

**WEEKLY FALL PREVENTION CHECKLIST**  
Wheelchair Version

Paid Caregiver: Make copies and complete with consumer once per week. Document and report items marked "Yes" to your supervisor.

Date: \_\_\_\_\_ Consumer Name: \_\_\_\_\_

1. Do carpets, rugs, and floor coverings have frayed corners or rolled-up edges?
2. Are there throw rugs, especially in walkways?
3. Are chairs and couches low to the ground?
4. Is it necessary to get up and/or lean over to answer the phone?
5. Are there phone, light, fan or T.V. cords on the floor, especially in walkways?
6. Is there clutter (newspapers, boxes, shoes, etc.) on the floor?
7. Do you need to steer around furniture to get through the living area?
8. Do you have to reach up to turn on lights or ceiling fans?
9. Is it dark in the stairwell or hallways?
10. Are handrails loosely attached to the wall?
11. Do you have to reach or bend to get kitchen items and foods?
12. Is there liquid, food, grease, or other clutter on the floor in the kitchen?
13. Do you grab onto towel racks while getting in or out of the bathtub/shower?
14. Is it difficult to transfer to the tub or shower?
15. Is the shower floor and/or bathtub slippery?
16. Is there water on the floor after a bath/shower? Are there leaks?
17. Is it necessary to reach far or turn around to get towels, shampoo, and soap?
18. Is it difficult to get on and off the toilet?
19. Is it necessary to get out of bed or reach far to get eyeglasses or to the phone?

Signed \_\_\_\_\_

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20. Are outside paths safe and clear?  
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