

MAINTAINING SENIORS' INDEPENDENCE

A GUIDE TO HOME ADAPTATIONS





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Maintaining SENIORS' INDEPENDENCE

A Guide to Home Adaptations

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THE ASSESSMENT TOOL P.T1

Definitions

Autonomy:

Ability to undertake the various activities of daily living alone.

Loss of Physical Autonomy:

Inability to undertake the various activities of daily living (loss of autonomy) because of motor deficiencies, organic deficiencies, speech or sensory deficiencies.

Activities of Daily Living (ADL):

A number of tasks that people undertake, daily or regularly, and that are essential to their physical autonomy.

Deficiency:

A loss, defect or anomaly in an organ, a structure, or a mental, psychological, physiological or anatomical function (WHO, 1981).

Disability:

A partial or total reduction (resulting from a deficiency) of the ability to undertake an activity in a way or within the limits considered normal for a human being (WHO, 1981).

Functional Limitation:

Used in the text to designate a disability.

Abbreviations

ADL: Activities of Daily Living

WHO: World Health Organization

CLSC: Initialism used in Quebec for Local Community Service Centre

NA: Not applicable

There is a direct relationship between aging and disability. While most older people carry out their daily activities with little effort or difficulty, for some, the activities of daily living become a challenge.

The ability to maintain control over one's immediate surroundings and to function freely in an environment that is safe, secure and appropriate is linked on the one hand to the characteristics of the individual (physiological, psychological) and on the other hand to the characteristics of the environment in which that individual lives (economic, social and housing).

For many seniors, living independently at home is a much less costly and much more welcome alternative to living in an institution. The design of much of our housing stock, however, does not allow for the increasing disabilities that sometimes accompany aging.

In 1987, just over 45 per cent of Canada's elderly population said they had some difficulty in carrying out one or more of the Activities of Daily Living (ADL)— getting in and out of bed, for example, going up and down a flight of stairs, bathing, bending, reaching, handling objects, and cooking. Most of these older Canadians now live in their own homes (renting or owning); however, the percentage living in private homes decreases as they age. For example, while 96 per cent of all disabled seniors between 65 and 69 years of age live in their own homes, only 57 per cent of those over 85 live in private homes.*

Increasing limitations on their activity is one of the most important reasons why elderly people give up their homes to move into nursing homes or institutions. Studies in Canada and other countries show that many frail elderly people would prefer to live independently in their own homes for as long as possible. These studies also show the many social and economic benefits of enabling elderly people to remain in their homes.

Adapting their homes is one way to help elderly people maintain or restore independent lifestyles and stay in their own homes.

Project Scope

Under a program designed to explore options that can enable seniors with some loss of physical autonomy to maintain independent lifestyles, the Department of Community Health (DSC) at the Montréal General Hospital, in cooperation with several other organizations, is examining the potential of home adaptations to contribute to maintaining or restoring independence among elderly people.

The main objectives are to identify, implement and evaluate minor home adaptations that are easy and inexpensive to carry out and that help older people to continue the routine activities of daily living with some degree of independence. Examples of adaptations include the rearrangement of furniture or equipment; the installation of a shower seat or grab bars in the bathroom; the installation, replacement or relocation of kitchen cupboards, electrical outlets, handrails, and rods in clothes closets; and the installation of technical devices or other products designed to enhance security or functional capacity.

*Source: The Health and Activity Limitation Survey, Statistics Canada, 1986-87.

The study is being carried out over three years in three phases:

Phase 1, which is the subject of this publication, involved developing and pretesting a questionnaire (called the Assessment Tool) for use in assessing the functional limitations of elderly people and identifying the ways in which their home environment could be adapted to aid them in undertaking the activities of daily living. This phase was carried out by the Department of Community Health (DCS) at the Montréal General Hospital with the assistance of a grant from Canada Mortgage and Housing Corporation under the terms of its External Research Program. The Association of Physicians of the Department of Community Health of the Montréal General Hospital funded the reliability test and pretest of the tool.

Phase 2, which is now underway, will include:

- selecting a sample of 400 frail elderly people who are at risk of being institutionalized, and assessing their functional limitations and home environment;
- dividing the sample into two equal groups, for control and demonstration purposes, and adapting the homes of the seniors in the demonstration groups to aid them in carrying out the activities of daily living.

Phase 3 will evaluate the impact of the home adaptations on the ability of participating seniors to maintain or restore their independence.

Phase 2 and 3 will be carried out by staff of the Department of Community Health of the Montréal General Hospital with sponsorship by the Conseil de la Santé et des Services sociaux de la région de Montréal métropolitain (CSSSRMM), the Fonds de la recherche en santé de Québec (FRSQ), the Société d'habitation du Québec (SHQ), and Canada Mortgage and Housing Corporation (CMHC).

A final report on the findings of phases 2 and 3 of the study is expected in 1991.

Case Study Examples

The aim of this project is to implement minor, inexpensive and practical adaptations in the homes of increasingly disabled elderly people. These adaptations will be custom designed to reflect the functional limitations and home environment of each individual senior. It is considered important not to over-adapt the environment, but to modify it in such a way that elderly people can make best use of their strengths and abilities.

The assessment tool is designed to be used by an occupational therapist whose role is to examine the homes of elderly people in relation to the tasks they are increasingly unable to carry out of their own. This tool makes it possible to identify the barriers specific to each for the possible functional limitations of the elderly person. Once the environmental barriers have been identified, the necessary adaptation will be made by other team members, such as carpenters and designers.

To illustrate what is meant by “minor adaptations” to the homes of elderly people, the following three case studies are presented.

Case Study I

Mrs. Benoit is 70 years old and lives alone in a one-and-a-half-room apartment located on the ground floor of an apartment building. As the result of a fall, Mrs. Benoit fractured her spinal cord. Her back is healing well, but the pain persists. Because she is afraid of injuring her back again, she has cut down her activities. She also suffers from a major malformation of the left wrist, has other medical problems and is unsteady on her feet.

The assessment of her home revealed a number of obstacles:

- The kitchen cupboards were hard to reach, there were too few of them, and they were too high.
- Electrical outlets were inaccessible, Mrs. Benoit had to stretch and twist to reach the one at the back of the counter, a very difficult task for a small lady suffering from a stiff and painful back.
- Broken and cracked floor tiles stuck up despite Mrs. Benoit's efforts to tape them down. Nothing is more likely to cause falls.
- Mrs. Benoit was afraid to use the bathroom in case she slipped and fell.

Although the assessment indicated that Mrs. Benoit's back condition could improve, some modifications were considered essential.

- The floor tiles were fixed; electrical outlets were relocated; and new, accessible shelving was installed under the kitchen cupboards.
- A support rail was added to the side of the bathtub. Now Mrs. Benoit will be able to get in and out of the bathtub without having to hold on to the soap dish, the shower curtain, or the sink.



A support rail and tub seat make it easier and safer to take a bath.

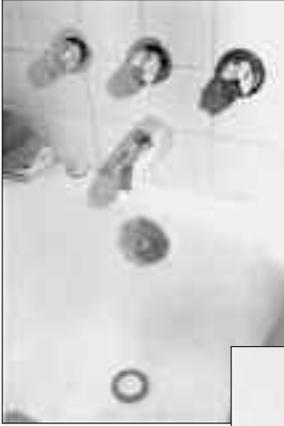


Conveniently located shelves aid in preparing meals.



A floor in good repair prevents accidents.

Case Study 2



Taking a bath is safer and easier with a foot-activated drain plug.



A door holder helps to prevent accidents and increase accessibility.



A well-lit and accessible pantry makes meal preparation easier.



Removing loose rugs or securing them to the floor helps prevent falls.



A microwave oven makes cooking easier and safer.

Mrs. Brown is 78 years old and lives in a five-and-a-half-room apartment on the third floor of a three-storey building that has no elevator. She has been blind for almost three years. She can distinguish the outlines of very bright colours and make out large print with the help of intensive lighting. She moves about unaided at home; outdoors she uses a cane. She is slowly adapting to her disability. Arthritis in her back, hands and lower limbs compounds her problems in coping with day-to-day life. Mrs. Brown has made it clear that she is not interested in moving to a lower storey. She has already refused a ground-floor apartment.

Mrs. Brown's home was an obstacle course. Her impaired vision requires safe walking areas, easy reference points and certain modifications to equipment.

The assessment of her home identified the following problems:

- A number of small area rugs in each room were generally in bad shape, did not adhere well to the floor and constantly moved as people walked over them.
- Doors could not be kept shut on their own, and piles of books on the floor were used to keep them open.
- A large black cat moved freely throughout the apartment and often lay down in the middle of the floor. Mrs. Brown had tripped over it more than once. As she says: "It's too bad he's so black, it makes him hard to see."
- To complicate matters, each room had only one electrical outlet. These outlets were already overloaded with extension cords and adaptors so that providing extra light was difficult. Mrs. Brown had constantly to use her flashlight to choose her clothes, select the right can of food, or find the lock on the door.
- The kitchen was tiny. There was no storage space other than a few cupboards already filled with dishes. Dried goods were stored in one of the other rooms and in a cupboard in the dining room.
- Mrs. Brown regularly burnt herself on her stove and oven. She was unable to see the visual reference points painted on her stove controls, and burnt herself while feeling for her pot handles. She also had to feel blindly for dishes in the oven.

The following simple and inexpensive changes were made:

- The floor space was cleared of obstacles and hazards by:
 - removing the rugs or taping them to the floor;
 - removing the boxes of books and fixing the doors to stay open.
- The closets were rearranged by:
 - using shoebags;
 - placing the clothes most often used in the middle of the clothes rod.
- Mrs. Brown was provided with oven mitts.
- Storage shelves were added in the kitchen so that Mrs. Brown can prepare her meal without having to move from one room to another.
- A spotlight was installed in the pantry, allowing Mrs. Brown to see the labels on her food cans.
- The old drain plug in the bathtub (which Mrs. Brown could not reach because of her back problem) was replaced by a new model. Mrs. Brown can now activate or stop the flow of water by stepping on the drain plug.
- The idea of painting the cat red and yellow to make it more visible was resisted by Mrs. Brown. A pink ribbon was tied around its neck instead.
- Additional conveniently placed electrical outlets were installed.
- A microwave oven was provided to Mrs. Brown to make cooking easier and safer.

Case Study 3

Mrs. Levy is 82 years old. She owns a duplex of which she occupies the ground floor. She suffers angina attacks at the slightest exertion; these attacks and her swollen legs are clues to a very sick heart that must not be strained at any cost.

Mrs. Levy's home provided the best example of how a home that has been lived in comfortably for thirty years now seems filled with obstacles, some insurmountable.



A tub-transfer seat, a support rail and hand-held shower make help in bathing unnecessary.

- Mrs. Levy no longer has access to her attractive backyard.
- She can no longer do her laundry since she has lost access to the basement. Two years ago she was forbidden on doctor's orders from using the stairs to the basement.
- In the bathroom Mrs. Levy seems to have used everything from the towel rack, which has been nearly torn from the wall, to the shower curtain for support in getting in and out of the tub.
- Mrs. Levy used the bathtub in the bathroom but only with the help of a family member. Most of the time, with great difficulty, she used the basin to wash herself, continually stopping to rest.
- The dining room is no longer used for dining. Mrs. Levy now keeps her refrigerator there because there is no room for it in the kitchen. This constant going back and forth is both tiring and inconvenient.

- Problems in the kitchen included:
 - impractical storage spaces;
 - a single small counter filled with kitchen appliances that have to be carried to the table to be plugged into the kitchen's only electrical outlet;
 - a huge pantry that can only be reached by mounting a step.
- Other problems identified were:
 - the difficulty Mrs. Levy had in picking up her mail; her letter box should have been placed at shoulder height;
 - the staircase with its two landings had only one hand rail, which offered insufficient support and meant that someone else's help was required;
 - for Mrs. Levy, the need to conserve her physical energy must be the guiding principle in adapting her environment.



Preparing meals is much easier when electrical outlets are conveniently located.

Because of Mrs. Levy's considerable disabilities some major changes seemed necessary. The kitchen should be rearranged to make space for the refrigerator and washing machine; electrical outlets should be added; more accessible storage space, perhaps in the dining room, should be considered; and the bathtub should be replaced by a shower stall with support rails and a shower seat.

The following simple and inexpensive changes were carried out, as Mrs. Levy did not want to undertake the foregoing major changes:

- In the bathroom, support rails were installed on the bathtub wall. A shower seat permitting access to the side of the tub from a seated position, together with a hand-held shower head, was also provided.
- In the kitchen, an electrical outlet was installed on the counter wall, within reach of the electric can opener, blender, mixer, and so on.
- The rods in the closets were lowered and shelves installed so that objects can be raised off the ground.

Case Study Findings

These initial case studies show that adapting the homes of elderly people can be done by means of small and inexpensive modifications. Setting up a community based program for home adaptation that will benefit the greatest possible number of seniors will require a highly motivated team with a deep concern for the needs of elderly people. The team must be able to cooperate with many organizations and be able to attract volunteer help. It should also link up with organizations already serving elderly people to avoid creating too many hybrids.

