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HOME ASSESSMENT CHECKLIST

This resource has been designed to identify hazards that may cause falls in a home. Some questions occur repeatedly because the same hazard can occur in more than one room in the home.

 \checkmark Please check all items that apply to you.

Exterior Entrance

- □ Steps or stairs have railings on both sides
- □ Edges of steps are clearly visible
- □ Steps have a non-slip surface
- □ Garage/shed is accessible from house
- Garage/shed floor is free from skid risks: water, oil, etc.
- □ Resident has arrangements for snow and ice removal
- □ Entranceway lighting is good
- □ Walkway and entrance are free of trip hazards
- Doors open easily SUGGESTIONS: ______

Interior Entrance

- □ Light switch is within easy reach
- □ Lighting is good (at least 60 watts)
- □ There is a seat close by
- □ Flooring is non-slip
- □ Entrance is free of obstacles SUGGESTIONS: _____

Kitchen

- □ Light switch is close to entrance
- □ Lighting is adequate
- □ Flooring is non-slip, level and in good repair
- □ Cleaning supplies are stored at an accessible height
- □ Cooking supplies, dishes and pots are easily reached
- □ A sturdy step stool with handrails is available
- Telephone or other cords are safely located SUGGESTIONS:

Adapted from from material developed by the Lunenburg-Queens Falls Prevention Association



A program of Community Links Tel: (902) 422-0914 E-mail: info@preventingfallstogether.ca



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HOME ASSESSMENT CHECKLIST

 \checkmark Please check all items that apply to you.

Living Room

- □ Light switch is close to entrance
- □ Lighting is adequate
- □ Rugs are secure
- □ Flooring is non-slip
- □ Rugs have no ripples or tears
- □ Furniture placement minimizes risk
- □ Electrical cords are safely located
- Room is free of clutter SUGGESTIONS: _____

Stairways (to upper level and/or basement)

- □ Light switches at top and bottom of stairs
- □ Lighting at top and bottom of stairs is adequate
- □ Sturdy handrails are present on both sides of stairs
- □ Handrail height feels comfortable when used for support
- □ Handrails extend 12 inches beyond the top and bottom steps
- □ Non-slip surfaces with edges marked in contrasting colour
- □ All steps are the same height and depth
- Stairs are free from obstacles and clutter SUGGESTIONS: ______

Bedroom

- □ Light switch is close to entrance
- □ Lighting is adequate
- □ A lamp is easily reached from the bed
- □ A telephone is easily reached from the bed
- □ A flashlight is easily reached from bed
- □ Pathway to bathroom is clear and lit with a night light
- □ Electrical cords are safely located
- □ Flooring is non-slip
- Rugs have no ripples or tears SUGGESTIONS: ______





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HOME ASSESSMENT CHECKLIST

Please check all items that apply to you.

Bathroom

- □ Light switch is close to entrance
- □ A night light is present
- □ Bathtub plug is easy to reach and to use
- □ A non-slip rubber mat is used in the tub
- □ There are at least two secure grab bars in the tub area
- □ Portable tub grab bars remain secure when used for support
- □ Mat outside the bathtub has a rubber backing
- □ If a raised toilet seat is used, it is sturdy and secure
- A grab bar is located beside the toilet SUGGESTIONS: _____

Personal Habits

- □ I move slowly after lying or sitting to prevent dizziness
- □ I have a strategy to follow if I were to fall, e.g., Personal Response Alarm
- □ I always wear well-fitted shoes with low heels and non-slip soles
- □ I use a cane or other mobility aid adjusted to my needs
- □ My cane or mobility aid is rubber-tipped
- □ I have met with an occupational therapist to have canes and other devices properly fitted.
- □ I do not wear clothes that create trip hazards (e.g., long housecoat)
- □ I avoid using bath oil
- □ I turn on a night light before I go to bed
- □ I turn on a light when I get up at night
- □ I make a point of knowing where my cat/dog is to avoid tripping
- □ I have had my vision and hearing checked within the past year
- □ I have my blood pressure checked regularly
- □ I have reviewed my medications with my doctor or pharmacist within the last year
- I participate in a regular exercise program SUGGESTIONS: ______



