





**General Conditions**

HIM	HER	OTHER	
_____	_____	_____	Vision
_____	_____	_____	Hearing
_____	_____	_____	Sense of feeling in arms and legs
_____	_____	_____	Sense of feeling in hands and feet
_____	_____	_____	Use of hands
_____	_____	_____	Arm strength
_____	_____	_____	Range of motion – shoulders, arms, hands
_____	_____	_____	Reaching, stretching, grasping
_____	_____	_____	Ability to stand
_____	_____	_____	Standing motion
_____	_____	_____	Squatting, bending, kneeling
_____	_____	_____	Getting up, sitting down
_____	_____	_____	Walking
_____	_____	_____	Climbing stairs (if any)
_____	_____	_____	Balance
_____	_____	_____	Use of neck
_____	_____	_____	Coordination
_____	_____	_____	Endurance, stamina
_____	_____	_____	Awareness, understanding
_____	_____	_____	Breathing
_____	_____	_____	Dressing, undressing
_____	_____	_____	Eating, cooking, meal preparation
_____	_____	_____	Using the bathroom
_____	_____	_____	Bathing, showering
_____	_____	_____	Brushing teeth, grooming
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Entry/Foyer**

HIM	HER	OTHER	
_____	_____	_____	Climbing up the outside stairs to the front door (footing, mobility, strength)
_____	_____	_____	Going down the outside stairs from the front door (footing, mobility, strength)
_____	_____	_____	Unlocking the front door (vision, access, ease of use)
_____	_____	_____	Using the front door knob/handle
_____	_____	_____	Holding the front door open, closing it
_____	_____	_____	Reaching and using the mailbox
_____	_____	_____	Walking over the lip at the threshold
_____	_____	_____	Ability to see in the area (lighting, vision)
_____	_____	_____	Room to wait comfortably for door to open/close
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Hallways & Inside Doors**

HIM	HER	OTHER	
_____	_____	_____	Opening and going through doors to enter another room (width, type of opening, vision)
_____	_____	_____	Using interior door knobs/handles
_____	_____	_____	Moving between carpeted and non-carpeted areas
_____	_____	_____	Seeing with available lighting (vision, intensity, amount, color, natural v. artificial)
_____	_____	_____	Turning on lights when entering another room (access to switches, mobility)
_____	_____	_____	Maintaining balance
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Stairs (if present) – 2<sup>nd</sup> Floor or Basement (or both)**

HIM	HER	OTHER	
_____	_____	_____	Slipping on stairs (flooring surface, balance)
_____	_____	_____	Range-of-motion issues
_____	_____	_____	Distinguishing thresholds, edges (noses), and risers – no open risers
_____	_____	_____	Stamina in climbing stairs
_____	_____	_____	Physical ability to climb or descend stairs (mobility and strength)
_____	_____	_____	Balance while ascending or descending
_____	_____	_____	Ability to see well (lighting, vision, obstacles, shadows)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Kitchen**

HIM	HER	OTHER	
_____	_____	_____	Entering the room (opening, lighting, flooring transition, balance, vision)
_____	_____	_____	Turning lights on and off (type of switch, location, ability to reach and use)
_____	_____	_____	Using electrical outlets (height, location)
_____	_____	_____	Opening and closing windows (type of window, operating control)
_____	_____	_____	Seeing with available lighting (vision, amount, intensity, color, shadows)
_____	_____	_____	Opening cabinets or drawers (handles, reach, weight)
_____	_____	_____	Retrieving items from cabinets (upper, lower, larger wall pantries) or drawers
_____	_____	_____	Using countertop (height, depth, roll-under access)
_____	_____	_____	Using sink, faucet, and disposal to wash dishes, prepare food, clean-up (reach, depth, ease of use, lighting, height, stand or sit, access, flooring, vision, mobility, balance)
_____	_____	_____	Using and reaching all parts of refrigerator, freezer
_____	_____	_____	Using oven, microwave (opening door, controls, space to access)
_____	_____	_____	Using stove, cooktop (height, controls, residual heat)
_____	_____	_____	Placing hot or cooked items on a surface when removing from oven
_____	_____	_____	Reaching fan switches (access, mobility, vision, type of switch)
_____	_____	_____	Ability to stand preparing food (stamina, balance, mobility, space, flooring, lighting)
_____	_____	_____	Ability to navigate kitchen safely
_____	_____	_____	Opening cans, jars, bottles
_____	_____	_____	Cleaning countertop, table (balance, reach, hand and arm strength, range of motion)
_____	_____	_____	Cleaning, sweeping floor (balance, reach, hand and arm strength, range of motion)
_____	_____	_____	Dealing with glare on surfaces and floors

