

**Figure 1 Example of How to Complete the Assessment Form (Selected items)**

		No	Mild	Moderate	Severe	COMMENTS
<b>LIVING SITUATION</b>						
1	Security & screen /admit visitors	x				Limited family support
2	Living conditions/occupants	x				
3	Availability/quality of support			x		
<b>Total</b>		<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	
<b>MOBILITY</b>						
4	Walking/devices				x	Unsafe use of wheeled-walker
5	Wheelchair/scooter/transfers	x				
6	Chair/bed transfers	x				
7	Positioning/repositioning	x				
8	Accessibility of entrances		x			Back entrance has high steps but client does not use it
9	Indoor stairs/ramps/railings	x				
10	Outdoor stairs/ramps/railings			x		Needs railing but does not have one
11	Venturing outdoors	x				
12	Public/accessible transportation	x				Does not have a car
13	Vehicle/driving/transfers	x				
<b>Total</b>		<b>7</b>	<b>1</b>	<b>1</b>	<b>1</b>	

**Guidelines to Complete the Rating Scale**

**No Identified Problem**

Check “No identified problem” when observation, interview and/or task performance shows that no safety concern was identified at time of assessment, including not applicable items.

For example, when the client does not need and does not have a particular aid or a particular piece of equipment, the item is rated as “No identified problem” such as 1) when the client does not have a microwave and does not plan to purchase one, and 2) “Feminine hygiene” for a male client.