User's Guide to the
ASSESSMENT TOOL

INTRODUCTION TO THE ASSESSMENT TOOL

The general objective of the assessment tool is to identify those home improvements or adaptations that are easy and inexpensive to carry out, and that can enable frail older people to undertake their daily activities with a greater degree of independence.

The specific objectives are:

- *To identify activities that people cannot undertake independently (does not do, does not do alone, or does with difficulty).*
- *To identify obstacles in the home that can impede the residents from carrying out their daily activities.*
- *To identify those minor environmental adaptations that will enable residents to continue to carry out their daily activities.*

The study deals only with the problems of older people who are experiencing a loss in their physical autonomy. It does not address the needs of people who are suffering from mental or psychological problems.

The homes to be considered must meet minimum structural, health and safety standards (or have the potential to meet them through minor changes and/or improvements). They must also be adaptable to the needs and preferences of the resident.

Three basic principles underline the assessment tool:

An Accessible Environment

Homes should allow their elderly residents to fully use their space in a safe way, and to maintain some degree of independence. A home in which a person has lived for many years can gradually become inaccessible because stairs are too steep to climb, balcony thresholds are too high, or toilets are too low. Some of these barriers, however, can be eliminated without major home repairs or rehabilitation. These are the types of interventions for which this tool has been designed.

An Attractive and Practical Environment

It is important not to over-adapt a home. Only those changes that provide appropriate, practical and attractive environments for everyone should be carried out. In extreme circumstances, when some specific modification or specialized technical intervention is necessary, the simplest means should be used. Time and energy can be saved without turning a home into an emergency unit. The clinical impression usually associated with the use of specialized equipment of the hospital type should be avoided.

A Flexible Environment

When a home is adapted, various matters must be taken into consideration: the composition of the household, the temporary or progressive conditions of the disabilities, the mobility of elderly people (moving, lodging, deaths), and their tastes and preferences. It is also important to avoid having constantly do and undo changes to a housing unit. The changing needs of older people can be satisfied by providing flexible environments and adjustable equipment that can be removed when no longer required.

The Components of the Assessment Tool

The assessment tool, which is at the back of this publication, consists of four parts:

Part 1: Characteristics of the Resident is designed to collect basic demographic data. It also provides a brief health profile of the elderly person, identifies the functional problems that cause her/him a loss of autonomy in carrying out the activities of daily living (ADL), and provides information on the person's mental health.

Part 2: Characteristics of the Home is designed to collect general information on the residence of the elderly person, such as location, type and size of the dwelling unit, and condition.

Parts 1 and 2 together form the basic data that is necessary to undertake the research or intervention.

Part 3: Questionnaire on the Activities of Daily Living includes 10 main sections. Each section, which corresponds to a major activity of daily living, is designed within a standard format, and provides information in a consistent manner.

At the end of each main section, a summary page is provided for specific comments and recommendations; descriptions and the specifications of the adaptations and equipment; and their cost. These summary pages can also be photocopied and used to order equipment, or to inform the elderly person, carpenters, plumbers, or volunteers of the work to be carried out.

The structure of Part 3 is described in detail in the section below.

Part 4: Conclusions and Recommendations (at the end of the assessment tool) provides a summation of the whole assessment. General impressions on the home situation can be provided, together with a choice of several recommendations on adaptations. The main support services that the elderly person may require can also be identified.

The Structure of the Questionnaire on the Activities of Daily Living (ADL)

The structure of the ADL questionnaire (see Outline 1) reflects the three very distinct stages of the assessment process:

- Analysis of autonomy
- Analysis of the home
- Recommendations

Analysis of Autonomy

The analysis of the person’s autonomy is done with the help of a list of 73 activities that are generally considered essential for people who choose to remain in their homes (see Table 1). These activities are grouped into a logical sequence to facilitate the assessment, starting with those relating to general accessibility, and following with activities more specific to certain rooms in the home. In the tool, these activities are translated into a series of questions, numbered from 1 to 73. A more in-depth analysis of autonomy, that is, the research on the specific functional limitations to undertake a given activity, is done for activities where there is a loss of autonomy. See Outline 1, Column 1.

OUTLINE 1

The Structure of the Questionnaire on the Activities of Daily Living			
1 ADL (1 to 73)			
Functional Limitations	Home Check-List	Housing Recommendations	Other Recommendations
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
•	•	•	•
Analysis of Autonomy	Analysis of the Home	Recommendations	
(1)	(2)	(3)	(4)

Table 1

List of Activities of Daily Living

General Accessibility

- 1- Open/close doors
- 2- Lock/unlock doors
- 3 Operate light switches
- 4- Open/close curtains, windows
- 5- Adjust the heating (air conditioning)
- 6- Go from one room to another and move about in each room
- 7- Get to the toilet
- 8- Walk up/down the stairs
- 9- Use the elevator
- 10- Use the balcony, front porch

Getting Up, Dressing and Tidying the Bedroom

- 11- Move on/off bed
- 12- Take shoes, slippers, clothes out/put in closet
- 13- Take clothes off/put on
- 14- Take shoes, slippers off/put on
- 15- Make bed, change sheets

Bathing and Personal Hygiene At the basin

- 16- Turn faucets on/off
- 17- Regulate water temperature
- 18- Wash hands and face
- 19- Wash body (basin)
- 20- Wash hair (basin)
- 21- Comb/do hair
- 22- Brush teeth, dentures/use toothpaste, denture cleaner
- 23- Shave, using razor/electric razor

Taking a Shower

- 24- Get in/out of shower stall/bathtub
- 25- Turn shower controls on/off and adjust water temperature
- 26- Wash/rinse body and hair
- 27- Reach towel before stepping out

Taking a Bath

- 28- Get in/out of bathtub
- 29- Sit down on/get up from bottom of tub
- 30- Put/pull plug in bathtub
- 31- Turn faucets on/off
- 32- Wash/rinse body and hair
- 33- Reach towel before stepping out
- 34- Clean bathtub/shower stall

Using the Toilet

- 35- Sit down/get up
- 36- Reach/use toilet paper
- 37- Flush the toilet
- 38- Clean the toilet

Preparing Meals

- 39- Turn sink faucets on/off and adjust water temperature
- 40- Use small kitchen appliances
- 41- Turn on/off hood fan, stove, oven, dish washer
- 42- Take food out of/put in oven
- 43- Take food out of/put in refrigerator
- 44- Open/close drawers and cupboard doors
- 45- Take dishes, pots, pans, food out of/put in cupboards
- 46- Carry food and dishes from place to place
- 47- Move on/off chair
- 48- Peel, grate, cut vegetables, fruits, meat, cheese, bread
- 49- Open containers, cans, jars
- 50- Check cooking process
- 51- Fill up/empty pots
- 52- Wash/dry dishes
- 53- Wash/wipe the counter tops, table, stove, oven, refrigerator
- 54- Purchase/store groceries
- 55- Dispose of garbage

Doing the Laundry

- 56- Do hand washing
- 57- Carry laundry bag or basket
- 58- Fill/empty washing machine
- 59- Read/work washing machine controls
- 60- Fill/empty dryer
- 61- Read/work dryer controls
- 62- Hang up washing
- 63- Iron clothes

Cleaning the House

- 64- Dust
- 65- Use vacuum cleaner/broom
- 66- Wipe/wash floor
- 67- Wash windows

Using the Telephone

- 68- Answer phone
- 69- Dial a number

Enjoying Leisure/Doing Business

- 70- Move on/off sofa
- 71- Turn radio/television on/off and select channels
- 72- Collect mail

Taking Medication

- 73- Take medication

Analysis of the Home

The analysis of the home is done by identifying, with the assistance of a check-list (Outline 1, Column 2), the household elements that are missing or the ones that are not working properly, and the barriers or obstacles that exist. This information is used to identify the necessary improvements and/or the special equipment that is required.

Recommendations

The lists of possible recommendations are found in two columns (Outline 1, Columns 3 and 4).

Column 3, ***Housing Recommendations***, lists the home adaptations, and changes to furnishings and household appliances that are used most often. For example:

- repairing broken tiles
- adding a rail in the stairway
- raising the height of the bed
- adding a stool, or installing grab bars in the bathroom
- adding colour cues on controls of appliances

Column 4, ***Other Recommendations***, lists the human resources, special services and technical aids that can compensate for those disabilities that have not been made up for through the adaptation of the home. For example:

- cane
- walker
- adapted hairbrush
- assistance at regular intervals
- meals on wheels

Only recommendations that are inexpensive and easy to make are considered and proposed.

Such recommendations might include:

- re-arrangements that are desirable in the home (reorganizing the furniture, the accessories, the cupboards)
- repairs, adaptations and minor additions (fixing floor tiles, relocating outlets, adding shelves, for example)
- technical aids and desirable home equipment

Target Population

The assessment tool is intended to help elderly people who are losing their physical autonomy. **“Loss of physical autonomy”** means the **inability to undertake the various daily living activities caused by motor, organic, or speech deficiencies. The sensory deficiencies (visual, audio, tactile) are also considered.** The expression **“losing one’s autonomy”** implies some degree of dependence in carrying out the activities of daily living.

The tool has not been designed to meet the particular needs of persons with mental or major psychological deficiencies (confusion, perceptual problems).

Target Environment

The assessment tool can be used for the analysis of apartments, as well as for single-family homes. Generally, only the inside of the home and the immediate outside (stairs, balconies, veranda or patio) are considered for adaptations. However, for multiple housing buildings, the main vestibule, the corridors that lead to the apartment, and the common areas such as laundry and garbage rooms are considered during the analysis.

Administering the Assessment Tool

Required Expertise

The selection of the adaptations should reflect the consensus of a multi-disciplinary team (architects, planners, occupational therapists, interior decorators). On the other hand, the use of this tool requires more than the linking of a solution to a precise problem. It depends on a clinical judgement to evaluate autonomy; this is an essential prerequisite to adequate adaptation of the home.

The choice of the required adaptation also requires a particular expertise. It is not enough to determine the need for technical assistance. One must also be able to specify precisely the type and characteristics of an adaptation to fully compensate for the functional limitations. Example: a bath seat *with a back and at a specific height*, grab rails *at such a spot and arranged in such a way*.

Occupational therapists have the necessary qualifications for the functional evaluation of autonomy, the identification of minor solutions (technical aids, techniques in energy saving, functional arrangement), and the maintenance and improvement of the degree of independence in carrying out the activities of daily living. Besides the occupational therapist, other professionals such as physiotherapists and nurses with experience in adaptations can use this tool.

For more elaborate adaptations, consultants in architectural design and residential construction may be required, depending on the nature of the adaptation plan.

Administration Time

The time to administer the assessment tool varies according to the number of activities to be analyzed and the condition of the home. Based on the experience on the reliability tests and the initial work of Phase 2, it is estimated that the entire process, including the identification of specifics, the complete interview and the development of recommendations, could take approximately two hours.

Principles of Functioning

The tool was designed to quickly identify the ADL problem areas so that the analysis of the home is limited to areas where adaptations can be fully justified (used by the elderly person and effective in offsetting the disabilities). This approach derives from the particular objective of the study, which is to promote autonomy.

In addition, by concentrating adaptation of the home on the problem areas of functioning, over-adapting and the creation of an environment without challenge, which themselves can engender a loss of autonomy, are avoided.

Method of Evaluating Functioning

First Step: Identifying the ADL Problem Areas

The first stage involves identifying all ADL for which a lack of autonomy is observable. For each of the 73 activities listed in the tool (that are applicable), the elderly person must respond yes (✓) or no (✓) to the question, "Can you perform the activity alone and without difficulty?" A box has been provided to note an activity that is not applicable (n.a.). For example, the person may never perform this activity, either by choice or because it does not come under his or her responsibilities (the spouse, the children, the local community services centres are looking after that particular activity and the situation is desirable).

The investigator looks for various ways to evaluate how older people are functioning. In addition to questioning them directly, the investigator may question those close to them, and draw conclusions from his/her own observations. Observation often proves to be the most objective method for judging the abilities of a person to perform an activity.

Notion of Difficulty

An activity is judged difficult for a person if the time taken, the pain that is felt, and/or the effort required to undertake it contribute, in the long term, to a loss of independence, a reduction in general functioning, or a risk of deterioration in the state of health of the person.

Example 1: If a person succeeds in doing the housecleaning once a week, but on that day does not have the strength to prepare a meal, the activity will be judged difficult and will justify an in-house investigation.

Example 2: If a person succeeds in getting up alone from a chair or from the toilet, but this activity causes pain to a knee when he/she is suffering from chronic inflammation of that joint, an adaptation will be prescribed in order to prevent the deterioration of his/her situation.

Example 3: If a person succeeds in getting out of the bathtub alone, but this activity is often, or occasionally, associated with angina attacks, dizziness or any other physical problem which risks the deterioration of his/her state of health (a fall or an injury) the activity will be judged difficult and will justify an in-house investigation.

How to Interpret the First-Stage Questions

Reply “YES” if: – the person performs the activity alone and without difficulty.

Reply “NO” if: – the person is unable to perform the activity.
– the person is unable to perform the activity alone (needs help or supervision).
– the person does it alone but has difficulty.

