

General Safety

- | | YES | NO | ?/NA |
|--|--------------------------|--------------------------|--------------------------|
| 1. Do you rise from a chair slowly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. When getting out of bed in the morning, do you sit on the side of the bed for awhile? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If you are unsure of your footing, do you use a cane/walker or ask for assistance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your footwear have soles and heels that give both traction and support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you test the surface when getting out of a car? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you alert to hazards like curbs, ice, escalators, elevators? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you carry packages at your side so your view is clear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you let the phone ring rather than race to get it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have your vision and hearing checked regularly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you talk to someone daily? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you do fall...

call 9-1-1 immediately!

- Call for help!** Keep a telephone and a list of emergency numbers handy in several rooms of the house.
- Keep Warm.** While you are waiting for help, cover up with a blanket, a coat or even a rug if that's all you can reach.
- See a doctor.** Even if you don't think you are hurt, always see a doctor after you fall. Falls may mean you are ill or need help with your medications.

Sources: CDC Nat'l Center for Injury Prevention and Control; Fall Prevention Project, Pima Council on Aging, Tucson, AZ; Community and Home Injury Prevention Project for Seniors, San Francisco Dept. of Public Health, San Francisco, CA.



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GRISWOLD SPECIAL CARE HOME SAFETY CHECK LIST

A Guide To Preventing Falls In The Home

Falls are the *most common* life-threatening hazard to the health status and independence of adults over the age of 65. In the US, one of every three persons over age 65 living in the community falls each year, with the incidence of falls increasing to 50% in those over 80 years of age. Falls are *not* a normal part of the aging process and many of the causes can be prevented or reduced by addressing these home safety issues.

Use this home safety checklist and then make a list of safety improvements that need to be done. If you need help making the changes, talk with your family members, doctor, friends, neighbors, senior organization, or church.

These are not guarantees but simple preventive measures may make a tremendous difference in the quality of your life.



Living Room

- | | YES | NO | ?/NA |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is the light switch at the room entrance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are walkways free of clutter, cords, throw rugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do carpets lie flat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are small rugs tacked down or slip resistant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do the chairs have armrests strong enough to help you get up from the chair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Kitchen

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Can you reach items without a stool? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the stool sturdy with not more than one step? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the floor unwaxed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the lighting bright? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a night-light? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bedrooms

- | | YES | NO | ?/NA |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is the light switch at the room entrance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a lamp by your bed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a phone by your bed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a night light between the bed and bathroom? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are pathways clear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the temperature adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bathroom

- | | YES | NO | ?/NA |
|--|--------------------------|--------------------------|--------------------------|
| 1. Do you have grab bars in the bathtub and shower? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a place to sit in the tub? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do bathtubs and showers have non-skid surfaces or mats? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the shower head hand-held? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the floor slippery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

YES NO ?/NA

- | | | | |
|----------------------------|--------------------------|--------------------------|--------------------------|
| 6. Is there a night light? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------|--------------------------|--------------------------|--------------------------|

Stairways

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Is there light at the top and bottom of the stairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Can you clearly see each step's outline as you go up or down? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are the steps in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do the stairs have a handrail? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the handrail sturdy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can you wrap your hand completely around the rail? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are rugs in good repair (not torn, tight to the flooring)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are stairs free of clutter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are outside steps free of cracks, ice and snow? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |