

# Improving Independence in the Home Environment: Assessment and Intervention

Area/Activity	Problem	Potential Intervention
Bathroom	Getting on/off toilet ___ Yes ___ No	Raised seat Side bars      Grab bars
	Getting in/out of tub ___ Yes ___ No	Grab bars      Hand-held shower nozzle Bath bench      Rubber mat Transfer bench      Hydraulic lift bath seat
	Slippery or wet floors ___ Yes ___ No	Non-skid rugs or mats
	Hot water burns ___ Yes ___ No	Check water temperature before bath Turn down thermostat to 120 degrees Check pipes under sink and insulate if necessary
	Doorway too narrow ___ Yes ___ No	Remove door and use curtain Leave wheelchair at door and use walker
	Dizziness standing at sink ___ Yes ___ No	Sit on stool
	Difficulty seeing ___ Yes ___ No	Adequate lighting Clear plastic shower curtain Toilet seat cover or seat that contrasts with walls and floor
Bedroom	Rolling beds ___ Yes ___ No	Remove wheels; block against wall
	Bed too low ___ Yes ___ No	Leg extensions      Second mattress Blocks      Adjustable height hospital bed
	Lighting ___ Yes ___ No	Bedside light Night light Flashlight (attaches to walker or cane) Remote-controlled switches (radio/electronics store)
	Sliding rugs ___ Yes ___ No	Remove      Tack down Rubber back      Two-sided tape (hardware store)
	Slippery floor ___ Yes ___ No	Non-skid wax      Rubber soled footwear No wax
	Thick rug edge/ threshold ___ Yes ___ No	Metal strip at edge Stripe to make change Remove threshold Tack or tape down edges

Area/Activity	Problem	Potential Intervention
	Far from bathroom ___ Yes ___ No	Mobility aid next to bed      Urinal Bedside commode
	Night-time calls ___ Yes ___ No	Bedside phone                      Intercom Cordless phone                      Buzzer Emergency response system
	Access clothes ___ Yes ___ No	Place clothes in easy-to-reach drawers, shelves, or hangers Lower rod in closet
	Can't see clock ___ Yes ___ No	Large-faced clock radio              Talking alarm clock Braille alarm clock
Medications	Difficulty reading label ___ Yes ___ No	Large print on prescription label Use magnifying glass Good lighting Bar code and scanner with voice input (AIS, Inc.)
	Memory loss ___ Yes ___ No	Automatic pill dispensers Organize in envelopes with time and date Houseclean all old medications
Kitchen	Open flames and burners ___ Yes ___ No	Microwave                      Electronic toaster oven Hot plates                      Crock pot Meals on Wheels              Frozen dinners Auto shut off                      Individual coffee maker
	Access items ___ Yes ___ No	Place commonly used items within easy reach Adjust height of counters, cupboards, drawers Lazy susans
	Hard to open refrigerator ___ Yes ___ No	Foot lever
	Carrying items ___ Yes ___ No	Slide across counter Use cart Walker basket or tray Bridge items surface to surface Eat at counter sitting on stool
	Difficulty seeing ___ Yes ___ No	Increase number of lights Contrasting colored china, placemats, napkins Utensils with brightly colored handles
Living Room	Soft, low chair ___ Yes ___ No	Board under cushion Pillow or folded blanket to raise seat Blocks or platform under legs Automatic seat lift chair Good armrests to push up on Back and seat cushions
	Swivel and rocking chairs ___ Yes ___ No	Block motion