Reply “NOT APPLICABLE” if:
– the activity is inappropriate (for example, shaving for a woman).
– the person has never or will never perform an activity, and it is desirable to maintain this situation (no longer takes a bath but takes a shower, no longer uses the vacuum cleaner since the doctor has forbidden it, no longer makes the meals, but has his/her daughter/son do it all the time and prefers that this situation continues).

A “YES” or a “NOT APPLICABLE” answer allows the investigator to proceed to the question on the next activity.

A “NO” answer leads to a more-in-depth investigation, called here the second step.

Second Step: Investigating Problems Arising from Loss of Autonomy

For each activity, the ADL Questionnaire provides four columns to record information that will be used in the analysis.

1st Column: Functional Limitations

This column lists deficiencies, disabilities or handicaps that can limit older people in their pursuit of the particular activity. The list is not exhaustive and can be expanded. Knowledge of the functional limitations will allow the analysis to be oriented towards possible types of recommendations. Table 2 describes certain general principles of adaptation that can be effective in offsetting the main functional limitations of an older person.

Entries: Check any of the listed limitations that are applicable and write in any that are not listed.

2nd Column: Home Check-List

This column lists the characteristics of the home that can affect the particular activity. To observe each of the elements on the list, it is essential to go to the spot where the activity unfolds. This check -list will help to ensure that the adaptation of the home will fit the specific needs of the individual.

3rd and 4th Columns: Recommendations

As soon as an element on the check-list proves to be a problem area, possible solutions are looked for.

Lists of the most likely recommendations are presented in Column 3, Housing Recommendations, which includes the necessary adaptations to the home, and Column 4, Other Recommendations, which includes services and equipment for the person.

Entries: Check the solution or solutions that are possible or add other possible solutions to the list if necessary.

Third Step: Selecting the Equipment and the Adaptations

There is a very wide range of solutions to compensate for the difficulties associated with daily living. The selection of adaptations will be made after the functional limitations of the individual and the characteristics of the home have been considered. When the selection of aids or equipment is made, the availability of models, their cost, and their appearance will influence the choice that the elderly person and the investigator have to make. For example, if a hand-held shower is considered necessary to allow the individual to take a shower in a seated position, in addition to judging which model is more comfortable and safer, the following aspects must also be considered:

- the scope of the plumbing work required for the installation of a hand-held shower;
- the cost of the work (labour and material);— where the hand-held shower should be placed: on a vertical rod, or on high and low mounting brackets (usually more than one person uses the shower);
- if the disability in question is only temporary, or if the landlord is likely to balk at the expense, a hand-held shower connected to the bathtub faucet might have to be accepted;
- a lack of balance, or poor grip in the lower limbs, may call for a model with water control at the head of the shower, meaning that the faucets would have to be relocated; again, the cost and condition of the plumbing situation can affect the decision.

Obviously, the adaptations to be recommended must be discussed with the elderly person. The use of an illustrated catalogue that shows the items being recommended will help inform the elderly person during the decision-making process.

Table 2

General Principles to Compensate for a Loss of Autonomy

Deficiencies-Disabilities-Handicaps	Recommendations
1. Sensory Deficiencies	
1.1 Vision	
1.1.1 Hemianopsia	<ul style="list-style-type: none">– Rearrange the furniture or equipment to compensate for the reduced field of vision.– Avoid crowding objects in the rooms.
1.1.2 Deficient Peripheral Vision	<ul style="list-style-type: none">– Avoid objects that are too low or high, or which may be out of the field of vision and cause tripping.– Use contrasting colours.
1.1.3 Total or Severe Loss of Vision	<ul style="list-style-type: none">– Ensure that the person wears glasses with an adequate prescription.– Install tactile indicators on handrails to indicate the beginning and the end of stairs; and on control buttons of household appliances.– Avoid encumbering the rooms with too much furniture.
1.2 Audio	<ul style="list-style-type: none">– Does the person have a hearing aid? Check that the battery is operating, and that the aid is well adjusted.
1.2.1 Partial Loss	<ul style="list-style-type: none">– Install volume amplifier for all sound systems.– Adapt the telephone.
1.2.2 Severe or Total Loss	<ul style="list-style-type: none">– Install visual and tactile indicators (luminous indicators for the doorbell and telephone, for example, a vibrator in bed for when the resident is lying down).– Adapt the telephone.
1.3 Tactile Deficiency	<ul style="list-style-type: none">– Eliminate rough surfaces and sharp angles.– Provide protection against sources of heat. For example, insulate exposed hot water pipes that can be touched by the elderly person, install controls in water taps to ensure that the water temperature will not exceed 47°C, and locate stove controls so that the user does not have to reach over hot surfaces.

Table 2 (Cont'd)

General Principles to Compensate for a Loss of Autonomy

Deficiencies-Disabilities-Handicaps	Recommendations
2. Lack of Coordination	
2.1 The Upper Limbs	<ul style="list-style-type: none">– Provide heavier and bigger objects, which are easier, in this case, to manipulate.– Provide objects that can be rolled or slid instead of objects that have to be lifted.– Provide U or L shaped kitchens instead of alley kitchens.– Advise the elderly person to cover bowls of liquid before lifting them, and to use cooking baskets to avoid having to drain vegetables or noodles, or a cup with a cover or a spout.– Enlarge the handles of cooking pots, and the controls of appliances.
2.2 Lower Limbs	<ul style="list-style-type: none">– If possible, provide the elderly person with heavy shoes for walking.– Eliminate rough surfaces and sharp angles.– Add grab bars in the corridors.– Provide technical aids for personal care (long-handled shoehorns, for example).
3. Limited Amplitude	
3.1 Upper Limbs	<ul style="list-style-type: none">– Increase handy storage surfaces.– Reduce the height and depth of counters and shelves.– Provide objects that require a minimum of effort to handle (they must be light).– Provide long-handled pliers, and extended handles.
3.2 Lower Limbs	<ul style="list-style-type: none">– Provide seats that are sufficiently high to enable the user to sit down without forcing the joint in the hip and the knee.– Provide bilateral arm support to seats, chairs, sofas, and so on, to allow the elderly person to get up more easily.

Table 2 (Cont'd)

General Principles to Compensate for a Loss of Autonomy

Deficiencies-Disabilities-Handicaps Recommendations

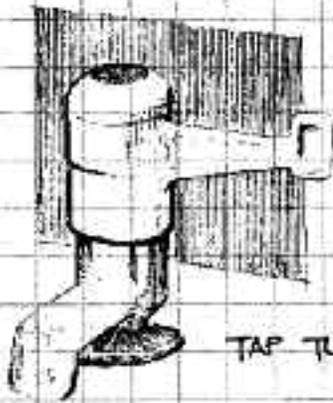
- | | |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.3 Trunk | <ul style="list-style-type: none">– Increase the storage spaces located within easy reach.– Raise the electrical plugs that are located near the floor.– Provide technical aids that older people can use to reach low objects without having to bend down (long-handled reachers, for example).– Provide bilateral arm supports on seats, chairs, sofas and so on, to allow the elderly person to get up more easily.– Provide seats or benches sufficiently high to allow the user to get up easily.– Provide technical aids for personal care.– Provide long-handled brushes for washing the feet and back.– Provide technical aids that make dressing easier. Such aids can help elderly people in putting on their stockings and shoes and tying their shoelaces, for example. |
| 3.4 Hand (Lack of fine-prehension) | <ul style="list-style-type: none">– Provide wide-handled utensils—toothbrushes, combs, and so on, and use technical aids to enlarge other small delicate equipment.– Add additional handles to objects without handles or with a single handle: a handle for a cardboard milk container, for example, or camping handles fixed on a pan. |
| 4. Endurance or Diminished Strength | <ul style="list-style-type: none">– Encourage elderly people to conserve their physical energy by such techniques as balancing periods of work and rest during a day, or a week.– Encourage the elderly person to work in a seated position while carrying out certain tasks such as preparing meals or ironing. |

Table 2 (Cont'd)

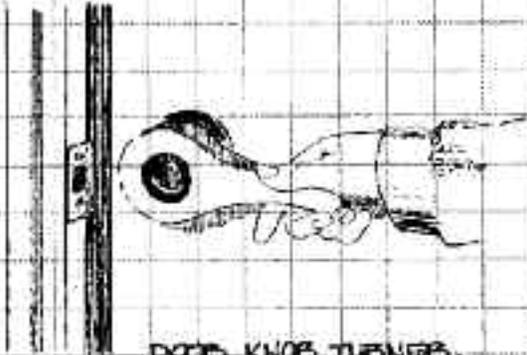
General Principles to Compensate for a Loss of Autonomy

Deficiencies-Disabilities-Handicaps	Recommendations
	<ul style="list-style-type: none">– Encourage the elderly person to cook enough food at one time to last for several meals, to store uneaten food in covered containers in the refrigerator, and to cook vegetables such as potatoes and carrots with the peel on.– Encourage the use of pre-soaking products for house cleaning and for clothes cleaning, to eliminate the need for rubbing.
5. Reduced Mobility	<ul style="list-style-type: none">– Check whether the person needs technical aids to move about (a cane or walker).– Eliminate differences in the level of the floor caused by high door thresholds, floor coverings with different heights between rooms, and so on).– Try to remedy situations where residents have to use steps, stairs, or steep ramps.– Eliminate obstacles on the floor such as electrical wires, broken tiles or loose rugs.
6. Non-average Height	
6.1 Very Tall	<ul style="list-style-type: none">– Raise the height of the furniture (tables, chairs, beds, toilets).– Provide chairs and chesterfields that are designed to support the back of the elderly person.
6.2 Very Short	<ul style="list-style-type: none">– Lower all storage spaces, work spaces, counters, and tables; reduce the depth of counters.– Lower the bed.
7. Obesity	<ul style="list-style-type: none">– Encourage the elderly person to use energy-saving techniques to prevent too great an effort.– Provide special furniture when required.

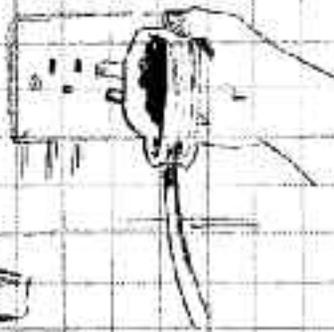
AN ASSORTMENT OF AIDS AND ADAPTATIONS.



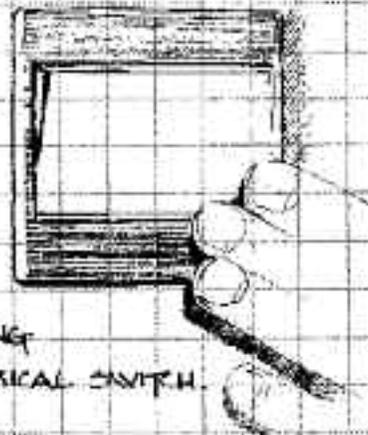
TAP TURNER.



DOOR KNOB TURNER.

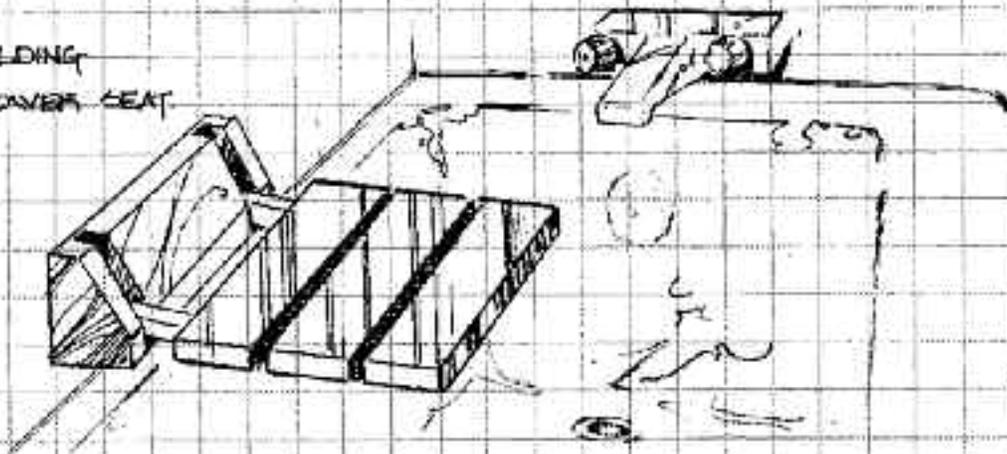


ELECTRICAL PLUG WITH HANDLE.

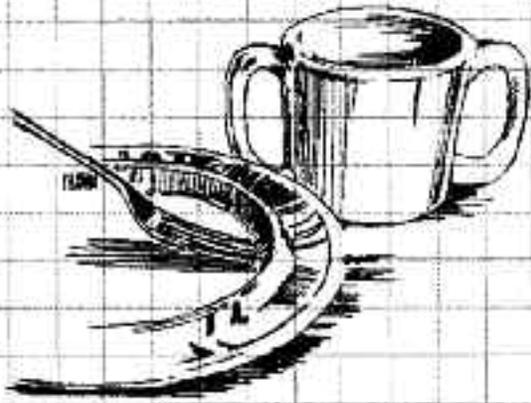


ROCKING ELECTRICAL SWITCH.

