

Brockton Home Health Care Agency

Comprehensive Home Safety Checklist

Bedroom:

	1.	Do throw rugs create a tripping hazard? □Yes □ No
	2.	a. Is the carpet torn? \Box Yes \Box No Is the room cluttered with clothing, magazines, newspaper or other items? \Box Yes \Box No
		a. Is there too much furniture for the space? □Yes □ No
	3.	Does the patient lack access to a telephone or cell phone, especially at night? □Yes □ No
	4.	Is there enough light? □Yes □ No
		Is the bed too high or low? \Box Yes \Box No
	6.	Do tangled electrical cords obstruct pathways? □Yes □ No
	7.	Does the furniture provide proper support, if needed? □Yes □ No
Ba	thre	oom/Shower:
	8.	Are grab bars available near the tub, shower and toilet? □Yes □ No
	9.	Is the floor slippery? Is there a lack of bath mats? □Yes □ No
	10.	Is the bathtub too high? □Yes □ No
	11.	Is the toilet the correct height? □Yes □ No
	12.	Is there the potential for bath water to be too hot? □Yes □ No
	13.	Are medications stored properly: not too high or too low for the patient to reach? □Yes □ No
	14.	Are mobility and joint problems making it difficult for the patient to reach into overhead cabinets, comb his hair or lift her leg to get into a bathtub? $\Box Yes \Box No$
Li	ving	Room:
		Is there too much clutter and not enough space to move around furniture? \Box Yes \Box No Is furniture unstable? \Box Yes \Box No
		Can the patient reach the light switch to turn it off or on? □Yes □ No Is there adequate lighting? □Yes □ No
	19.	Do throw rugs and electrical cords pose a tripping hazard? □Yes □ No
	20.	Is the floor uneven or is carpet torn? □Yes □ No
	21.	Is the room temperature too hot or cold? $\Box Yes \Box No$
	22.	Does glare from the windows make it difficult for a patient to see? □Yes □ No
	23.	Do the conditions of aging make it difficult for a patient to get out of a chair? $\Box Yes \Box Net$
Ha	llw	ay:
	24.	Is there a working smoke alarm and carbon monoxide detector in place? □Yes □ No
	25.	Is there adequate light at night? □Yes □ No
	26.	Does the patient have trouble finding the bathroom at night? □Yes □ No



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Kitchen:

27. Are cabinets too high or low? □Yes □ No
28. Is there clutter on countertops or throughout the kitchen? Are pathways obstructed? □Yes □ No
29. Is there adequate light for cooking? □Yes □ No
30. Are dangerous chemicals and cleaning materials secure? □Yes □ No
31. Is the floor slippery? □Yes □ No
32. Is there spoiled food in the refrigerator? □Yes □ No
33. Is emergency contact information within easy access? □Yes □ No
34. Is the patient at risk of harming herself with a sharp utensil or by causing a fire? □Yes □ No
Laundry Room/Basement:
35. Is there adequate light on basement stairways? □Yes □ No
36. Are there sturdy handrails for the stairway? □Yes □ No
37. Are the steps too steep or slippery? □Yes □ No
38. Does the last step blend in with the floor? □Yes □ No
39. Are the pathways cluttered? □Yes □ No 40. Is loundry detergent in bottles or boyes too beauty to lift? □Yes □ No.
40. Is laundry detergent in bottles or boxes too heavy to lift? □Yes □ No 41. Has detergent spilled on the laundry room floor? □Yes □ No
42. Does the patient have to carry baskets of laundry up and down stairs? □Yes □ No
Front Yard/Foyer:
43. Do steps have proper handrails? □Yes □ No
44. Are steps too steep, cracked or uneven? □Yes □ No

This home safety check is being provided solely for the purpose of raising the recipient's awareness of any potential home safety issues. It is not intended to address every potential home safety issue present in the recipient's home before, during or after this home safety check's administration. Neither the findings of, nor any of the suggestions from, this home safety check are intended to be construed as, and should not be construed as, being health care or safety related advice or instruction. Recipients of this home safety check should always consult with their medical or other health care professionals for any medical diagnosis and treatment, as well as a qualified home inspector or home repair contractor for any recommended and necessary home repairs and safety updates.

45. Are driveways or walkways snow- and icecovered? □Yes □ No

47. Is your patient loved one at risk of wandering? □Yes □ No

46. Is there adequate lighting at night? \Box Yes \Box No

48. Can your patient hear the doorbell? □Yes □ No