No
   Loose/frayed carpet? ☐ Yes ☐ No Is a Trip Hazard? ☐ Yes ☐ No
   Location: ☐ Bedroom ☐ Kitchen ☐ Bathroom ☐ Living Room ☐ Dining Room ☐ Hallway ☐ Stair

   _____
7. Observe: does homeowner furniture walk? ☐ Yes ☐ No

   _____
8. How many stairs are inside the home? ☐ To Basement: _____ ☐ To 2nd Floor: _____
   Stair Height: ☐ To Basement: _____ ☐ To 2nd Floor: _____
   Number of Hand railings: ☐ To Basement: _____ ☐ To 2nd Floor: _____
9. Light switch at the top and bottom of the stairs? ☐ Yes ☐ No Is the lighting adequate? ☐ Yes ☐ No
10. Additional comments: _____

    _____

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Living Room / Dining Room

1. Do you have any difficulty using a ☐ sofa? | ☐ Yes ☐ No | ☐ chair? | ☐ Yes ☐ No
   Do you have a favorite chair? ☐ Yes ☐ No
   Have risers been installed? ☐ Yes ☐ No Would benefit from risers? ☐ Yes ☐ No
   Observe Accessibility: _____

   _____

2. Do you have a remote control for your Television? ☐ Yes ☐ No

3. Can you easily | ☐ reach window(s) ☐ Yes ☐ No | ☐ operate window(s) ☐ Yes ☐ No | ☐ operate blinds ☐ Yes ☐ No | ☐ operate shades ☐ Yes ☐ No | ☐ draw cord ☐ Yes ☐ No | at window(s)?

4. Observe: are there any obstructions in the walking paths? ☐ Yes ☐ No
   Describe: _____

   _____

5. Observe: is the lighting adequate? ☐ Yes ☐ No
   Would benefit from | ☒ brighter lighting? ☐ Yes ☐ No

   _____

   _____

6. Other:

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Kitchen

1. Do you have difficulty reaching/using cupboards or storage space? ☐ Yes ☐ No
   Would benefit from Additional Storage? ☐ Yes ☐ No
   Would benefit with a Reacher? ☐ Yes ☐ No
   Describe: _____

2. Do you have difficulty lifting/transporting items during meal preparation? ☐ Yes ☐ No
   Describe: _____

3. Can you easily open/close drawers/cabinet doors? ☐ Yes ☐ No
   Type of Pull: ☐ Handle ☐ Knob ☐ Other: _____
   Describe: _____

4. Do you have any difficulty working at the sink/counter or using the faucets? ☐ Yes ☐ No
   Describe: _____

5. Do you have any difficulty using the stove/microwave? ☐ Yes ☐ No
   Are controls easy to see/read at off position ☐ Yes ☐ No
   Describe: _____

6. Is there a fire extinguisher/baking soda accessible at stove in case of fire? ☐ Yes ☐ No
   Fire Extinguisher? ☐ Yes ☐ No Baking Soda? ☐ Yes ☐ No

7. Can you easily open/close, and get items in/out of the refrigerator? ☐ Yes ☐ No
   Is door swing correct for location? ☐ Yes ☐ No

8. Do you get tired easily while making meals? ☐ Yes ☐ No

9. Observe: is the lighting adequate? ☐ Yes ☐ No
   Would benefit from | ☐ brighter lighting? ☐ Yes ☐ No

10. Other:

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Bedroom #1

1. Can you easily get into and out of the bed? ☐ Yes ☐ No
   Would benefit from Risers? ☐ Yes ☐ No
   Describe: _____

2. Can you easily move around the bedroom? ☐ Yes ☐ No
   Are there any obstructions in the walking paths ☐ Yes ☐ No
   Describe: _____

3. Can you easily reach clothing, coats, shoes/other closet items? ☐ Yes ☐ No
   Would benefit with ☐ additional storage, or ☐ lower closet rod? ☐ Yes ☐ No
   Describe: _____

4. Can you easily reach, open and close all dresser drawers? ☐ Yes ☐ No
   Describe: _____

5. Can you easily reach a | ☐ light ☐ Yes ☐ No | ☐ telephone ☐ Yes ☐ No | from your bed?
   Would benefit with wireless devices (i.e. remote lights or remote phone)? ☐ Yes ☐ No
   Describe: _____

6. Observe/Measure: Door entrance width: _____ Would benefit from wider door? ☐ Yes ☐ No
   Light switch location adequate? ☐ Yes ☐ No
   Telephone location adequate? ☐ Yes ☐ No
   Would benefit from swing clear hinges? ☐ Yes ☐ No
   Describe: _____

7. Observe: is the lighting adequate? ☐ Yes ☐ No
   Would benefit from | ☐ brighter lighting? ☐ Yes ☐ No

8. Other:

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Bedroom #2

1. Can you easily get into and out of the bed? ☐ Yes ☐ No
   Would benefit from Risers? ☐ Yes ☐ No
   Describe: _____

2. Can you easily move around the bedroom? ☐ Yes ☐ No
   Are there any obstructions in the walking paths ☐ Yes ☐ No
   Describe: _____

