



Health and Safety Questions

Homeowner Name _____

Please complete the following survey so we can get to know you a bit better:

_____ Have you fallen while in your home within the last year?

_____ Are you afraid of falling in your home? Where? _____

What areas in your home give you trouble when walking through them?

_____ Do you feel safe and secure in your home?

_____ Do you need assistance in removing unwanted materials from inside or outside your home?

_____ Do you need grab bars in the bathroom?

_____ Do you need _____ Raised Toilet Seat _____ Shower Chair _____ Handheld Shower Nozzle

_____ Non-Slip BathTreads?

_____ Do you need interior stair railings added or reinforced?

_____ Do you need exterior railings added or reinforced?

_____ Is there anywhere in your home that you trip often? Where _____

_____ Are you worried about the security outside of your home?

_____ Do you have outside doors that do not lock? _____

Do you have working smoke detectors? How many? _____

_____ Do you have a working carbon monoxide detector?

What types of activities do you need help with? (opening jars, turning knobs, etc.)