_____	_____	_____	Using dishwasher (reach, access, range of motion)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Living Room/Dining Room/Breakfast Area**

HIM	HER	OTHER	
_____	_____	_____	Entering, leaving the room (access, footing, openings, lighting, vision, balance)
_____	_____	_____	Turning lights on and off (location, style)
_____	_____	_____	Using electrical outlets (height, location, behind furniture)
_____	_____	_____	Opening and closing windows (type, controls, objects in front of them)
_____	_____	_____	Seeing with available lighting (vision, amount, intensity, color, natural or artificial)
_____	_____	_____	Dealing with glare from natural or artificial light
_____	_____	_____	Opening and closing drapes, blinds, curtains
_____	_____	_____	Sitting and standing (availability of seating, height, type, access, mobility)
_____	_____	_____	Opening and closing drapes, blinds, curtains
_____	_____	_____	Walking about within the room (balance, non-slip, no obstacles)
_____	_____	_____	Moving between rooms (transitions, lighting, openness)
_____	_____	_____	Using the thermostat, turning on fans (location, vision, intuitive)
_____	_____	_____	Issues with the flooring (slippery, worn, color, glare, appearance, mobility)
_____	_____	_____	Watching, hearing TV (TV itself, location of it, sensory)
_____	_____	_____	Visiting with guests or family (seating, vision, hearing, lighting)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Family Room/Basement**

HIM	HER	OTHER	
_____	_____	_____	Entering, leaving the room (access, footing, openings, lighting, vision, balance)
_____	_____	_____	Turning lights on and off (location, style)
_____	_____	_____	Using electrical outlets (height, location, behind furniture)
_____	_____	_____	Opening and closing windows (type, controls, objects in front of them)
_____	_____	_____	Seeing with available lighting (vision, amount, intensity, color, natural or artificial)
_____	_____	_____	Dealing with glare from natural or artificial light
_____	_____	_____	Opening and closing drapes, blinds, curtains
_____	_____	_____	Walking about within the room (balance, non-slip, no obstacles)
_____	_____	_____	Moving between rooms (transitions, lighting, openness)
_____	_____	_____	Using the thermostat, turning on fans (location, vision, intuitive)
_____	_____	_____	Issues with the flooring (slippery, worn, color, glare, appearance, mobility)
_____	_____	_____	Watching, hearing TV (TV itself, location of it, sensory)
_____	_____	_____	Sitting and standing (availability of seating, height, type, access, mobility)
_____	_____	_____	Visiting with guests or family (seating, vision, hearing, lighting)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Master Bedroom**

HIM	HER	OTHER	
_____	_____	_____	Entering, leaving the room (access, doorway width, style of door, lighting)
_____	_____	_____	Privacy, modesty (door handles, locking mechanisms)
_____	_____	_____	Turning lights, ceiling fan on and off (access, mobility, location, style, reach, vision)
_____	_____	_____	Using electrical outlets (location, reach, behind furniture)
_____	_____	_____	Opening and closing windows (type, controls, objects in front of them)
_____	_____	_____	Seeing with available lighting (vision, color, intensity, amount, types)
_____	_____	_____	Reading with available lighting (vision, color, intensity, amount, types)
_____	_____	_____	Dealing with glare from natural or artificial light
_____	_____	_____	Opening and closing drapes, blinds, curtains (reach, strength)
_____	_____	_____	Using dressers and shelving (access, mobility, size and height, organization, lighting)
_____	_____	_____	Walking about within the room (flooring, stamina, balance, lighting, vision, safety)
_____	_____	_____	Using the thermostat or other wall controls (reach, vision, mobility)
_____	_____	_____	Watching, hearing TV (TV itself, location of it, sensory)
_____	_____	_____	Issues with the flooring (surface, resistance, type)

_____	_____	_____	Noise level (ambient v. added, acceptable, quiet, loud, uncomfortable to hear well)
_____	_____	_____	Getting in and out of bed (access, mobility, height of bed, style of bed, balance)
_____	_____	_____	Using closets (access, lighting, doorway width and style, vision, mobility, organization)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Master Bathroom**

