

SAFETY AT HOME QUIZ



Please answer the following questions about abilities at home to determine whether safety at home may be an issue

1. Ability to recognize a life threatening event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Ability to rapidly and safety respond to a life threatening event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Ability to call emergency responders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Ability to exit home quickly and safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Ability to determine who can safely be allowed to come into the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Ability to follow instructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Ability to return home alone and without assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Ability to take medications according to directions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Ability to prepare meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Ability to safely use the bathroom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Ability to bathe self?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Ability to groom self?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Ability to feed self?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Ability to remain safely in the home without assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Ability to prevent hazardous situations in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. Ability to recognize hazardous situations in the home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Ability to safely drive an automobile?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Ability to communicate with others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19. Ability to make sound judgments or decisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20. Ability to remember short or long term events?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Difficulty with any one of the abilities listed above indicate a potential health or safety risk that warrants intervention such as referral to primary care physician or continued and careful observation. Multiple difficulties indicate a need for medical assessment by a qualified health care professional such as a primary care physician or an occupational therapist. For more information about SAFE Aging, refer to www.safeaging.com or call our toll free number at 1-866-SAFE AGE.