

Checklist: Health and Home Safety Questions to Answer *Before Relocating*

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Relocating to another place such as an adult living facility or a nursing home may be one of the most emotional and difficult decisions individuals and families make. Many factors influence such a decision including finances, security, personal safety, attitudes, personal capabilities, the neighborhood, health or home safety, or combinations of all of these. If a decision to move is being considered due to health or home safety, take the time to answer the following questions before making any final decisions!

ABOUT MY HOME				
Home Design		Yes	No	Unsure
1.	Does my home's design help me to live safely at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a room (or rooms) that makes me feel afraid for my safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Am I able to easily and safely move around my home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If not, can I rearrange furniture or objects to improve my safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there secure safety rails in place near all steps inside and outside of the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are there safety rails properly located in the bathtub or shower area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Can I easily reach what I need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	If not, can I rearrange my things to make reaching easier or safer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Can I easily carry things from room to room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	If not, are there options I can find or use that would make this possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are there any simple design changes that can be made inside my home to make my life easier, safer or more comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have I made any changes or adjustments to the interior of my home to make my life easier, safer or more comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Environment		Yes	No	Unsure
1.	Is there plenty of bright light in all of my rooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are walkways and pathways between rooms free of clutter, cords or obstacles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are walkways and paths lit at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there safety hazards in my home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	If so, can they be removed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is my house dry? (mold free)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is my house clean, free from dust, pollens, and other forms of allergens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABOUT MYSELF				
General Information		Yes	No	Unsure
1.	Am I planning to move because living at home is impossible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Am I planning to move because I don't feel safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Am I afraid of getting injured in my home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If so, do I know the cause of my fear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do I know the specific factors that make me think I should move away from home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Am I doing everything I can, to be as healthy as possible in my home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Abilities				
1.	Am I as strong as I can be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If not, could I improve my strength?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do I have good balance that makes me feel safe and secure with my abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If not, can I improve my balance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do I have good joint range of motion that makes me feel safe and secure with my abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If not, can I improve my joint motion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Am I able to bathe, dress, feed myself safely and independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If not, could I make adjustments and learn to do some things differently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Am I able to groom myself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If not, can I make an adjustment and groom myself in a different manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Abilities cont.		Yes	No	Unsure
6.	Could I use some special assistive devices to help me do my essential activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are there activities in your home you could do a year ago, but cannot do any longer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations: If you answered NO to any of these questions, consider asking an occupational therapist to make a home visit. Occupational therapists provide valuable assessment, training and support to help adults remain injury free and as independent as possible. For more information about occupational therapy, refer to www.aota.org. For more information about home safety refer to SAFE Aging at www.safeaging.com.

Personal Options		Yes	No	Unsure
1.	Do I precisely know my concerns about living in my home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do I precisely know my concerns about moving to a different place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Could I learn to do activities differently to be able to stay in my home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Am I aware of alternatives or options I can use to make living at home possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	If not, have I sought the advice of knowledgeable health care professionals such as an occupational therapist to help me?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are there any assistive devices that could do an important activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are there any assistive devices I can use that would make my life easier, safer or more comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do I need to see a health care specialist to help me improve my abilities in daily life activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do I need to have a formal rehabilitation plan to improve my abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Do I need to join a fitness program to improve my abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have I done everything I can possibly do to maximize my abilities in my home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Am I open to making changes in the way that I do things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Am I willing to make personal changes to be able to remain living in my home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations: If you are uncertain about any of your answers in this checklist, consider completing SAFE Aging's SAFETY APPRAISAL FOR ELDERERS (SAFE). The SAFE is a very interesting self appraisal activity you can do. The SAFE identifies, highlights and scores potential health risks or safety hazards in

your home; then provides useful educational information and solution ideas. A high risk score could indicate the need for an in home assessment by a health care professional. Refer to <http://www.safeaging.com/safe/safe1.html> or call SAFE AGING's toll free number 1-866-SAFE AGE

ABOUT MOVING				
		Yes	No	Unsure
1.	Are there advantages to moving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are there dis advantages about moving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Will I be better in a different living situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Will I be worse in a different living situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Could I make any changes personally or in my home to be able to remain living at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	If so, do I know where to begin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is this move absolutely necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations: If you answered NO to any of these questions, consider asking an occupational therapist to make a home visit.

AVAILABLE COMMUNITY SERVICES				
		Yes	No	Unsure
1.	Am I aware of all of the supportive community options available to me?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are there services I can find that will help me to live at home longer such as companion services, assistance with laundry, shopping, housekeeping, laundry, meal preparation, meal delivery, home care, day care, transportation, legal, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are there services I can use to help me with my essential and important daily life activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there supportive programs I can use to help me live safely at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Am I able to transport myself to appointments, community events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	If not, are there service providers who could help me?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendations: For assistance in finding community resources, local area agencies on aging are an excellent resource. For more information, refer to www.aoa.gov

CONCLUSION

Before making a final life altering decision to move from your home, seek the advice of a trained health care professional such as an occupational therapist. There are often many things that can be changed or modified either in the home or in the person, which can make a huge difference in abilities and home safety. New technology is also paving the way to greater independence

One needs to be open to new possibilities. Changing the environment, changing the person or changing the way things are done can make living at home possible.

For more information, contact SAFE Aging at 1-866-SAFE AGE or refer to SAFE AGING's website www.safeaging.com

Resources for this checklist:

www.aota.org

<http://www.aota.org/featured/area6/docs/FallsFact.pdf>

www.safeaging.com

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