HIM	HER	OTHER	
_____	_____	_____	Entering, leaving the room (access, doorway width, style of door, lighting)
_____	_____	_____	Privacy, modesty (door handles, locking mechanisms)
_____	_____	_____	Turning lights, ceiling fan on and off (access, mobility, location, style, reach, vision)
_____	_____	_____	Using electrical outlets (location, reach, behind furniture)
_____	_____	_____	Using cabinets and closets (access, lighting, doorway style, vision, mobility, organization)
_____	_____	_____	Opening and closing windows (if present - type, controls, height, obstructions)
_____	_____	_____	Seeing with available lighting (shadows, intensity, brightness, color, vision)
_____	_____	_____	Dealing with glare from natural or artificial light
_____	_____	_____	Opening and closing drapes, blinds, curtains (reach, strength)
_____	_____	_____	Walking about within the room (flooring, stamina, balance, lighting, vision, safety)
_____	_____	_____	Using mirror (height, size, lighting, vision)
_____	_____	_____	Using sink, faucet, and countertop (reach, depth, ease of use, lighting, height, stand or sit, access, flooring, vision, mobility, balance, stamina)
_____	_____	_____	Using toilet (standing, sitting, balance, access, ease of use, supports)
_____	_____	_____	Using tub, shower (size, access, ease of use, barriers, vision, lighting, handheld access, seating, footing, balance, coordination, stamina, function, supports, safety)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:



**Secondary Bedrooms**

HIM	HER	OTHER	
_____	_____	_____	Entering, leaving the room (access, doorway width, style of door, lighting)
_____	_____	_____	Privacy, modesty (door handles, locking mechanisms)
_____	_____	_____	Turning lights, ceiling fan on and off (access, mobility, location, style, reach, vision)
_____	_____	_____	Using electrical outlets (location, reach, behind furniture)
_____	_____	_____	Opening and closing windows (type, controls, objects in front of them)
_____	_____	_____	Seeing with available lighting (vision, color, intensity, amount, types)
_____	_____	_____	Dealing with glare from natural or artificial light
_____	_____	_____	Opening and closing drapes, blinds, curtains (reach, strength)
_____	_____	_____	Using dressers and shelving (access, mobility, size and height, organization, lighting)
_____	_____	_____	Walking about within the room (flooring, stamina, balance, lighting, vision, safety)
_____	_____	_____	Using the thermostat or other wall controls (reach, vision, mobility)
_____	_____	_____	Watching, hearing TV (TV itself, location of it, sensory)
_____	_____	_____	Issues with the flooring (surface, resistance, type)
_____	_____	_____	Noise level (ambient v. added, acceptable, quiet, loud, uncomfortable to hear well)
_____	_____	_____	Getting in and out of bed (access, mobility, height of bed, style of bed, balance)
_____	_____	_____	Using closets (access, lighting, doorway width and style, vision, mobility, organization)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Hall/Secondary Bathroom**

HIM	HER	OTHER	
_____	_____	_____	Entering, leaving the room (access, doorway width, style of door, lighting)
_____	_____	_____	Privacy, modesty (door handles, locking mechanisms)
_____	_____	_____	Turning lights, ceiling fan on and off (access, mobility, location, style, reach, vision)
_____	_____	_____	Using electrical outlets (location, reach, behind furniture)
_____	_____	_____	Using cabinets and closets (access, lighting, doorway style, vision, mobility, organization)
_____	_____	_____	Opening and closing windows (if present - type, controls, height, obstructions)
_____	_____	_____	Seeing with available lighting (shadows, intensity, brightness, color, vision)
_____	_____	_____	Dealing with glare from natural or artificial light
_____	_____	_____	Opening and closing drapes, blinds, curtains (reach, strength)
_____	_____	_____	Walking about within the room (flooring, stamina, balance, lighting, vision, safety)

_____	_____	_____	Using mirror (height, size, lighting, vision)
_____	_____	_____	Using sink, faucet, and countertop (reach, depth, ease of use, lighting, height, stand or sit, access, flooring, vision, mobility, balance, stamina)
_____	_____	_____	Using toilet (standing, sitting, balance, access, ease of use, supports)
_____	_____	_____	Using tub, shower (size, access, ease of use, barriers, vision, lighting, handheld access, seating, footing, balance, coordination, stamina, function, supports, safety)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Laundry Room/Area**

