

PATIENT NAME: _____ PATIENT ID: _____

Check "Yes" if the item listed is available, safe and adequate. For items checked "No," explain in comments below.

HOME ENVIRONMENT ASSESSMENT

	Yes	No		Yes	No		Yes	No	N/A
1. Telephone	<input type="checkbox"/>	<input type="checkbox"/>	9. Sufficient outlets	<input type="checkbox"/>	<input type="checkbox"/>	15. No Smoking signs if oxygen (O ₂) in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Water supply	<input type="checkbox"/>	<input type="checkbox"/>	10. Free of infestations	<input type="checkbox"/>	<input type="checkbox"/>	16. No visible weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Electricity	<input type="checkbox"/>	<input type="checkbox"/>	11. Family involved in patient care	<input type="checkbox"/>	<input type="checkbox"/>	17. Lives alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Refrigeration	<input type="checkbox"/>	<input type="checkbox"/>	12. Caregivers/sitters	<input type="checkbox"/>	<input type="checkbox"/>	18. Cognitive deficits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Storage space	<input type="checkbox"/>	<input type="checkbox"/>	13. No vicious animals	<input type="checkbox"/>	<input type="checkbox"/>	19. Multi-dwelling residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Food supply	<input type="checkbox"/>	<input type="checkbox"/>	14. Lifeline® or Patient Alert System	<input type="checkbox"/>	<input type="checkbox"/>	20. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Stove	<input type="checkbox"/>	<input type="checkbox"/>							
8. Heat and ventilation	<input type="checkbox"/>	<input type="checkbox"/>							

HOME SAFETY

BATHROOM:	Yes	No		Yes	No
Are there handgrips by the tub/shower?	<input type="checkbox"/>	<input type="checkbox"/>	Are there handgrips by the toilet?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a nonskid mat in the tub/shower?	<input type="checkbox"/>	<input type="checkbox"/>	Is there a seat in the tub/shower?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a seat by the sink?	<input type="checkbox"/>	<input type="checkbox"/>	Does the toilet have a high-rise seat?	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRICAL OUTLETS & DEVICES:	Yes	No	LIGHTING:	Yes	No
Do electric cords run along walls?	<input type="checkbox"/>	<input type="checkbox"/>	Is lighting adequate throughout the house?	<input type="checkbox"/>	<input type="checkbox"/>
Are electric devices protected from water?	<input type="checkbox"/>	<input type="checkbox"/>	Are night lights used along routes and areas traveled after dark?	<input type="checkbox"/>	<input type="checkbox"/>

FIRE SAFETY:	Yes	No		Yes	No
<i>Is there a home fire safety plan?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Have fire safety risks been identified in the home?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are there smoke detectors?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Fire extinguishers?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are there exits from all areas of the house?</i>	<input type="checkbox"/>	<input type="checkbox"/>			

FLOORS:	Yes	No	N/A	STAIRWELLS:	Yes	No	N/A
Are scatter rugs secured by non-skid backs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there non-skid surfaces on steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are pathways and hallways cleared of toys, excess furniture, etc.?	<input type="checkbox"/>	<input type="checkbox"/>		Are handrails present and securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEDROOMS:	Yes	No	N/A		Yes	No	N/A
Hospital Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed Rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedside Commode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prosthetic Device/Leg Brace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____			

MISCELLANEOUS:	Yes	No		Yes	No
Are hazardous items such as medications and sharps placed in secure areas out of the reach of children or confused individuals?	<input type="checkbox"/>	<input type="checkbox"/>	Is wheeled furniture secured by caster plates?	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS/INSTRUCTIONS: _____

SIGNATURE: _____ TITLE: _____ DATE: _____