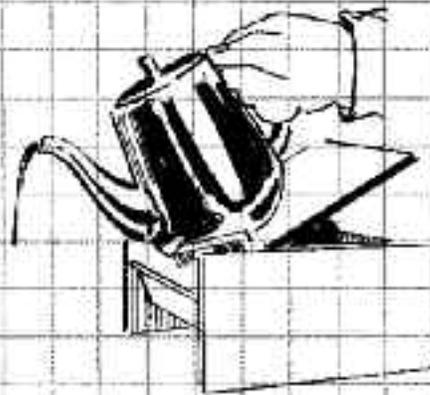
FOLDING SHOWER SEAT.



AN ASSORTMENT OF AIDS AND ADAPTATIONS



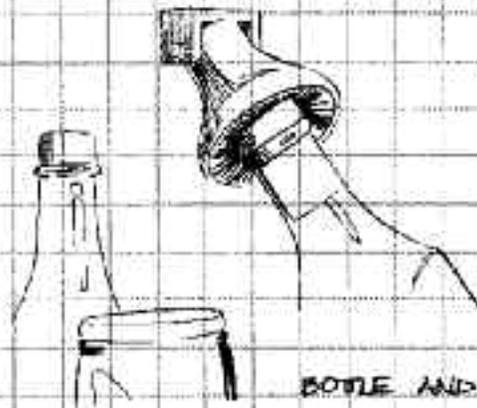
DOUBLE HANDED - MUG AND
PLATE WITH CURVED INNER WALL



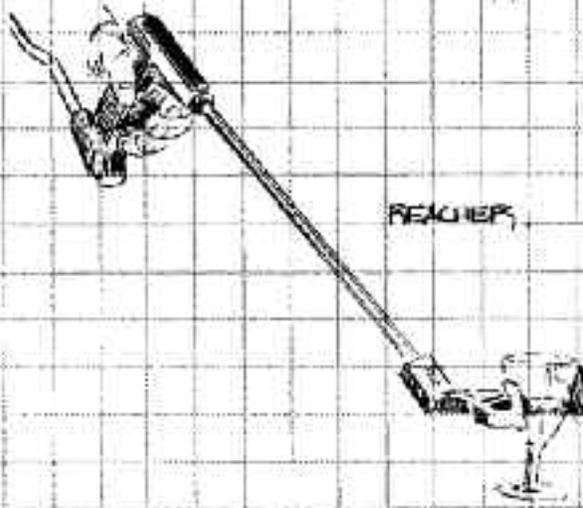
KETTLE TIPPER



CUTLERY WITH
EASY-GRIP HANDLE



BOTTLE AND
JAR OPENER



REACHER

The
ASSESSMENT TOOL

ACKNOWLEDGEMENTS

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Part I

Characteristics of the Resident

Name: _____ File No: _____
Address: _____ Age: _____
_____ Sex: _____ F _____ M

Resource Person: _____ Telephone: _____

Marital Status:

- _____ Married
- _____ Single
- _____ Widowed
- _____ Separated/Divorced

Household Characteristics:

- _____ Alone
- _____ Spouse
- _____ Other

Support Network: _____

Health Profile: _____

Functional Problems:

- | | | |
|----------------------------|----------------------------|--------------------------|
| _____ Poor grip | _____ Poor tolerance | _____ Sensory loss |
| _____ Lack of coordination | _____ Muscle weakness | _____ Poor vision |
| _____ Upper limbs (u.l.) | _____ Poor balance | _____ Hearing loss |
| _____ Lower limbs (l.l.) | _____ Reduced mobility | _____ Tactile loss |
| | _____ Cane, walker | _____ Impaired speech |
| _____ Limited reach | _____ Wheelchair dependent | _____ Non-average height |
| _____ (u.l.) | | _____ Very short |
| _____ (l.l.) | | _____ Very tall |
| _____ Trunk | | _____ Obese |

Mental Status:

- _____ Alert
- _____ Disoriented
- _____ Confused
- _____ time
- _____ space
- _____ person

Part 2

Characteristics of the Home

Type of Tenure: _____ Owner _____ Renter

Type of Dwelling Unit/Building _____ Single family
_____ Semi-detached
_____ Row-house, town-house, granny flat
_____ Plex (duplex, triplex)
_____ Building less than 5 storeys
_____ Building of 5 storeys or more
_____ Other: _____

		In the Building	In the Dwelling Unit
Number of Storeys	1 storey	_____	_____
	2 storeys	_____	_____
	3 storeys	_____	_____
	4 storeys	_____	_____
	5 or more	_____	_____

The dwelling unit is located on which floor? _____ **Elevator** _____ Yes _____ No

Number of Rooms _____ **Housing Condition** _____ Poor
_____ Average
_____ Good

Part 3

Questionnaire on the Activities of Daily Living

- 1 — Open/close door
- 2 — Lock/unlock doors
- 3 — Operate light switches
- 4 — Open/close curtains, windows
- 5 — Adjust the heating (air conditioning)
- 6 — Go from one room to another and move about in each room
- 7 — Get to the toilet
- 8 — Walk up/down the stairs
- 9 — Use the elevator
- 10 — Use the balcony, front porch

Room(s): General investigation of main entrance, corridors, room entrances and rooms

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

1. Open/close doors (main doors, room doors, closet doors, etc.)?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor mobility	Check: <input checked="" type="checkbox"/> Type of door handle <input checked="" type="checkbox"/> Door or door spring weight and operational force <input checked="" type="checkbox"/> Door frame for poor fitting	<input type="checkbox"/> Lever type handle <input type="checkbox"/> Door strap <input type="checkbox"/> Non slip cover on round door knob <input type="checkbox"/> Remove non essential door <input type="checkbox"/> Adjust door frame <input type="checkbox"/> Off-set hinges <input type="checkbox"/> Grease hinges <input type="checkbox"/> Change locks	

Comments: _____

2. Lock/unlock doors (front and back doors, bathroom door)?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (fingers, upper limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor mobility <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting: day and night <input checked="" type="checkbox"/> Type of locking mechanism <input checked="" type="checkbox"/> Type or size of key, keyholder <input checked="" type="checkbox"/> Door closer <input checked="" type="checkbox"/> Height and ease of use of intercom and entrance buzzer	<input type="checkbox"/> Increase lighting at front door or access to light switches <input type="checkbox"/> Easy-to-operate lock <input type="checkbox"/> Aids or devices to increase grip on locks or keys <input type="checkbox"/> Outside shelf to hold parcels or objects while unlocking door <input type="checkbox"/> Inside table or shelf to place objects on <input type="checkbox"/> Reduce door opening pressure <input type="checkbox"/> Improve access and utilization of intercom and buzzer: — large button/colour or texture coded — lower height	<input type="checkbox"/> Visual cues or colour code for locating keys easily

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

3. Operate light switches?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination (upper limbs) <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Height of switches <input checked="" type="checkbox"/> Type of light switches <input checked="" type="checkbox"/> Location of switches <input checked="" type="checkbox"/> Type of lamps in rooms and ease of operating on/off switch	<input type="checkbox"/> Lower light switches or place at functional height <input type="checkbox"/> Ensure large and easy to operate light switch on wall, table lamps <input type="checkbox"/> Light switch located at the entrance of the dwelling unit, at each room entrance and at bed side to prevent need for walking in the dark <input type="checkbox"/> Three-way switches <input type="checkbox"/> Night light <input type="checkbox"/> Light strip on switches	<input type="checkbox"/> Aids or devices to reach or turn switches

Comments: _____

4. Open/close curtains, windows?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness	Check: <input checked="" type="checkbox"/> Mechanism for opening and shutting windows, curtains	<input type="checkbox"/> Remove unnecessary curtains <input type="checkbox"/> Long rope or stick to open or close curtains <input type="checkbox"/> Make modifications on parts of the window — oil the hinges, lubricate gliding surfaces — smooth window casing — change handles on windows — replace sliding surfaces with nylon, teflon products	

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

5. *Adjust the heating (air conditioning)?*

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination (upper limbs) <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting: day and night <input checked="" type="checkbox"/> Height of thermostat <input checked="" type="checkbox"/> Legibility of temperature scale <input checked="" type="checkbox"/> Legibility of adjustment scale	<input type="checkbox"/> Improve lighting <input type="checkbox"/> Lower (raise) thermostat <input type="checkbox"/> Thermostat easy to read, adjust <input type="checkbox"/> Lengthen, enlarge, modify control on thermostat	

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

6. Go from one room to another and move about in each room?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor balance <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> General lighting day and night in hall, rooms <input checked="" type="checkbox"/> Size of dwelling unit, size of rooms <input checked="" type="checkbox"/> Width of hall, doorway <input checked="" type="checkbox"/> Traffic patterns (presence of obstacles, characteristics of pathway) <input checked="" type="checkbox"/> Variations in floor heights <input checked="" type="checkbox"/> Types of floor covering <input checked="" type="checkbox"/> Height of door sills <input checked="" type="checkbox"/> Necessity to use stairs <input checked="" type="checkbox"/> Furniture location in rooms and their stability if used as support	Housing <input type="checkbox"/> Easy to reach and use light switches <input type="checkbox"/> Make full use of natural lighting <input type="checkbox"/> Ensure sufficient lighting in work places, eliminate glare <input type="checkbox"/> Handrail in hall, work places, staircases <input type="checkbox"/> Improve relationship of interior space to functions (distance between bedroom, bathroom) <input type="checkbox"/> Remove obstacles (rugs, carpets) <input type="checkbox"/> Remove or reduce doorsill <input type="checkbox"/> Eliminate differences in floor height with use of same type of floor covering <input type="checkbox"/> Repair damaged floors <input type="checkbox"/> Repair or stabilize furniture used as support <input type="checkbox"/> Rearrange furniture <input type="checkbox"/> Wheelchair accessibility: <ul style="list-style-type: none"> — sufficient space to turn — eliminate doors — off-set hinges on doors 	<input type="checkbox"/> Walking aid (walker, cane, etc.)

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

7. *Get to the toilet?*

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Incontinence <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting: — in the bathroom — between the toilet and the bedroom <input checked="" type="checkbox"/> Is there a toilet on each floor <input checked="" type="checkbox"/> Distance between the toilet and: — the bedroom — the sitting room <input checked="" type="checkbox"/> Presence of obstacles in the pathway	<input type="checkbox"/> Light switch at restroom entrance <input type="checkbox"/> Three-way light switches <input type="checkbox"/> Dimmer switch/night light between bedroom and bathroom <input type="checkbox"/> Urinal or commode chair in the bedroom <input type="checkbox"/> Remove obstacles <input type="checkbox"/> Easy-to-open bathroom door <input type="checkbox"/> Wheelchair accessibility <input type="checkbox"/> Emergency call system	<input type="checkbox"/> Walking aid <input type="checkbox"/> Urological examination <input type="checkbox"/> Incontinence pads and or catheter

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

8. Walk up/down the stairs?

No Yes N.A.

Functional Limitations	Home Check-List	Housing	Recommendations
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (lower limbs) <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Number of steps <input checked="" type="checkbox"/> Step depth and height <input checked="" type="checkbox"/> Evenness of steps <input checked="" type="checkbox"/> Stairway design <input checked="" type="checkbox"/> Stair condition <input checked="" type="checkbox"/> Surface type <input checked="" type="checkbox"/> Presence of handrail <input checked="" type="checkbox"/> Height and diameter of handrail	<input type="checkbox"/> Three-way light switches <input type="checkbox"/> Adequate lighting <input type="checkbox"/> Maximum height of risers: 180 mm <input type="checkbox"/> Increase step depth — Step depth: min. 280 mm — eliminate carpet to increase depth <input type="checkbox"/> Increase nosing — step nosing: if step depth is less than 280 mm, provide a nosing projection (min .25 mm) and keep nosing projections uniform on all steps, including the landing nosing. — beveled nosing: if nosing rounded or beveled, keep loss of tread depth under 13 mm. — colour contrast on nosings <input type="checkbox"/> Eliminate patterned carpet <input type="checkbox"/> Handrail both sides and balusters on open side <input type="checkbox"/> Handrail projecting beyond top and bottom of stairs/ramp <input type="checkbox"/> Ramp–gradient: 1:12 to 1:20 <input type="checkbox"/> Repair loose nosing, broken step <input type="checkbox"/> Chair lift/one-passenger elevator	<input type="checkbox"/> Walking aid <input type="checkbox"/> Seasonal maintenance

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

9. Use the elevator?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Average waiting time <input checked="" type="checkbox"/> Height of call bell <input checked="" type="checkbox"/> Width of doors <input checked="" type="checkbox"/> Closing speed and force of doors <input checked="" type="checkbox"/> Height and legibility of control panel and floor indicator <input checked="" type="checkbox"/> Handrail inside elevator <input checked="" type="checkbox"/> Type of emergency call system	<input type="checkbox"/> Adjust closing speed and force <input type="checkbox"/> Adjust height of control panel and floor indicator <input type="checkbox"/> Improve legibility of control panel and floor indicator <input type="checkbox"/> Visual or sound cues to indicate arrival and elevator's direction <input type="checkbox"/> Handrail in elevator <input type="checkbox"/> Chair or bench in hallway and main entrance	<input type="checkbox"/> Walking aid <input type="checkbox"/> Assess alternative pathway (use of service elevator)

