

ENVIRONMENTAL SCREENING TOOL

(LONG PAPER VERSION)

NAME: _____

FIRST STEPPER #: _____

SCORE: A) Home Hazards _____/29

B) Community Hazards _____/13

DATE: _____

COMPLETION: START 6 MONTHS 12 MONTHS

AUGUST 1, 2002
Revised September 2002

HOME HAZARDS

Do You Do a Regular Home Safety and Hazard Check to Prevent Falls?

YES

NO

Entrances

- Are all your stairs and walkways well lighted? (Use 100 watt, non-glare light bulbs.) Yes No
- Do all your stairs have sturdy, easy-to-grip railings? Yes No
- Are your outdoor stairs and walkways free from cracks, dips and holes? Yes No

Living Areas

- Can you turn on a light without having to walk into a dark room? Yes No
- Does your favourite chair have arm rests that are long and sturdy enough to help you get up and sit down? Yes No
- Are chairs and tables stable enough to support your weight if you lean on them? Yes No
- Is your home free of ALL loose mats, rugs and runners? (These are a major cause of falls. Remove them!) Yes No
- Do you use non-skid wax, or no wax at all, on polished floors? Yes No
- Are walkways kept clear of things that could trip you, such as cords, low furniture, and toys? Yes No

Kitchen

- Do you use non-skid wax, no wax, or carpeting that is fastened down well on the floor? Yes No
- If you must use floor mats, do they have a backing that grips and are trip-proof? Yes No
- Can you reach the things you use most often without using a step stool? Yes No
- Is the lighting bright but not creating glare? Yes No

Halls and Stairs

- Can you clearly see the outline of each step as you go both up and down? (Each step can be marked with brightly colored adhesive tape strips. Don't use shag carpets, deep-piled carpets or carpets with busy patterns on stairs.) Yes No
- Are there lights and light switches at both the top and bottom of the stairs? Yes No
- Do all stairways have securely-fixed handrails on both sides? (Rails should extend beyond the top and bottom steps, and the ends should turn in.) Yes No
- Does your hand wrap easily and completely around the rail? (Rails should be round and anchored one to two inches away from walls.) Yes No
- Are all carpets and runners well fastened down? Yes No
- Do stairs have even, regular and flat surfaces (no metal strips or rubber mats to trip you up)? Yes No
- Do stairs have equal heights and enough depth for each step? Yes No
- Are stairs and hallways kept free of clutter? Yes No

Bathroom

- Do the tub and shower have non-skid rubber mats, non-skid strips or non-skid surfaces? Yes No
- Do you have a grab bar on the wall or side of the tub/shower? (If balance or weakness is a problem, you should use a bath seat.) Yes No
- Is the floor safe? (If it is slippery or has loose rugs or tiles, it's risky.) Yes No
- Can you get on and off the toilet easily? (If you can't, install a raised toilet seat and fix a grab rail into the wall studs next to the toilet. Or install a grab rail that fastens onto the back of the toilet seat.) Yes No
- Do you hold onto grab bars when you get into or out of the tub or shower? Yes No

Bedroom

- Do you keep a light or flashlight within easy reach of your bed? Yes No
- Do you have a night light that lights your path to the bathroom? Yes No

SCORE: _____/29

COMMUNITY HAZARDS

Are You Aware of Fall Hazards in Your Community?

YES

NO

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. Do you watch for slippery pavement when walking outdoors, entering or leaving cars or buses (e.g. snow, ice, wet leaves, oil left from leaves)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Are you alert to unexpected hazards in your path? (eg. animals, telephone poles, curbs, etc.) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Do you avoid walking on stairs or surfaces that are uneven or needing repair? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Do you avoid poorly lit public areas? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Do you avoid rushing when crossing a street? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Do you have enough time to cross the street at a crosswalk? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Can you clearly see and hear stoplights and cars when out walking? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. Do you let somebody know your whereabouts when you go out on your own? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. If you need a cane or walker, do you always use it when you go out? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 10. Do you pay attention to where you are walking when out with somebody else? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 11. Are you alert to hazards when getting on or off an escalator/elevator? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 12. Have you had a fall in a public place in the past two years? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please select where:

- Sidewalk
- Curb
- Speed bump
- Paved road
- Unpaved road
- Driveway
- Street
- Shopping mall
- Store
- Bathroom
- Restaurant
- Food court
- Other

State cause: _____

SCORE: ____/13