

## Home Safety Self-Assessment Interview (HSSI<sup>®</sup>, 2018) Regi Robnett, PhD, OTR/L, FAOTA

Please check off any of the statements that pertain to your situation. There are no right or wrong answers. Your opinion is what counts.

### ADL

- I can dress myself easily
- I have difficulty with grooming tasks (such as hair care)
- Sexual issues are a concern of mine
- I can bathe myself easily
- Toileting presents a problem for me
- Oral care is difficult
- Managing food and/or feeding myself can be challenging

### SOCIALIZATION

- I have close friends who live nearby
- I have family who visit often
- I communicate with others every day
- I receive help from others
- My family worries about me
- I see friends often
- I spend a lot of time alone
- I enjoy visiting with people
- I enjoy animals
- I have a significant other/best friend
- My support system is adequate
- I live alone
- I take medication daily

### CONTEXT and ENVIRONMENT

- My home has adequate lighting
- My home has at least one safety hazard
- I want to remain in my own home
- I feel safe in my home environment
- Outdoor space near my home presents a challenge for me
- My home is full of clutter
- My house is well cared for

### MOBILITY

- I have fallen in the past year
- I can use a step stool safely
- I have difficulty getting in and out of the tub/shower
- I can climb (and descend) two flights of stairs easily
- I tend to hold on to furniture for balance
- I use a device (walker or cane) for walking
- I have no difficulty running
- I fear walking on uneven surfaces
- I can easily get down on and back up off the floor
- My sense of balance is good
- I usually hold the railing when using stairs
- I have difficulty getting in and out of some cars

### HEALTH and WELLNESS

- I exercise regularly
- I often feel sad or depressed
- I worry too much
- I eat healthy meals
- My health is good
- I have high blood pressure (or take medication for this condition)
- I have a Lifeline device
- I am usually happy
- I have a chronic condition
- Sometimes I drink too much alcohol
- I smoke cigarettes
- My stress level is manageable
- I often feel anxious
- I want to lose weight
- I have difficulty sleeping

## HOME MANAGEMENT & PRODUCTIVITY

- I am able to organize my belongings
- I drive a car
- I prepare most meals myself
- I have taken measures to make my home safer
- I rely on others to clean
- I rely on others for household maintenance tasks
- I like to cook
- I take care of my own finances
- I do my own laundry
- I rarely forget to take my meds
- I have a paid or volunteer job
- I take 4 or more medications daily
- I use a computer regularly
- I take care of others
- I drive only on familiar routes
- I like to keep my home tidy
- I regularly use the stove and oven
- I know the emergency number
- I make my bed everyday
- I can easily get myself something to drink
- I understand finances and pay my own bills
- I use the local transit system
- I have difficulty using a cell phone
- I do my own shopping

## BODY SKILLS & FUNCTIONS

- My muscles are strong
- Sometimes I feel dizzy
- I like to solve problems
- I can reach everything I need even on high shelves
- Writing and other fine motor tasks are not a problem for me
- My memory is not good
- I have lots of energy
- My sense of smell is normal

## BODY SKILLS & FUNCTIONS (cont.)

- My (corrected) vision is good
- I often feel stiff
- I am creative
- I wear glasses or contacts
- I have difficulty reading or understanding directions
- My level of pain keeps me from doing what I want or like to do
- I rarely forget to take my medication
- I easily get short of breath
- My ability to hear is adequate
- I feel numbness or tingling
- I am clumsy

## LEISURE

- I have at least one pet
- I like to exercise
- I have at least one hobby that I participate in regularly
- I like to cook (or bake)
- I often participate in sports
- Playing games is fun
- I like to work with my hands
- I watch TV several hours a day
- I wish I had more to do each day
- I like to go outside
- I like to travel
- I am often bored

## OVERALL

- My spiritual needs are being met
- My health condition(s) interfere with doing what I want or need to do
- I have concerns that have not been addressed
- I have problems living at home that I wish to discuss

**THANK YOU!**