Comments: _____

GENERAL ACCESSIBILITY

Do you perform the following activities alone and without difficulty:

10. Use the balcony, front porch?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting at the entrance, on the balcony, etc. <input checked="" type="checkbox"/> Ease of access: — unevenness of ground — sun or heat or wind exposure — height and stability of railing on balcony, porch — height of threshold	<input type="checkbox"/> Increase lighting in exterior areas/visual cues <input type="checkbox"/> Non-glare, non-slip surfaces on balcony, porch, sidewalk, patio <input type="checkbox"/> Install ramp <input type="checkbox"/> Reduce walkway-ground slope 1:20 <input type="checkbox"/> Sidewalk-walkway 1:12 <input type="checkbox"/> Protective overhang from direct exposure to sun preferred <input type="checkbox"/> Wind protection on balcony (also increases privacy) <input type="checkbox"/> Solid railing around balcony at safe height	<input type="checkbox"/> Walking aid <input type="checkbox"/> Seasonal maintenance <input type="checkbox"/> Visual cues <input type="checkbox"/> Assistance

Comments: _____

GETTING UP, DRESSING AND TIDYING THE BEDROOM

QUESTIONS 11 TO 15

- 11 — Move on/off bed
- 12 — Take shoes, slippers, clothes out/put in closet
- 13 — Take clothes off/put on
- 14 — Take shoes, slippers off/put on
- 15 — Make bed, change sheets

Room(s): Bedroom

N.B.: Some recommendations may apply to other rooms (main entrance, bathroom)

GETTING UP, DRESSING AND TIDYING THE BEDROOM

Do you perform the following activities alone and without difficulty:

11. Move on/off bed?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (trunk, lower limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input checked="" type="checkbox"/> Height of bed	Check: <input checked="" type="checkbox"/> Type of mattress	<input type="checkbox"/> Raise bed with wooden blocks <input type="checkbox"/> Board under mattress <input type="checkbox"/> Firm mattress	

Comments: _____

12. Take shoes, slippers, clothes in/out/put in closet?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision/poor colour discrimination	Check: <input checked="" type="checkbox"/> Lighting in room/closet <input checked="" type="checkbox"/> Ease of access to clothing: — depth and height of shelves/height of hooks — height of rod — the amount of storage space — drawers opening and closing	<input type="checkbox"/> Improve lighting in room, closet <input type="checkbox"/> Drawers on ball-bearings <input type="checkbox"/> "D" handles on drawers <input type="checkbox"/> Add shelf near the floor for shoes, etc./lower top shelf <input type="checkbox"/> Adjustable shelves <input type="checkbox"/> Pull-out shelves/racks for clothing <input type="checkbox"/> Transparent shelving for items above eye level <input type="checkbox"/> Increase amount of accessible storage space <input type="checkbox"/> Label shelves, drawers (colour, texture, picture cues)	

Comments: _____

GETTING UP, DRESSING AND TIDYING THE BEDROOM

Do you perform the following activities alone and without difficulty:

13. Take clothes off/put on?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Poor vision <input type="checkbox"/> Obesity	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Presence of mirror <input checked="" type="checkbox"/> Stable chair for use when getting dressed <input checked="" type="checkbox"/> Access to clothing (hooks, rods, shelves)	<input type="checkbox"/> Improve lighting <input type="checkbox"/> Place a bench/solid chair in the bedroom, and bathroom <input type="checkbox"/> Full-length mirror	<input type="checkbox"/> Adapted clothing <input type="checkbox"/> Aids: stocking aid, use of zipper, velcro and button hook <input type="checkbox"/> Experimenting with new techniques

Comments: _____

GETTING UP, DRESSING AND TIDYING THE BEDROOM

Do you perform the following activities alone and without difficulty:

14. Take shoes, slippers off/put on?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (trunk, upper limbs, lower limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Obesity	Check: <input checked="" type="checkbox"/> Shoe storage is within easy reach <input checked="" type="checkbox"/> Available sitting space for the activity	Housing <input type="checkbox"/> Place a bench/solid chair in the bedroom, hallway and bathroom	<input type="checkbox"/> Technical aids: — shoes without laces — elastic shoe laces — boot lifter — long-handled shoehorn — zipper or velcro-fastened shoe/boots

Comments: _____

15. Make the bed, change the sheets?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Limited reach (upper limbs, trunk) <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility	Check: <input checked="" type="checkbox"/> Cleanliness <input checked="" type="checkbox"/> Height of bed <input checked="" type="checkbox"/> Space on either side of bed <input checked="" type="checkbox"/> Type of mattress <input checked="" type="checkbox"/> Type of bedding (coverings)	Housing <input type="checkbox"/> Rearrange the furniture <input type="checkbox"/> Allow not less than 460 mm around the bed <input type="checkbox"/> Standard size mattress preferred	<input type="checkbox"/> Select easy-to-use sheet or cover (comforter, fitted sheet) <input type="checkbox"/> Assistance at regular intervals

Comments: _____

BATHING AND PERSONAL HYGIENE QUESTIONS 16 TO 34

- 16 — Turn faucets on/off
- 17 — Regulate water temperature
- 18 — Wash hands and face
- 19 — Wash body (basin)
- 20 — Wash hair (basin)
- 21 — Comb/do hair
- 22 — Brush teeth, dentures/use toothpaste, denture cleaner
- 23 — Shave using razor/electric razor
- 24 — Get in/out of shower stall/bathtub
- 25 — Turn shower controls on/off and adjust water temperature
- 26 — Wash/rinse body and hair
- 27 — Reach towel before stepping out
- 28 — Get in/out of bathtub
- 29 — Sit down on/get up from bottom of tub
- 30 — Put/pull plug in bathtub
- 31 — Turn faucets on/off
- 32 — Wash/rinse body and hair
- 33 — Reach towel before stepping out
- 34 — Clean bathtub/shower stall

Room(s): Bathroom

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

16. Turn faucets "on"/"off"?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip/dexterity <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Wheelchair dependent	Check: <input checked="" type="checkbox"/> Access to wash-basin, faucets <input checked="" type="checkbox"/> Type of faucets	<input type="checkbox"/> Lever type faucet handles <input type="checkbox"/> Single action faucets <input type="checkbox"/> Technical aids: — extended faucet handle — "faucet turner" <input type="checkbox"/> Clear space underneath sink/insulate plumbing <input type="checkbox"/> Move faucets to side or closer to front	

Comments: _____

17. Regulate the water temperature?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip/dexterity <input type="checkbox"/> Poor coordination (upper limbs) <input type="checkbox"/> Sensory loss	Check: <input checked="" type="checkbox"/> Hot water temperature <input checked="" type="checkbox"/> Hot/cold water control or adjustment	<input type="checkbox"/> Set hot water temperature to 46°C <input type="checkbox"/> Single action faucet <input type="checkbox"/> Extended faucet handle	

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

18. Wash hands and face?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor grip/dexterity <input type="checkbox"/> Poor coordination (upper limbs) <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Muscle weakness	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Access to soap and soap dish dispenser <input checked="" type="checkbox"/> Sink height <input checked="" type="checkbox"/> Feet space <input checked="" type="checkbox"/> Leg space when sitting <input checked="" type="checkbox"/> Towel location	Housing <input type="checkbox"/> Task lighting <input type="checkbox"/> Relocate storage for personal care items (soap, brush, hand cream, etc.) <input type="checkbox"/> Recessed soap dish <input type="checkbox"/> Raise/lower basin <input type="checkbox"/> Basin well braced <input type="checkbox"/> Change the spout to alter flow of water (raise, lower, curve) <input type="checkbox"/> Hand towel located within easy reach <input type="checkbox"/> Clear space under basin/insulate plumbing	<input type="checkbox"/> Wash mitt <input type="checkbox"/> Nail brush with suction cups <input type="checkbox"/> Pump soap dispenser

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

19. Wash body (basin)?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip/dexterity <input type="checkbox"/> Poor coordination (upper limbs) <input type="checkbox"/> Limited range <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Room temperature <input checked="" type="checkbox"/> Mirror and its location <input checked="" type="checkbox"/> Access to soap, towel, personal care items <input checked="" type="checkbox"/> Sink height <input checked="" type="checkbox"/> Space for the feet <input checked="" type="checkbox"/> Leg space when sitting	<input type="checkbox"/> Task lighting <input type="checkbox"/> Heat lamp/electric heater with automatic shut off <input type="checkbox"/> Adjust/adapt mirror (slanted mirror) <input type="checkbox"/> Relocate storage for personal care items (soap dispenser, cream, etc.) <input type="checkbox"/> Raise/lower basin <input type="checkbox"/> Change the spout to alter flow of water (raise or lower) <input type="checkbox"/> Single action faucet <input type="checkbox"/> Clear space under basin/insulate plumbing Relocate hand towel for easy reach <input type="checkbox"/> Create space for clothes	<input type="checkbox"/> Wash mitt <input type="checkbox"/> Liquid soap pump <input type="checkbox"/> Long-handled sponge or brush

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

20. Wash hair (*basin*)?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Limited range (upper limbs, neck, trunk) <input type="checkbox"/> Muscle weakness (upper limbs) <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Poor balance	Check: <input checked="" type="checkbox"/> Access to shampoo and other personal items <input checked="" type="checkbox"/> Height of basin <input checked="" type="checkbox"/> Height of spout <input checked="" type="checkbox"/> Space for the feet <input checked="" type="checkbox"/> Leg space when sitting	<input type="checkbox"/> Suggest alternative area: sink, shower <input type="checkbox"/> Relocate shampoo dispenser <input type="checkbox"/> Raise or lower basin <input type="checkbox"/> Change the spout to alter flow of water <input type="checkbox"/> Single action faucet <input type="checkbox"/> Clear space under basin/insulate plumbing <input type="checkbox"/> Flexible spray hose easy to install	<input type="checkbox"/> Hair brush (adapted grip) <input type="checkbox"/> Easy to use shampoo dispenser <input type="checkbox"/> Shampoo spray <input type="checkbox"/> Requires assistance/escort

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

21. Comb/do hair?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Mirror and its location <input checked="" type="checkbox"/> Access to personal care items (comb, brush, hair pins, etc.)	Housing <input type="checkbox"/> Task lighting <input type="checkbox"/> Adjust/adapt mirror — correct height of mirror — tilting mirror — magnifying mirror <input type="checkbox"/> Relocate storage to improve access to personal care items <input type="checkbox"/> Dividers in drawers for easy location of items <input type="checkbox"/> Allow for activity in sitting position if preferred	<input type="checkbox"/> Adapted comb/brush <input type="checkbox"/> Comb/brush holder <input type="checkbox"/> Regulate escort to the hairdresser

Comments: _____

22. Brush teeth, dentures/use toothpaste, denture cleaner?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Access to personal care items (tooth brush, toothpaste, glass, etc.)	Housing <input type="checkbox"/> Task lighting <input type="checkbox"/> Relocate/redesign holders <input type="checkbox"/> Relocate storage for personal care items <input type="checkbox"/> Dividers in drawer for easy location of items <input type="checkbox"/> Allow for activity in sitting position if preferred <input type="checkbox"/> Space underneath sink to allow access for chair/insulate plumbing	<input type="checkbox"/> Adapted tooth brush <input type="checkbox"/> Adapted brush for dentures <input type="checkbox"/> Easy-to-use toothpaste tube or pump <input type="checkbox"/> Wallmounted toothpaste tube squeezer

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

23. *Shave using razor/electric razor?*

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Safety razor: — access to sink and ability to use it — mirrors, their location and ease of use <input checked="" type="checkbox"/> Electric razor: — access to electric outlet — safety of outlet <input checked="" type="checkbox"/> Access to personal care items	<input type="checkbox"/> Lighting above/beside mirror <input type="checkbox"/> Adjust/adapt mirror <input type="checkbox"/> Another electric outlet in the bathroom at the appropriate height <input type="checkbox"/> New grounded outlet <input type="checkbox"/> Relocate storage for personal care items <input type="checkbox"/> Allow for activity in sitting position if preferred	<input type="checkbox"/> Electric razor

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

Taking a shower N.A. → go to question 28

24. Get in/out of shower stall/bathtub?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor coordination (lower limbs) <input type="checkbox"/> Poor balance <input type="checkbox"/> Limited range (lower limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Obesity	Check: <input checked="" type="checkbox"/> Height of step <input checked="" type="checkbox"/> Existence of non-slip surface in and outside shower <input checked="" type="checkbox"/> Existence of grab bars or support	<input type="checkbox"/> Eliminate/reduce step <input type="checkbox"/> Install vertical grab bar <input type="checkbox"/> Slip resistant flooring inside/outside shower stall (or bath) via non slippery coating, abrasive strips or rubber mats <input type="checkbox"/> Add transfer board <input type="checkbox"/> Improve floor drainage <input type="checkbox"/> Change tub or shower stall if possible	<input type="checkbox"/> Supervision <input type="checkbox"/> Assistance