HIM	HER	OTHER	
_____	_____	_____	Entering, leaving the room/area (access, doorway width, style of door, lighting)
_____	_____	_____	Turning lights on and off (location, style, access, vision)
_____	_____	_____	Using electrical outlets (height, location, access)
_____	_____	_____	Opening and closing windows (type, controls, objects in front of them)
_____	_____	_____	Seeing with available lighting (vision, amount, intensity, color, natural or artificial)
_____	_____	_____	Dealing with glare from natural or artificial light
_____	_____	_____	Opening and closing drapes, blinds, curtains
_____	_____	_____	Walking about within the room (balance, non-slip, no obstacles)
_____	_____	_____	Moving between rooms (transitions, lighting, openness)
_____	_____	_____	Using the thermostat, turning on fans (location, vision, intuitive)
_____	_____	_____	Issues with the flooring (slippery, worn, color, glare, appearance, mobility)
_____	_____	_____	Using closets, shelving, hanging rods (access, lighting, vision, reach, range of motion)
_____	_____	_____	Using sink, faucet, and folding areas (reach, depth, ease of use, lighting, height, stand or sit, access, flooring, vision, mobility, balance, stamina)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Home Office/Crafts Room**

HIM	HER	OTHER	
_____	_____	_____	Entering, leaving the room (access, doorway width, style of door, lighting)
_____	_____	_____	Turning lights on and off (location, style)
_____	_____	_____	Using electrical outlets (height, location, behind furniture)
_____	_____	_____	Opening and closing windows (type, controls, objects in front of them)
_____	_____	_____	Seeing with available lighting (vision, amount, intensity, color, natural or artificial)
_____	_____	_____	Dealing with glare from natural or artificial light
_____	_____	_____	Opening and closing drapes, blinds, curtains (reach, strength)
_____	_____	_____	Walking about within the room (balance, non-slip, no obstacles)
_____	_____	_____	Moving between rooms (transitions, lighting, openness)
_____	_____	_____	Using the thermostat, turning on fans (location, vision, intuitive)
_____	_____	_____	Issues with the flooring (slippery, worn, color, glare, appearance, mobility)
_____	_____	_____	Watching, hearing TV (TV itself, location of it, sensory)
_____	_____	_____	Visiting with guests or family (seating, vision, hearing, lighting)
_____	_____	_____	Sitting and standing (availability of seating, height, type, access, mobility)
_____	_____	_____	Using closets, shelving, storage (access, lighting, vision, reach, range of motion)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Patio/Deck/Sitting Porch/Outdoor Area**

HIM	HER	OTHER	
_____	_____	_____	Entering, leaving the area from the home (access, doorway width, style of door, lighting)
_____	_____	_____	Turning lights on and off (location, style)
_____	_____	_____	Using electrical outlets (height, location, behind furniture)
_____	_____	_____	Seeing with available lighting (vision, amount, intensity, color, natural or artificial)
_____	_____	_____	Dealing with glare from natural or artificial light
_____	_____	_____	Opening and closing drapes, blinds, curtains
_____	_____	_____	Walking about within the space (balance, non-slip, no obstacles)
_____	_____	_____	Moving to and between space to home (transitions, lighting, openness)
_____	_____	_____	Turning on fans and lights (location, vision, intuitive)
_____	_____	_____	Issues with the flooring (slippery, worn, color, glare, appearance, mobility)
_____	_____	_____	Watching, hearing TV (TV itself, location of it, sensory)
_____	_____	_____	Visiting with guests or family (seating, vision, hearing, lighting)

_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations:

**Garage/Other Areas**

HIM	HER	OTHER	
_____	_____	_____	Entering, leaving the area from the home (access, doorway width, style and swing of door, step-down, stairs, landing area, lighting)
_____	_____	_____	Turning lights on and off (location, style)
_____	_____	_____	Using electrical outlets (height, location, obstacles)
_____	_____	_____	Opening and closing windows (type, controls, objects in front of them)
_____	_____	_____	Seeing with available lighting (vision, amount, intensity, color, natural or artificial)
_____	_____	_____	Dealing with glare from natural or artificial light
_____	_____	_____	Opening and closing drapes, blinds, curtains (reach, strength)
_____	_____	_____	Walking about within the room (balance, non-slip, no obstacles)
_____	_____	_____	Turning on fans (location, vision, intuitive)
_____	_____	_____	Issues with the flooring (slippery, worn, color, glare, appearance, mobility)
_____	_____	_____	Sitting and standing (availability of seating, height, type, access, mobility)
_____	_____	_____	Using closets, cabinets, shelving, storage, bins (access, lighting, vision, depth, height, reach, range of motion)
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____
_____	_____	_____	Other: _____

General notes/observations: