

Your Home Assessment

This form may help you assess your home environment so you have as much information as possible when deciding which wheelchair works best for you. You can use this form with your wheelchair team when discussing mobility options.

Your Name	e:	
Therapist's	name/ pho	one number: OTPT
Type of Ho	ome	
1. 2. 3.	Number	□ apartment □ two-story □ raised ranch □ town-home □ split-level of levels (including basement):ent or own?
Entrance/l	Exits	
1.	Iı	y: ocation - □left □right ncline - □yes or □no urface - □gravel □asphalt □ cement □dirt □grass
2.	Is	What is the width of exterior door? inches sthere a threshold into your home? □yes or □no Through what doorway do you currently enter your home? □front □side □back
3.	A W Is	and Barriers: Are there steps into your home? □yes or □no If yes, how many? Where do you think a ramp could be located to enter your home? □front □side □back as there a walkway or sidewalk present near your home? □yes □no Width? What landscaping around your home that may interfere with entering?
Bathroom		
This inform	nation is for	r the bathroom where you will be taking a shower.
1.		Vidth of the doorinches. The door opens - □In □Out □Right □Left



2.	Bathroom layout: Are the shower, tub, sink and toilet in the same room? \Box yes \Box no
3.	Tub shower combination: Approach is on the left/right (circle), when facing the faucet Length of tubinches Height of tubinches Inside width of tub (excluding lip)inches □Curtain □sliding doors, if other specify Is a hand held shower present? □yes or □no
	Is there space by the tub for your wheelchair.
4.	Stall shower: Width of the entranceinches Door Curtain, if other specify Location of the faucet/nozzle when facing the stall
	Hand held showerhead available? □yes or □no Height of threshold/lip into shower
5.	Toilet: Height of toiletinches Width of toiletinches Space available to right of toiletinches Space available to left of toiletinches
6.	Bathroom Sink: Type - □ pedestal □ cabinet Height of toiletinches Can you reach the faucet from your wheelchair? □yes or □no
Bedroom	
1.	Door: Width inches The door opens - □In □Out □Right □Left
2.	Layout: What are the overall measurements of your bedroom? Width feet. Lengthfeet.



	3.	Floor coverings: ☐ wall-to-wall carpeting ☐ throw rug ☐ wood ☐ other		
	4.	Bed: How tall is your mattress? inches. Do you get into your bed from the Right or the Left? (when facing the head of bed) Is there enough space near your bed for your wheelchair?		
Living Room				
	1.	Door: Width inches The door opens - □In □Out □Right □Left		
	2.	Layout: What are the overall measurements of your living room? Width feet. Length feet.		
	3.	Floor coverings: □ wall-to-wall carpeting □throw rug □wood □ other		
	4.	Furniture: Is there another piece of furniture you would like to use? □sofa □chairs How high from the floor is the seat of sofa or chair?inches.		
Kitche	en			
	1.	Door: Width inches The door opens - □In □Out □Right □Left		
	2.	Layout: What are the overall measurements of your kitchen? Width feet. Length feet.		
	3.	Floor coverings: □ tile □throw rug □wood □ other		



4.	Counter Space:
	Heightinches, Depth, Other
5.	Stove: Are you able to use the stove while using your wheelchair?
6.	Sink: Are you able to use the sink while using your wheelchair? What type of faucet do you have? Are there cabinets underneath your sink? □yes or □no
7.	Refrigerator: Are you able to use the stove while using your wheelchair? □ side-by-side □ standard
8.	Kitchen table: What is the height of the underside of the table from the floorinches. Is the table □round □square
Vehicle in	nformation
1.	What kind of car will you be using? □car-2 door □ car-4 door □mini-van □s.u.v. Model/make:
2.	What is the height from ground to top of front seatinches.
3.	What is the height from top of seat to inside rim of frame:inches.
4.	What is the seat type □bucket □bench
5.	What material is on the seats? □ fabric □ leather