Area/Activity	Problem	Potential Intervention
	Obstructing furniture <input type="checkbox"/> Yes <input type="checkbox"/> No	Relocate or remove to clear paths (especially glass top tables)
	Extension cords <input type="checkbox"/> Yes <input type="checkbox"/> No	Run along and anchor to baseboard Under sturdy furniture Eliminate unnecessary cords Use power strips with breakers if possible
	Accessing and seeing light switches <input type="checkbox"/> Yes <input type="checkbox"/> No	Touch-sensitive switches Voice-activated switches Remote-control switches (radio/electronics store) Illuminated wall switches Use contrasting light switch plates
Telephone	Difficult to reach <input type="checkbox"/> Yes <input type="checkbox"/> No	Cordless phone Inform friends to give you 10 rings Clear path Headset cordless phone Answering machine and call back
	Difficult to hear ringing <input type="checkbox"/> Yes <input type="checkbox"/> No	Option ring sounds    Blinking lights Volume control        Vibration
	Difficult to hear other person <input type="checkbox"/> Yes <input type="checkbox"/> No	Volume control        Headset TDD
	Difficult to hold receiver <input type="checkbox"/> Yes <input type="checkbox"/> No	Headset                Adapted handles Speaker phone
	Difficulty dialing numbers <input type="checkbox"/> Yes <input type="checkbox"/> No	Preset numbers        Voice-activated dialing Large buttons and numbers
Steps	Cannot negotiate <input type="checkbox"/> Yes <input type="checkbox"/> No	Stair glide Lift (Braun Corp.) Elevator Ramp (permanent, portable, or removable) Steeper ramp with boat winch Able to bump up/down stairs on rear end in emergencies
	No handrails <input type="checkbox"/> Yes <input type="checkbox"/> No	Install at least one side (check stability)
	Loose rugs <input type="checkbox"/> Yes <input type="checkbox"/> No	Remove or nail down to wooden steps
	Difficult to see <input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate lighting Mark edge of each step with bright colored tape
	Unable to use walker on stairs <input type="checkbox"/> Yes <input type="checkbox"/> No	Keep second walker or wheelchair at top or bottom of stairs

Area/Activity	Problem	Potential Intervention
Home Management	Laundry <input type="checkbox"/> Yes <input type="checkbox"/> No	Easy to access (basement, stairs, etc.) Sit on stool to access clothes in dryer Good lighting Fold laundry sitting at table Carry laundry in bag on stairs Use cart Use laundry service
	Mail <input type="checkbox"/> Yes <input type="checkbox"/> No	Easy to access mailbox Mail basket on door Ask carrier to place in a specific location (same with paper boy)
	Housekeeping <input type="checkbox"/> Yes <input type="checkbox"/> No	Assess safety and manageability No-bend dust pan Lightweight all-surface sweeper Provide with resources for assistance if needed
	Controlling thermostat <input type="checkbox"/> Yes <input type="checkbox"/> No	Mount in accessible location Large print numbers (available from gas company in some areas) Remote-controlled thermostat (radio/electronics store)
Safety	Difficulty locking doors <input type="checkbox"/> Yes <input type="checkbox"/> No	Remote-controlled door lock Door wedge Use a hook type of latch Clean the locks
	Difficulty opening door and knowing who is there <input type="checkbox"/> Yes <input type="checkbox"/> No	Automatic door openers Lever door knob handles Intercom at door Video intercom (building supply store)
	Opening/closing windows and shades <input type="checkbox"/> Yes <input type="checkbox"/> No	Remote-controlled windows and shades Lever and crank
	Can't hear alarms, smoke detectors, phone ringing, or doorbell <input type="checkbox"/> Yes <input type="checkbox"/> No	Blinking lights Vibrating surfaces
	Access to emergency exit <input type="checkbox"/> Yes <input type="checkbox"/> No	Must have alternative means of exiting home in case of emergency Fire blanket
	Lighting <input type="checkbox"/> Yes <input type="checkbox"/> No	Illumination 1–2 feet from object being viewed Change bulbs when dim, not burned out Adequate lighting in stairways and hallways Night-lights
	Glare <input type="checkbox"/> Yes <input type="checkbox"/> No	Light-colored sheer curtains on windows with direct sunlight Gradual decrease in illumination from foreground to background

Area/Activity	Problem	Potential Intervention
Leisure	Can't hear television ___ Yes ___ No	Personal listening device with amplifier (several commercial brands and compatible with hearing aids) Closed captioning
	Complicated remote control ___ Yes ___ No	Simple remote with large buttons Universal remote control Voice-activated remote control Clapper (department store, radio/electronics store)
	Can't see or shuffle cards ___ Yes ___ No	Large print cards      Card holder Automatic shuffler
	Can't read small print ___ Yes ___ No	Magnifying glass Large print projector screen Scanner with electronic voice output
	Glare on reading material ___ Yes ___ No	Place light source to right or left Avoid glossy paper for reading material Black ink vs. blue or pencil

**Note:** The interventions described in this assessment serve only as suggestions. A complete assessment of a person's individual needs should be conducted by a team of licensed and trained professionals. Any intervention or modification to a building must comply with local, state, and federal laws and building codes. In apartments or rental homes, written permission to make modifications should be obtained from the landlord, owner, or property manager. Architectural interventions should be assessed by a licensed architect and carried out by a licensed construction contractor.

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