Comments: _____

25. Turn shower controls on/off and adjust water temperature?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Poor balance <input type="checkbox"/> Sensory loss	Check: <input checked="" type="checkbox"/> Access to controls <input checked="" type="checkbox"/> Type of controls <input checked="" type="checkbox"/> Legibility of hot/cold print	<input type="checkbox"/> Shower controls easy to read, reach and operate <input type="checkbox"/> Water control knob on shower head <input type="checkbox"/> Thermostatic faucets <input type="checkbox"/> Adjustable temperature control on water supply (maximum 46°C) <input type="checkbox"/> Grab bar as a stabilizer	

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

26. Wash/rinse body and hair?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range <input type="checkbox"/> Poor grip <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Obesity	Check: <input checked="" type="checkbox"/> Room temperature <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Soap dish height/ shampoo location <input checked="" type="checkbox"/> Type of soap/shampoo dispenser <input checked="" type="checkbox"/> Access to toilet accessories (face cloth, brush, shower cap, etc.) <input checked="" type="checkbox"/> Ease of use of shower <input checked="" type="checkbox"/> Hot/cold water adjustment <input checked="" type="checkbox"/> Water tightness of curtain or door <input checked="" type="checkbox"/> Water accumulation on floor/walls after showering <input checked="" type="checkbox"/> Drainage in shower area	<input type="checkbox"/> Increase lighting (waterproof shower light) <input type="checkbox"/> Slip resistant bottom via non slippery coating, abrasive strips or rubber mats <input type="checkbox"/> Recessed soap dispenser with ledge at suitable height when standing or sitting <input type="checkbox"/> Toilet accessories within easy reach <input type="checkbox"/> Adjust water temperature to 46°C <input type="checkbox"/> Grab bars <input type="checkbox"/> Shower stool/bench <input type="checkbox"/> Head-held shower on vertical rod or high and low mounting brackets <input type="checkbox"/> Translucent and watertight shower curtain or tempered glass door <input type="checkbox"/> Improve drainage/prevent water from leaking out of shower stall, tub <input type="checkbox"/> Treatment of shower walls with waterproof materials	<input type="checkbox"/> Easy to use soap/ shampoo dispenser <input type="checkbox"/> Wash mitt <input type="checkbox"/> Back brush (curved handle) <input type="checkbox"/> Supervision

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

27. Reach towel before stepping out?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor coordination (upper limbs, lower limbs) <input type="checkbox"/> Poor balance <input type="checkbox"/> Limited range (upper limbs)	Check: <input checked="" type="checkbox"/> Towel rail location <input checked="" type="checkbox"/> Strength and safety of towel rail	Housing <input type="checkbox"/> Heat lamp/electric heater with automatic shut-off <input type="checkbox"/> Towel rail within easy reach <input type="checkbox"/> Install grab bar	<input type="checkbox"/> Place towel within easy access before leaving shower

Comments: _____

Taking a bath N.A. → go to question 34

28. Get in/out of bathtub?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor coordination (lower limbs) <input type="checkbox"/> Limited range (lower limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Obesity	Check: <input checked="" type="checkbox"/> Height of step <input checked="" type="checkbox"/> Existence of grab bars <input checked="" type="checkbox"/> Non-slip surface in and outside bathtub	Housing <input type="checkbox"/> Well-anchored grab bars at appropriate height, position (vertical/ horizontal) or easy clamp on/off grab bars <input type="checkbox"/> Removable bath bench <input type="checkbox"/> Non-slip flooring inside and outside tub	<input type="checkbox"/> Learning new techniques <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

29. Sit down on/get up from bottom of tub?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (upper limbs, lower limbs) <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility	Check: <input checked="" type="checkbox"/> Existence of: — grab bars — non-slip surface in and outside bath <input checked="" type="checkbox"/> Depth of bath and seating by bathtub	Housing <input type="checkbox"/> Well-anchored grab bars at appropriate height, position and place <input type="checkbox"/> Hydraulic seat <input type="checkbox"/> Removable bath bench/stool (for shower use) <input type="checkbox"/> Non-slip flooring inside tub	<input type="checkbox"/> Take a shower <input type="checkbox"/> Learning new techniques <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance

Comments: _____

30. Put/pull plug in bathtub?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (trunk, upper limbs) <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> The type of control or plug <input checked="" type="checkbox"/> Location of “drain” (out of functional reach)	Housing <input type="checkbox"/> Lever type mechanism <input type="checkbox"/> Chain on plug <input type="checkbox"/> Flat type plug or larger control <input type="checkbox"/> Outline of drain in contrasting colour	<input type="checkbox"/> Reacher

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

31. Turn faucets on/off?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance	Check: <input checked="" type="checkbox"/> Access to controls <input checked="" type="checkbox"/> Type of controls	<input type="checkbox"/> Lever type <input type="checkbox"/> Single-action faucet <input type="checkbox"/> Change faucet location <input type="checkbox"/> Extension of faucet handle	

Comments: _____

32. Wash/rinse body and hair?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (upper limbs, trunk) <input type="checkbox"/> Muscle weakness/low resistance <input type="checkbox"/> Poor balance <input type="checkbox"/> Obesity	Check: <input checked="" type="checkbox"/> Room temperature, draft <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Type and height of soap dish/shampoo shelf <input checked="" type="checkbox"/> Access to toilet accessories (brush, face cloth, etc) <input checked="" type="checkbox"/> Presence of grab bars	<input type="checkbox"/> Reduce, eliminate draft <input type="checkbox"/> Increase lighting <input type="checkbox"/> Deep recess soap dish at correct height <input type="checkbox"/> Toilet accessories within easy reach <input type="checkbox"/> Grab bars <input type="checkbox"/> Bath bench/stool <input type="checkbox"/> Hand-held shower or adjustable shower hose on vertical pole	<input type="checkbox"/> Take a shower <input type="checkbox"/> Plastic containers to spray <input type="checkbox"/> Wash mitt <input type="checkbox"/> Back brush with curved handle <input type="checkbox"/> Easy to use soap/shampoo dispenser <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance

Comments: _____

BATHING AND PERSONAL HYGIENE

Do you perform the following activities alone and without difficulty:

33. Reach towel before stepping out?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor coordination (upper limbs, lower limbs) <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Poor balance	Check: <input checked="" type="checkbox"/> Towel rail location <input checked="" type="checkbox"/> Strength and safety of towel rail	Housing <input type="checkbox"/> Heat lamp/electric heater with automatic shut-off <input type="checkbox"/> Towel rail within easy reach	<input type="checkbox"/> Access to towel before stepping out of bath

Comments: _____

34. Clean bathtub/shower stall?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Limited reach (trunk, upper limbs, lower limbs) <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> General cleanliness <input checked="" type="checkbox"/> Lighting in tub and shower <input checked="" type="checkbox"/> Depth and size of tub/shower <input checked="" type="checkbox"/> Enamel's condition	Housing <input type="checkbox"/> Vapour proof lighting <input type="checkbox"/> Easy-to-clean wall surfaces <input type="checkbox"/> Treat tub enamel <input type="checkbox"/> Fungus-proof caulking <input type="checkbox"/> Adequate ventilation to prevent moisture <input type="checkbox"/> Hand-held shower head to facilitate cleaning/rinsing tub or stall	<input type="checkbox"/> Long-handled brush <input type="checkbox"/> Easy cleaning products <input type="checkbox"/> Assistance

Comments: _____

35 — Sit down/get up

36 — Reach/use toilet paper

37 — Flush the toilet

38 — Clean the toilet

Room(s): Toilet room, bathroom

USING THE TOILET

Do you perform the following activities alone and without difficulty:

35. Sit down/get up?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (lower limbs) <input type="checkbox"/> Muscle weakness (lower limbs) <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Obesity	Check: <input checked="" type="checkbox"/> Existence of support system (grab bars, counter tops, etc.) — location — type — safety features <input checked="" type="checkbox"/> Toilet height to top of seat	<input type="checkbox"/> Single or bilateral grab bar at correct height, place and position <input type="checkbox"/> Adjust height of toilet seat — raised toilet seat — commode chair	

Comments: _____

36. Reach/use toilet paper?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip/dexterity <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor vision <input type="checkbox"/> Obesity	Check: <input checked="" type="checkbox"/> Access to toilet roll <input checked="" type="checkbox"/> Ease or removing and replacing toilet tissue	<input type="checkbox"/> Change position of toilet roll <input type="checkbox"/> Toilet roll easy to replace and easy to use	<input type="checkbox"/> Select individual aid to dry/wipe oneself <input type="checkbox"/> Use kleenex instead of toilet paper

Comments: _____

USING THE TOILET

Do you perform the following activities alone and without difficulty:

37. Flush the toilet?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
	Check:	Housing	Other
<input type="checkbox"/> Poor grip/dexterity <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range <input type="checkbox"/> Poor vision <input type="checkbox"/> Poor balance	<input checked="" type="checkbox"/> Location of handle of flush toilet <input checked="" type="checkbox"/> Type of flushing mechanism <input checked="" type="checkbox"/> Existence of support system (grab bar)	<input type="checkbox"/> Enlarge, lengthen or adapt the handle (the cord, the button) <input type="checkbox"/> Relocate flush mechanism in reachable position <input type="checkbox"/> Grab bar behind toilet	<input type="checkbox"/> Reacher (a long-handled aid for reaching inaccessible objects)

Comments: _____

38. Clean the toilet?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
	Check:	Housing	Other
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (trunk, upper limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent	<input checked="" type="checkbox"/> General maintenance <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Seat condition <input checked="" type="checkbox"/> Mechanical operation of toilet <input checked="" type="checkbox"/> Plumbing in good condition	<input type="checkbox"/> Adequate lighting placement <input type="checkbox"/> Replace toilet seat <input type="checkbox"/> Plumbing work	<input type="checkbox"/> Long-handled mop <input type="checkbox"/> Cleaning/disinfecting soaking products

Comments: _____

- 39 — Turn sink faucets on/off and adjust water temperature
- 40 — Use small kitchen appliances
- 41 — Turn on/off hood fan, stove, oven, dishwasher
- 42 — Take food in/out of oven
- 43 — Take food in/out of refrigerator
- 44 — Open/close drawers and cupboard doors
- 45 — Take dishes, pots, pans, food in/out of cupboards
- 46 — Carry food and dishes from place to place
- 47 — Move on/off chair
- 48 — Peel, grate, cut vegetables, fruits, meat, cheese, bread
- 49 — Open containers, cans, jars
- 50 — Check cooking process
- 51 — Fill up/empty pots
- 52 — Wash/dry dishes
- 53 — Wash/wipe the countertops, table, stove, oven, refrigerator
- 54 — Purchase/store groceries
- 55 — Dispose of garbage bags

Room(s): Kitchen

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

39. Turn sink faucets on/off and adjust water temperature?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor grip/dexterity <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Reduced sensitivity to hot/cold	Check: <input checked="" type="checkbox"/> Access to sink <input checked="" type="checkbox"/> Type of faucet <input checked="" type="checkbox"/> Hot water temperature	Housing <input type="checkbox"/> Clear space underneath sink/insulate plumbing <input type="checkbox"/> Lever type faucet handles <input type="checkbox"/> Install hand spray with finger control <input type="checkbox"/> Single-action faucet <input type="checkbox"/> Set water temperature centrally to 46°C	

Comments: _____

40. Use small kitchen appliances (electric mixer, toaster, blender, etc.)?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination (upper limbs) <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Location of small kitchen appliances <input checked="" type="checkbox"/> Height and location of wall plugs/outlets <input checked="" type="checkbox"/> The type of electrical outlet <input checked="" type="checkbox"/> Electrical loads/circuits	Housing <input type="checkbox"/> Special indicator (colour/texture coded) on appliances for speed force, etc. <input type="checkbox"/> Adapt appliances (add extra handles, lengthen knobs, etc.) <input type="checkbox"/> Relocate storage space to facilitate access to key items <input type="checkbox"/> Use permanent connections for key items with on/off <input type="checkbox"/> Improve access to outlets <input type="checkbox"/> Large and easy-to-hold plugs <input type="checkbox"/> Improve circuit loading	

Comments: _____

Do you perform the following activities alone and without difficulty:

41. Turn on/off hood fan, stove, oven, dishwasher?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination (upper limbs) <input type="checkbox"/> Limited range/reach (upper limbs) <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Sensory loss (touch) <input type="checkbox"/> Poor vision <input type="checkbox"/> Memory loss (forgetful)	Check: <input checked="" type="checkbox"/> Access to controls <input checked="" type="checkbox"/> Size and type of controls <input checked="" type="checkbox"/> The visibility of code on controls	<input type="checkbox"/> Controls easy: — to read, reach, manipulate <input type="checkbox"/> Accentuate key position with appropriate cues on controls <input type="checkbox"/> Use time control mechanism where possible <input type="checkbox"/> Controls at the front preferred	<input type="checkbox"/> Aids to reach or turn faucet

