

# Home Safety Questionnaire

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

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 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)  

<b>Never</b>	<b>Rarely</b>	<b>Once a week</b>	<b>More than once a week</b>
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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)  

<b>Everywhere</b>	<b>Most places</b>	<b>Sometimes</b>	<b>Few things to steady me</b>
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3. I have good light when I walk in my house, (include nighttime trips to the toilet). (Light)  

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

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

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

<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>
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7. I slip or have difficulty with steps or stairs in my house. (Stairs)

**Never**                      **Rarely**                      **Sometimes**                      **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

## **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 for each item should be copied into the same numbered and titled block on the Falls Evaluation: Initial Visit form.

## **Reference Materials for Patient**

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