3. Can you easily reach clothing, coats, shoes/other closet items? ☐ Yes ☐ No
   Would benefit with ☐ additional storage, or ☐ lower closet rod? ☐ Yes ☐ No
   Describe: _____

4. Can you easily reach, open and close all dresser drawers? ☐ Yes ☐ No
   Describe: _____

5. Can you easily reach a | ☐ light ☐ Yes ☐ No | ☐ telephone ☐ Yes ☐ No | from your bed?
   Would benefit with wireless devices (i.e. remote lights or remote phone)? ☐ Yes ☐ No
   Describe: _____

6. Observe/Measure: Door entrance width: _____ Would benefit from wider door? ☐ Yes ☐ No
   Light switch location adequate? ☐ Yes ☐ No
   Telephone location adequate? ☐ Yes ☐ No
   Would benefit from swing clear hinges? ☐ Yes ☐ No
   Describe: _____

7. Observe: is the lighting adequate? ☐ Yes ☐ No
   Would benefit from | ☐ brighter lighting? ☐ Yes ☐ No

8. Other:

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Bathroom

1. Do you have any difficulty using the | ☐ faucet? ☐ Yes ☐ No
   Replace faucet? ☐ Yes ☐ No
   Would benefit from | ☐ single handle faucet? ☐ Yes ☐ No | ☐ lever handled faucet? ☐ Yes ☐ No
   Describe: _____

2. Do you have any difficulty using or storing personal care items near the sink/tub/shower? ☐ Yes ☐ No
   Describe: _____

3. Do you have difficulty stepping into/out of the bath/shower? ☐ Yes ☐ No
   Describe: _____

4. Observe: are there non-slip mats/strips in the tub/shower? ☐ Yes ☐ No
   ☐ non-slip mats ☐ non-slip strips

   _____

5. Do you have any difficulty taking a bath or a shower? ☐ Yes ☐ No
   Describe: _____

6. Do you have any difficulty using the ☐ tub faucets | ☐ Yes ☐ No | ☐ shower control | ☐ Yes ☐ No ☐ drain stopper | ☐ Yes ☐ No
   Do they work? ☐ tub faucets | ☐ Yes ☐ No | ☐ shower control | ☐ Yes ☐ No | ☐ drain stopper | ☐ Yes ☐ No
   Describe: _____

7. Do you have/use any of the following assistive equipment?

☐ Tub Chair ☐ Have ☐ Use	☐ Hand Held Shower ☐ Have ☐ Use	☐ Raised Toilet Seat ☐ Have ☐ Use
☐ Tub Bench ☐ Have ☐ Use	☐ Grab Bars ☐ Have ☐ Use	☐ Bedside Commode ☐ Have ☐ Use
☐ Reacher ☐ Have ☐ Use	☐ Long Handle Sponge ☐ Have ☐ Use	☐ Long Handle Shoehorn ☐ Have ☐ Use
☐ Sock aider ☐ Have ☐ Use	☐ Other _____	☐ Other _____

8. Do you have any difficulty getting on/off the toilet? ☐ Yes ☐ No
   Type: ☐ Older low toilet ☐ Newer high toilet
   Describe: _____

9. Do you have any difficulty reaching the toilet paper? ☐ Yes ☐ No
   Describe: _____

10. Observe: is the lighting adequate? ☐ Yes ☐ No
    Would benefit from | ☐ brighter lighting? ☐ Yes ☐ No

    _____

    _____

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Bathroom (continued)

11. Observe/Measure: Door entrance width: _____ Would benefit from wider door? ☐ Yes ☐ No
    Light switch location adequate? ☐ Yes ☐ No
    Telephone location adequate? ☐ Yes ☐ No
    Would benefit from swing clear hinges? ☐ Yes ☐ No
    Describe: _____

12. Other: _____

Basement / Laundry Room

1. How do you transport your laundry to the washer? ☐ Bin with wheels ☐ Hand Basket ☐ Laundry Bag
   Describe: _____
2. How do you transport your laundry to the dryer? ☐ Bin with wheels ☐ Hand Basket ☐ Laundry Bag ☐ Directly by hand from the Washer
   Describe: _____
3. Do you have any difficulty using or seeing the dials on the washer/dryer? ☐ Yes ☐ No
   Describe: _____
4. If basement used: ☐ See Stair / Hand Railings page 3 number 8
   Is the area free of clutter? ☐ Yes ☐ No
   Describe: _____
5. Is washer/dryer near stair location? ☐ Yes ☐ No
   Describe: _____
   Is laundry chute near washer/dryer? ☐ Yes ☐ No
   Describe: _____
6. Observe: is the lighting adequate? ☐ Yes ☐ No
   Would benefit from | ☐ brighter lighting? ☐ Yes ☐ No
7. Other:

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Summary of Home Safety Assessment

Assistive Equipment Recommendations:

Homeowner Approval: ☐ Yes ☐ No Signature: _____

Suggested Home Environment Changes:

Homeowner Approval: ☐ Yes ☐ No Signature: _____

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OT Functional Home Safety Recommendations

☐ **Outside Home**:
-

☐ **Inside Home General**:
-

☐ **Living Room / Dining Room**:
-

☐ **Kitchen**:
-

☐ **Bedroom**:
-

☐ **Bathroom**:
-

☐ **Basement / Laundry Room**:
-