

Activities of Daily Living/Safety Questions

Please check off or circle the best answer to these questions:

Are you able to bathe/shower without assistance?

Yes	No
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Are you able to go to the bathroom without assistance?

Yes	No
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Are you able to dress yourself without assistance?

Yes	No
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Are you able to go shopping without assistance?

Yes	No
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Are you able to use the phone without assistance?

Yes	No
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Are you able to drive a car?

Yes	No
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Are you able to handle and schedule your own medications?

Yes	No
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Are you able to handle your own money and balance your checkbook?

Yes	No
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Does your home have adequate lighting in stairways/hallways?

Yes	No
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Do you have working smoke detectors in your home?

Yes	No
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Do you have a carbon dioxide monitor near your bedroom?

Yes	No
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Do you have an escape plan in case of fire?

Yes	No
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Do you have handrails on stairs inside and outside your home?

Yes	No
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Do you have a mat in your shower to prevent slipping?

Yes	No
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Do you have many throw rugs in your home (these increase the risk of tripping/falling)?

Yes	No
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Have you fallen in the past 6 months?

Yes	No
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Do you have any trouble remembering important things in your life (forgetting where you put your keys doesn't count!)

Yes	No
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Do you have any trouble with your vision that is not corrected by glasses?

Yes	No
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Do you have significant problem with your hearing?

Yes	No
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Please list any other medical providers you see (including dentists, eye doctors, cardiologists, dermatologists, etc):