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

42. Take food out of/put in oven?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (trunk, upper limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision <input type="checkbox"/> Sensory loss (touch)	Check: <input checked="" type="checkbox"/> Height of oven <input checked="" type="checkbox"/> Door opening mechanism <input checked="" type="checkbox"/> Availability of counter space by the oven or other resting place for hot dish	<input type="checkbox"/> Pull out shelf below built-in oven for hot items <input type="checkbox"/> Use movable carts/tables <input type="checkbox"/> Easy to pull/push oven shelves <input type="checkbox"/> Oven doors (side opening preferred) <input type="checkbox"/> Microwave oven preferred	<input type="checkbox"/> Extra long oven mitts <input type="checkbox"/> Lightweight dishes

Comments: _____

43. Take food out of/put in refrigerator?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination (upper limbs) <input type="checkbox"/> Limited range (upper limbs and trunk) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting in refrigerator <input checked="" type="checkbox"/> Height and depth of the refrigerator shelves <input checked="" type="checkbox"/> Refrigerator's general condition	<input type="checkbox"/> Increase lighting (replace bulb) <input type="checkbox"/> Add or remove shelving, or add half-shelves, baskets <input type="checkbox"/> Refrigerator with side-by-side doors preferred <input type="checkbox"/> Raise small refrigerator	<input type="checkbox"/> Energy saving techniques — arrange frequently used or heavy items within easy reach — arrange seldom used items in the back or on lower shelves

Comments: _____

Do you perform the following activities alone and without difficulty:

44. *Open/close drawers and cupboard doors?*

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Muscle weakness	Check: <input checked="" type="checkbox"/> Functional height of shelves/drawers <input checked="" type="checkbox"/> Surface of cupboard shelves <input checked="" type="checkbox"/> Type of hardware <input checked="" type="checkbox"/> Weight of drawers	<input type="checkbox"/> Relocate storage to ensure maximum use of easily accessible cupboards and drawers <input type="checkbox"/> "D" type handles on cupboards/drawers <input type="checkbox"/> Drawers on ball-bearings <input type="checkbox"/> Install new hardware on doors <input type="checkbox"/> Eliminate doors	<input type="checkbox"/> Belts, straps, or reacher that allow the user to reach door or drawer handles <input type="checkbox"/> Reacher (a long-handled aid for reaching inaccessible objects)

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

45. Take dishes, pots, pans, food out of/put in cupboards?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Limited reach (upper limbs) <input type="checkbox"/> Poor tolerance	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Height of shelves	<input type="checkbox"/> Improve lighting <input type="checkbox"/> Increase storage at functional height: — add shelves below cupboards — hang basket under existing shelves — lower shelves — dish rack on counter — mobile storage unit	<input type="checkbox"/> Long-handled reacher <input type="checkbox"/> Energy saving methods: — storage of large or frequently used items within easy reach — storage of seldom used items in higher storage space
<input type="checkbox"/> Muscle weakness	<input checked="" type="checkbox"/> Surface of storage area	<input type="checkbox"/> Install transparent shelving for shelves above eye level <input type="checkbox"/> Reduce depth of wall cupboard shelving above shoulder level <input type="checkbox"/> Pull-out storage units under counter <input type="checkbox"/> Lazy Susan at corners <input type="checkbox"/> Colour, texture coded for easy location <input type="checkbox"/> Sturdy and safe bench	
<input type="checkbox"/> Poor balance			
<input type="checkbox"/> Wheelchair dependent			
<input type="checkbox"/> Poor vision			

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

46. Carry food and dishes from place to place (from counter to table, etc)?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination (upper limbs, lower limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Distance between the refrigerator, stove/oven, and kitchen table <input checked="" type="checkbox"/> Continuity of counter between stove, refrigerator and sink <input checked="" type="checkbox"/> Floor condition/obstacles	<input type="checkbox"/> Relocate storage <input type="checkbox"/> Movable cart to carry food/dishes from stove to table <input type="checkbox"/> Cut down distance between work areas <input type="checkbox"/> Countertop all at same level between refrigerator, sink and range (cooktop) <input type="checkbox"/> Remove obstacles <input type="checkbox"/> Repair flooring	<input type="checkbox"/> Walking aid (walker with basket) <input type="checkbox"/> Wheelchair tray

Comments: _____

47. Move on/off chair?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited reach (trunk, lower limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent	Check: <input checked="" type="checkbox"/> Height of chairs <input checked="" type="checkbox"/> Presence of arm-rests on chairs	<input type="checkbox"/> Raise chair with wooden blocks <input type="checkbox"/> Chair with arm-rests, smooth and easy to grasp <input type="checkbox"/> Ejectable seat <input type="checkbox"/> Firm cushion	

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

48. Peel, grate, cut vegetables, fruits, meat, cheese, bread?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Type/efficiency of domestic appliances in use <input checked="" type="checkbox"/> Counter height <input checked="" type="checkbox"/> Amount of working space <input checked="" type="checkbox"/> Possibility of activities in sitting position	<input type="checkbox"/> Food processor <input type="checkbox"/> Pull-out lapboard <input type="checkbox"/> Sink board on top of sink <input type="checkbox"/> "Roll-about" chair with lockers to reduce exertion	<input type="checkbox"/> Food or equipment stabilizer <input type="checkbox"/> Aids or devices (e.g.: special knife grater with suction cups) <input type="checkbox"/> Labour saving techniques — use pre-sliced cheese, bread

Comments: _____

49. Open containers, cans, jars?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Type of containers used <input checked="" type="checkbox"/> Type of can opener <input checked="" type="checkbox"/> Location of can opener	<input type="checkbox"/> V-shaped jar opener under cupboards <input type="checkbox"/> Wall or counter mounted electric can opener <input type="checkbox"/> Electric can opener <input type="checkbox"/> Adapted can opener <input type="checkbox"/> Aids or devices (jar openers, rubber hand grip)	<input type="checkbox"/> Use easy-to-handle containers

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

50. Check cooking process?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision <input type="checkbox"/> Memory loss	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Possibility of sitting by the stove	<input type="checkbox"/> Task lighting <input type="checkbox"/> Slanted mirror if sitting is needed <input type="checkbox"/> Range or stove at functional height <input type="checkbox"/> Supported seating in kitchen to reduce exertion <input type="checkbox"/> Electric appliances with automatic shut-off mechanism preferred — electric frying pan — microwave oven — toaster oven <input type="checkbox"/> Smoke detector <input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Timer with loud bell

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

51. Fill up/empty pots?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip	Check: <input checked="" type="checkbox"/> Height and depth of sink	<input type="checkbox"/> Eliminate space between counter and appliances cooktop/range and sink	<input type="checkbox"/> Devices: — metal strainer with handle (steamer) — clip-on handle — pouring aids
<input type="checkbox"/> Poor coordination	<input checked="" type="checkbox"/> Distance between stove and sink	<input type="checkbox"/> Use of movable carts between cooktop/stove and sink	<input type="checkbox"/> Demonstration of new techniques — slide plates on counter — allow water to cool before emptying pan — steam cook
<input type="checkbox"/> Muscle weakness	<input checked="" type="checkbox"/> Continuity of counter between stove and sink	<input type="checkbox"/> Long water spout or flexible hose to reach over countertop	
<input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Sensory loss (touch) <input type="checkbox"/> Poor vision			

Comments: _____

Do you perform the following activities alone and without difficulty:

52. Wash/dry dishes (use dishwasher)?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Space to sit while washing	<input type="checkbox"/> Task lighting <input type="checkbox"/> Allow for space under sink for legs/insulate plumbing	<input type="checkbox"/> Adapted brush <input type="checkbox"/> Energy saving techniques (e.g.: rinse dishes after use, drip dry)
<input type="checkbox"/> Poor tolerance (upper limbs) <input type="checkbox"/> Muscle weakness	<input checked="" type="checkbox"/> Access to sink, and ease of use <input checked="" type="checkbox"/> Counter space beside sink	<input type="checkbox"/> Lever type faucets <input type="checkbox"/> Add counter space on either side of sink	<input type="checkbox"/> Lightweight, unbreakable dishes <input type="checkbox"/> Easy clean stove and pans
<input type="checkbox"/> Poor vision	<input checked="" type="checkbox"/> Access to dishwasher — sufficient space around dishwasher — dishwasher height	<input type="checkbox"/> Adapted controls on dishwasher to facilitate use (lever controls, colour, texture coded)	
<input type="checkbox"/> Sensory loss	<input checked="" type="checkbox"/> Hot water temperature	<input type="checkbox"/> Portable dishwasher — easy to connect — easy to move	
<input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent			

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

53. Wash/wipe the counter top, table, stove, oven, refrigerator?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent	Check: <input checked="" type="checkbox"/> General cleanliness <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Counter depth and height <input checked="" type="checkbox"/> Type of finish on countertop <input checked="" type="checkbox"/> Type of electrical appliances (oven, refrigerator) <input checked="" type="checkbox"/> Sources of dust or dirt	<input type="checkbox"/> Countertop, with easy cleaning material preferred <input type="checkbox"/> Hood fan <input type="checkbox"/> Self-cleaning oven and self-defrosting freezer or refrigerator preferred	<input type="checkbox"/> Long-handled sponge <input type="checkbox"/> Wash mitt <input type="checkbox"/> Scour-free products <input type="checkbox"/> Assistance at regular intervals

Comments: _____

54. Purchase/store groceries?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Adequate/usable refrigerator and cupboard storage space for storing items <input checked="" type="checkbox"/> Sufficient food supply to last till next shopping day <input checked="" type="checkbox"/> Tackboard near storage for list	<input type="checkbox"/> Adequate cold storage space for one week or more supplies <input type="checkbox"/> Increase storage space (add pantry, shelves, baskets, etc.)	<input type="checkbox"/> Walking aids (walker with basket) <input type="checkbox"/> Shopping cart <input type="checkbox"/> Meals on wheels <input type="checkbox"/> List of local stores that deliver <input type="checkbox"/> List of stores that take telephone orders <input type="checkbox"/> Emergency pack <input type="checkbox"/> Escort to store <input type="checkbox"/> Assistance

Comments: _____

PREPARING MEALS

Do you perform the following activities alone and without difficulty:

55. *Dispose of garbage?*

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Muscle weakness <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Location of garbage pick-up (interior/exterior)	<input type="checkbox"/> Garbage can easy to use, at good height, good location <input type="checkbox"/> Movable carts for moving garbage bags <input type="checkbox"/> Garbage can on wheels <input type="checkbox"/> Improve handle or opening mechanism on garbage chute	<input type="checkbox"/> Mobility aid (walker with basket) <input type="checkbox"/> Labour-saving techniques: — push/pull sacks rather than lift — use smaller bags <input type="checkbox"/> Assistance

Comments: _____

- 56 — Do hand-washing
- 57 — Carry laundry bag or basket
- 58 — Fill/empty washing machine
- 59 — Read/work washing machine controls
- 60 — Fill/empty dryer
- 61 — Read/work dryer controls
- 62 — Hang up washing
- 63 — Iron clothes

Room(s): Laundry room or area

Other (specify)

DOING THE LAUNDRY

Do you perform the following activities alone and without difficulty:

56. Do hand-washing?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision <input type="checkbox"/> Sensory loss (touch)	Check: <input checked="" type="checkbox"/> Height of laundry tub, sink, pail <input checked="" type="checkbox"/> Water accumulation on floor <input checked="" type="checkbox"/> Space under sink/laundry tub	Housing <input type="checkbox"/> Rethink location or equipment for handwashing <input type="checkbox"/> Clear space below sink to allow person to sit/insulate plumbing	<input type="checkbox"/> Use products for presoak

Comments: _____

Do you have access to an automatic washing machine? No  go to question 60 Yes

57. Carry laundry bag or basket?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent	Check: <input checked="" type="checkbox"/> Lighting on pathway <input checked="" type="checkbox"/> Distance and obstacles to washing area	Housing <input type="checkbox"/> Improve lighting <input type="checkbox"/> Movable cart to transport clothes <input type="checkbox"/> Laundry chute from upper levels <input type="checkbox"/> Handrail on stairs <input type="checkbox"/> Relocate washer/dryer to usable space	<input type="checkbox"/> Mobility aids <input type="checkbox"/> Use of shopping cart <input type="checkbox"/> Use belt to pull basket or hold bag on shoulder

Comments: _____

DOING THE LAUNDRY

Do you perform the following activities alone and without difficulty:

58. Fill/empty washing machine?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting in general <input checked="" type="checkbox"/> Height of machine <input checked="" type="checkbox"/> Space beside washing machine	<input type="checkbox"/> Adjust/increase lighting, task lighting <input type="checkbox"/> Mirror placed at angle to see inside washing machine	<input type="checkbox"/> Net bag for small items <input type="checkbox"/> Long reacher <input type="checkbox"/> Flashlight

Comments: _____

59. Read/work washing machine controls?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Type and size of controls <input checked="" type="checkbox"/> Access to controls	<input type="checkbox"/> Task lighting <input type="checkbox"/> Controls easy to read and use <input type="checkbox"/> Colour and texture coded controls <input type="checkbox"/> Lever type controls <input type="checkbox"/> Relocate controls within easy reach	<input type="checkbox"/> Aids or reacher for accessing the controls

Comments: _____

DOING THE LAUNDRY

Do you perform the following activities alone and without difficulty:

Do you have access to a dryer? No \longrightarrow go to question 62 Yes

60. Fill/empty dryer?

No Yes N.A.

