Home Safety Assessment Tool - Caregiver Observation Checklist

Check off location of observed hazards that may cause a fall under each category.
Place the total number to the right of each category heading.

1. **Lack of Railings or Unstable Railing** ............................................................... Total:____
   - Front Entrance
   - Back Entrance
   - Staircases
   - Basement
   - Other

2. **Unsafe Steps** ........................................................................................................... Total:____
   - Front Entrance
   - Back Entrance
   - Staircases
   - Basement
   - Other

3. **Unmarked or Raised Threshold** ............................................................................ Total:____
   - Front Entrance
   - Back Entrance
   - Other

4. **Lack of Lighting / Poor Lighting / Lack of Access to Light Switches** .......................... Total:____
   - Front Entrance
   - Back Entrance
   - Hallway/Foyer
   - Living Room
   - Kitchen
   - Bedroom
   - Staircases
   - Basement/Laundry
   - Other

5. **Lack of a Ramp** ........................................................................................................ Total:____
   - Front Entrance
   - Back Entrance
   - Other

6. **Uneven or Cracked Pavement** ................................................................................ Total:____
   - Front Entrance
   - Back Entrance
   - Other

7. **Lack of a Grab Bar / Incorrect Placement of Grab Bar** ............................................ Total:____
   - Front Entrance
   - Back Entrance
   - Tub
   - Shower
   - Toilet
   - Other

8. **Presence of Throw Rug / Slippery Flooring / Unsafe Carpet** .................................... Total:____
   - Hallway
   - Living Room
   - Kitchen
   - Bedroom
   - Bathroom
   - Other

9. **Cluttered Area** ........................................................................................................ Total:____
   - Hallway
   - Living Room
   - Bedroom
   - Bathroom
   - Staircases
   - Basement/Laundry
   - Other

10. **Presence of Electrical Cords Across the Floor** ...................................................... Total:____
    - Living Room
    - Bedroom
    - Other

11. **Not Enough Space to Move Around** .................................................................... Total:____
    - Living Room
    - Kitchen
    - Other

12. **Furniture too High/Low** .......................................................................................... Total:____
    - Cabinets
    - Bed
    - Toilet
    - Tub
    - Other

13. **Presence of Unstable Furniture** ............................................................................ Total:____
    - Kitchen
    - Living Room
    - Bedroom
    - Other

14. **Lack of Necessary Device** .................................................................................... Total:____
    - Phone Near Bed
    - Device to Get In / Out of Bed
    - Bath Chair
    - Reacher
    - Other

15. **Miscellaneous Hazards Observed**

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