Functional Limitations	Home Check-List	Housing Recommendations	Other
<input type="checkbox"/> Limited range (trunk, upper limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Height of door opening <input checked="" type="checkbox"/> Space available in front of door <input checked="" type="checkbox"/> Ease of opening of door	<input type="checkbox"/> Good lighting <input type="checkbox"/> Small dryer with front opening, place on counter (stall) <input type="checkbox"/> Sufficient space in front of dryer to allow easy reach <input type="checkbox"/> Door handle easy to grip <input type="checkbox"/> Provide space to place or fold clothing	<input type="checkbox"/> Flashlight <input type="checkbox"/> Reacher

Comments: _____

61. Read/work dryer controls?

No Yes N.A.

Functional Limitations	Home Check-List	Housing Recommendations	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Type, size of controls <input checked="" type="checkbox"/> Access to controls	<input type="checkbox"/> Increase lighting <input type="checkbox"/> Controls easy to see and use colour/texture coded <input type="checkbox"/> Lever handle for controls <input type="checkbox"/> Relocate controls within easy reach	<input type="checkbox"/> Aid—reacher for accessing the controls

Comments: _____

DOING THE LAUNDRY

Do you perform the following activities alone and without difficulty:

62. Hang up washing?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Limited range (upper limbs) <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Access to clothes line <input checked="" type="checkbox"/> Humidity of rooms <input checked="" type="checkbox"/> Height of line <input checked="" type="checkbox"/> Type of clothespins Check outside: <input checked="" type="checkbox"/> Access to clothesline <input checked="" type="checkbox"/> Height of clothesline <input checked="" type="checkbox"/> Type of clothespins	<input type="checkbox"/> Wide and stable platform <input type="checkbox"/> Adjust height of clotheslines <input type="checkbox"/> Portable lightweight clothes rack	<input type="checkbox"/> Non-spring pegs

Comments: _____

63. Iron clothes?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Poor vision <input type="checkbox"/> Sensory loss <input type="checkbox"/> Poor memory (forgetful)	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Height of ironing board <input checked="" type="checkbox"/> Storage of iron and board <input checked="" type="checkbox"/> Height and ease of access to electric outlet <input checked="" type="checkbox"/> Size of the plug <input checked="" type="checkbox"/> Stability of iron and ironing board	<input type="checkbox"/> Task lighting <input type="checkbox"/> Adjustable ironing board to sitting position <input type="checkbox"/> Stable board/stable iron <input type="checkbox"/> Board—easily stored <input type="checkbox"/> Easy access to wall outlet <input type="checkbox"/> Ease of use placing plug into outlet <input type="checkbox"/> Redesign ironing space with built-in ironing centre including iron, ironing board, built-in lighting, etc. <input type="checkbox"/> Guide on iron for the blind <input type="checkbox"/> Iron with automatic shutoff	<input type="checkbox"/> Wash-and-wear clothing recommended

Comments: _____

64 — Dust

65 — Use vacuum-cleaner/broom

66 — Wipe/wash floor

67 — Wash windows

Room(s): All rooms

CLEANING THE HOUSE

Do you perform the following activities alone and without difficulty:

64. Dust?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (upper limbs and trunk) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Wheelchair dependent	Check: <input checked="" type="checkbox"/> Amount of jumble <input checked="" type="checkbox"/> Sources of dust or dirt <input checked="" type="checkbox"/> Storage space of equipment	<input type="checkbox"/> Avoid cluttered room <input type="checkbox"/> Shelves with doors for ornaments <input type="checkbox"/> Air conditioner in areas exposed to high dust pollution <input type="checkbox"/> Clean air ducts and change filters	<input type="checkbox"/> Long-handled feather duster <input type="checkbox"/> Dust mitten <input type="checkbox"/> Assistance at regular intervals

Comments: _____

CLEANING THE HOUSE

Do you perform the following activities alone and without difficulty:

65. Use vacuum-cleaner/broom?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Type of vacuum-cleaner, type of plug <input checked="" type="checkbox"/> Height of wall plug <input checked="" type="checkbox"/> Type of floor covering <input checked="" type="checkbox"/> Presence of obstacles	<input type="checkbox"/> Lighter vacuum-cleaner with electric carpet brush, easy to use and move <input type="checkbox"/> Central vacuum system preferred <input type="checkbox"/> Modify height of electrical outlets <input type="checkbox"/> Modify size of plug (male) <input type="checkbox"/> Remove carpet in kitchen <input type="checkbox"/> Rearrange furniture	<input type="checkbox"/> Lightweight long-handled dust pan and brush <input type="checkbox"/> Assistance at regular intervals

Comments: _____

CLEANING THE HOUSE

Do you perform the following activities alone and without difficulty:

66. Wipe/wash floor?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Limited range (upper limbs and trunk) <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Poor vision <input type="checkbox"/> Wheelchair dependent	Check: <input checked="" type="checkbox"/> Size of dwelling unit <input checked="" type="checkbox"/> General cleanliness <input checked="" type="checkbox"/> Type of floor covering <input checked="" type="checkbox"/> Condition of floor covering <input checked="" type="checkbox"/> Type of cleaning supply	<input type="checkbox"/> Replace flooring with slip resistant, easy-to-clean flooring material <input type="checkbox"/> Hard floor surface or tight pile carpeting <input type="checkbox"/> Movable carts/bucket on wheels <input type="checkbox"/> Storage cart and cleaning supplies all in one place and in different parts of the house (kitchen, bathroom, etc.)	<input type="checkbox"/> Lightweight mop easy to squeeze <input type="checkbox"/> Mop with long/flexible handle <input type="checkbox"/> Detergent which does not require rinsing <input type="checkbox"/> Kneeling helper device <input type="checkbox"/> Assistance at regular intervals

Comments: _____

67. Wash windows?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Limited range <input type="checkbox"/> Poor tolerance <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> General cleanliness <input checked="" type="checkbox"/> Height of windows <input checked="" type="checkbox"/> Number of windows <input checked="" type="checkbox"/> Dust/dirt exposure	<input type="checkbox"/> Reduce dirt exposure from inside (hood fan over stove, dehumidifier) <input type="checkbox"/> Improve system for opening windows to facilitate cleaning — removable sliders — easy to operate hardware	<input type="checkbox"/> Long-handled window wiper <input type="checkbox"/> Needs assistance at regular intervals

Comments: _____

68 — Answer the phone

69 — Dial a number

Room(s):

USING THE TELEPHONE

Do you perform the following activities alone and without difficulty:

68. Answer the phone?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Hearing loss <input type="checkbox"/> Impaired speech	Check: <input checked="" type="checkbox"/> Number of telephones and telephone "jacks" in the home <input checked="" type="checkbox"/> Telephone location, type <input checked="" type="checkbox"/> The possibility of specific adjustments on the telephone	<input type="checkbox"/> Increase number of available "jacks" <input type="checkbox"/> Chair by telephone <input type="checkbox"/> Louder signal/bell <input type="checkbox"/> Bell or flashing light link-up <input type="checkbox"/> Cordless phone <input type="checkbox"/> Adapted phone for special needs: — volume regulation — enlarge amplifier <input type="checkbox"/> Provide quiet phone space or phone within easy access	<input type="checkbox"/> Hearing aid

Comments: _____

USING THE TELEPHONE

Do you perform the following activities alone and without difficulty:

69. Dial a number?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Impaired hand function <input type="checkbox"/> Poor coordination (upper limbs, hand) <input type="checkbox"/> Poor vision <input type="checkbox"/> Sensory loss (fingers) <input type="checkbox"/> Poor memory	Check: <input checked="" type="checkbox"/> Lighting <input checked="" type="checkbox"/> Access to phone in strategic location (bedroom, bathroom, kitchen) <input checked="" type="checkbox"/> Type of telephone (dial or touch-tone) <input checked="" type="checkbox"/> Alternative call/signal mechanism in case of emergency	<input type="checkbox"/> Separate lighting near telephone <input type="checkbox"/> Chair by telephone <input type="checkbox"/> Telephone with memory (automatic dialing) <input type="checkbox"/> Touchtone telephone <input type="checkbox"/> Large numbers <input type="checkbox"/> Colour contrast of numbers <input type="checkbox"/> Emergency call bell or link up with central station in case of distress or illness	<input type="checkbox"/> Magnifying glass <input type="checkbox"/> Telephone book nearby <input type="checkbox"/> Phone company assistance program

Comments: _____

ENJOYING LEISURE/DOING BUSINESS QUESTIONS 70 TO 72

70 — Move on/off sofa

71 — Turn radio/television on/off and select channels

72 — Collect mail

Room(s): Radio

Television

Mail

ENJOYING LEISURE/DOING BUSINESS

Do you perform the following activities alone and without difficulty:

70. Move on/off sofa?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor coordination <input type="checkbox"/> Limited range (trunk, lower limbs) <input type="checkbox"/> Muscle weakness <input type="checkbox"/> Poor balance <input type="checkbox"/> Wheelchair dependent	Check: <input checked="" type="checkbox"/> Height of sofa <input checked="" type="checkbox"/> Type of cushion <input checked="" type="checkbox"/> Presence of arm-rests	<input type="checkbox"/> Raise sofa with wooden blocks <input type="checkbox"/> Sofa with smooth and easy to grasp arm-rests <input type="checkbox"/> Ejectable seat <input type="checkbox"/> Board under cushion <input type="checkbox"/> Firm cushion	

Comments: _____

71. Turn radio/television on/off and select channels?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Impaired hand function <input type="checkbox"/> Poor coordination (upper limbs, hand) <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Height, and ease of access of item (radio/TV) <input checked="" type="checkbox"/> Size and type of knobs/controls <input checked="" type="checkbox"/> Legibility of controls	<input type="checkbox"/> Remote control <input type="checkbox"/> Easy to handle or read controls: <input type="checkbox"/> Enlarged colour coded controls <input type="checkbox"/> Dark background with light legend on controls <input type="checkbox"/> Lever on controls	<input type="checkbox"/> Devices/aids to grip, pinch or fine tune

Comments: _____

ENJOYING LEISURE/DOING BUSINESS

Do you perform the following activities alone and without difficulty:

72. Collect the mail?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor coordination (for key lock boxes) <input type="checkbox"/> Poor balance <input type="checkbox"/> Reduced mobility <input type="checkbox"/> Wheelchair dependent	Check: <input checked="" type="checkbox"/> Height of mail box <input checked="" type="checkbox"/> Size of opening in door, or mail box <input checked="" type="checkbox"/> Accessibility to mail box <input checked="" type="checkbox"/> Type of locking mechanism (in apts)	<input type="checkbox"/> Change height or location (lower, relocate to side/back entrance) <input type="checkbox"/> Mail box easy to empty with no rough edge <input type="checkbox"/> Basket/shelf below door opening <input type="checkbox"/> Enlarge key or simplify locking mechanism	<input type="checkbox"/> Assistance (neighbours, friends)

Comments: _____

73 — Take medication

Room(s):

TAKING MEDICATION

Do you perform the following activities alone and without difficulty:

73. Take medication?

No Yes N.A.

Functional Limitations	Home Check-List	Recommendations	
		Housing	Other
<input type="checkbox"/> Poor grip <input type="checkbox"/> Poor coordination <input type="checkbox"/> Memory loss (forgetful) <input type="checkbox"/> Poor vision	Check: <input checked="" type="checkbox"/> Access to medicine cabinet, medicine storage area <input checked="" type="checkbox"/> Lighting	<input type="checkbox"/> Medicine cabinet, cupboard or storage units easy to reach, and well lit <input type="checkbox"/> Easy-to-open cabinet <input type="checkbox"/> Medicine cabinet located to the side rather than above the sink or toilet	<input type="checkbox"/> Medication well labelled/easy to reach <input type="checkbox"/> Easy-to-open container/bottles <input type="checkbox"/> Memory aid — use of medicine container that holds specific amounts of medication on per diem basis — calendar — clock <input type="checkbox"/> Supervision <input type="checkbox"/> Assistance

Comments: _____

Part 4

Conclusions and Recommendations

Conclusions

Recommendations

- Home could be adapted to increase independence in activities of daily living
- Should be referred to Local Community Service Centre or other community centres:

- | | |
|-----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Housekeeping services | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Heavy household assistance | <input type="checkbox"/> General practitioner |
| <input type="checkbox"/> Assistance for bathing/showering | <input type="checkbox"/> Other; specify _____ |

- Should be referred to housing repair or renovation program. Explain:

- This person should move:

- Unhealthy housing
- Unsafe housing
- Other, specify _____

MAINTAINING SENIORS' INDEPENDENCE

A Guide to Home Adaptations

For more information, visit our website at www.cmhc.ca. You can also reach us by phone at 1-800-668-2642 or by fax at 1-800-245-9274.

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