PT & OT
2 years & Up

TERRIOKIDS
Physcial, Occupational & Speech Therapy

Home Questionnaire

Client Name: _____ Diagnosis: _____
Date: _____ Client age: _____
Name of Person Completing this Form: _____Relationship:_____

Type of Residence:
☐ Single Family Home
☐ Apartment

What floor does patient live on? _____
Is an elevator available? ☐ No ☐ Yes
Number of floors: _____
Are there split levels? ☐ No ☐ Yes

☐ N/A ***Entrance:***
☐ Front ☐ Back ☐ Garage ☐ Side
Is driveway accessible? ☐ Yes ☐ **No** Is slope a significant factor? ☐ **Yes** ☐ No
Is the entry way: ☐ paved ☐ dirt ☐ grass ☐ Other: _____
Does the patient have to manage outside stairs? ☐ Yes ☐ No How many? _____
Railing present as you go up: ☐ Right ☐ Left ☐ Both ☐ None
Can client demonstrate the ability to manage stairs safely? ☐ Yes ☐ **No** with: _____
How many inches is each stair? _____ Is there a ramp? ☐ Yes ☐ No
Is door accessible? ☐ Yes ☐ **No** with: _____
Can patient demonstrate the ability to enter and exit safely independently? ☐ Yes ☐ **No** with: _____

☐ N/A ***Inside Home:***
Does the client have to manage stairs inside the home? ☐ Yes ☐ No
If so, how many? _____ How many inches is each stair? _____
Railing present: ☐ Right ☐ Left ☐ Both ☐ None ☐ N/A
Can client demonstrate the ability to manage stairs safely? ☐ Yes ☐ **No** with: _____

☐ N/A ***Hallway:***
Floor Covering: ☐ Carpet ☐ Tile ☐ Linoleum ☐ Other: _____
Can client demonstrate the ability to ambulate hallway independently?: ☐ Yes ☐ **No** with: _____
How: ☐ Forward ☐ Backward ☐ Sideways ☐ Turn Around
Are any objects obstructing the walkway? ☐ **Yes** ☐ No If yes please describe:
_____
Does necessary equipment fit through all doorways? ☐ Yes ☐ No

☐ N/A ***Bedroom:***
Floor Covering: ☐ Carpet ☐ Tile ☐ Linoleum ☐ Other: _____
Can client move safely around the bedroom independently? ☐ Yes ☐ **No** If yes, how: _____
Can client transfer in/out of bed independently? ☐ Yes ☐ **No** How high is the bed? _____
Can client get clothes from dresser/closet independently? ☐ Yes ☐ **No**
Is the bathroom a safe distance (<15ft away) from the bed (for nighttime use)? ☐ Yes ☐ **No**
Previous recommended equipment: ☐ Bedside commode ☐ None ☐ Other: _____

☐ N/A ***Bathroom:***
Floor Covering: ☐ Carpet ☐ Tile ☐ Linoleum ☐ Other: _____
Is door accessible? ☐ Yes ☐ No with: _____ ☐ Forward ☐ Sideways
Is the toilet accessible? ☐ Yes ☐ No with: _____
Type of toilet: ☐ Standard ☐ Potty Chair ☐ Other: _____
Is there anything on or over the toilet? ☐ Yes ☐ No If so, _____
Can client transfer on/off of toilet independently? ☐ Yes ☐ **No**
Can client safely move in the bathroom independently? ☐ Yes ☐ **No** with: _____
Can client safely retrieve items from drawers independently? ☐ Yes ☐ No cupboards? ☐ Yes ☐ No
Is the sink accessible? ☐ Yes ☐ No with: _____
What does the client use? ☐ stall shower ☐ tub & shower ☐ tub
Is there a: ☐ swinging door ☐ sliding doors ☐ curtain ☐ Nothing
Can client safely step over ledge independently? ☐ Yes ☐ **No**
☐ Forward ☐ Backward ☐ Sideways
Are there grab bars present? ☐ Yes ☐ No If so, where are they located? _____
Can client safely manage the faucet independently? ☐ Yes ☐ No
Previous recommended equipment: ☐ None ☐ RTS with arms ☐ TTB ☐ SC with/without back
☐ Handheld Shower head ☐ Grab bar (placement: _____)
With recommended equipment, can client transfer independently to/from: ☐ N/A
Toilet: ☐ Yes ☐ No Tub/Shower: ☐ Yes ☐ No

☐ N/A ***Living Room Area:***
Floor Covering: ☐ Carpet ☐ Tile ☐ Linoleum ☐ Other: _____
Is furniture arranged to allow for accessibility? ☐ Yes ☐ No
Can client transfer independently to/from favorite chair: ☐ Yes ☐ **No** Sofa: ☐ Yes ☐ No
With a walker: ☐ Yes ☐ No ☐ N/A
Is favorite chair a safe height? ☐ Yes ☐ **No** Height of chair/sofa: _____
Can client manage the TV, radio, or other devices independently? ☐ Yes ☐ No

☐ N/A ***Dining Room:***
Floor Covering: ☐ Carpet ☐ Tile ☐ Linoleum ☐ Other: _____
Is table accessible: ☐ Yes ☐ No
Can client transfer independently to/from chair: ☐ Yes ☐ **No**

☐ N/A ***Kitchen:***
Floor Covering: ☐ Carpet ☐ Tile ☐ Linoleum ☐ Other: _____
Can patient safely open refrigerator: ☐ Yes ☐ No Cabinets: ☐ Yes ☐ No
Oven: ☐ Yes ☐ No Drawers: ☐ Yes ☐ No
Can patient reach dishes, pots, food independently? ☐ Yes ☐ No
Can patient safely use sink independently? ☐ Yes ☐ No
Can patient safely use stove/oven independently? ☐ Yes ☐ No ☐ N/A
Can patient transport items safely around kitchen independently? ☐ Yes ☐ No
Can patient safely place/remove food in oven independently? ☐ Yes ☐ No ☐ N/A

☐ N/A ***Laundry:***
Floor Covering: ☐ Carpet ☐ Tile ☐ Linoleum ☐ Other: _____
Who will/or manages laundry? ☐ Caregiver ☐ Patient
Can client safely access laundry area independently? ☐ Yes ☐ No If yes, how: _____
Can client safely load and empty washing machine independently? ☐ Yes ☐ No
Can client safely load and empty dryer independently? ☐ Yes ☐ No
Can client safely manage the controls and doors independently? ☐ Yes ☐ No
Does the client regularly us an ironing board? ☐ Yes ☐ No If so is it kept open? ☐ Yes ☐ No

If not kept open, can client safely set up/take down ironing board independently? ☐ Yes ☐ No

Additional Rooms: _____
_____
_____

Please list the adaptive equipment in home and check if the equipment is owned or rented. ☐ N/A

(examples: wheelchair, walker, stander, specialized stroller, crutches, cane etc.)

	Owned	Rented
1. _____	☐	☐
2. _____	☐	☐
3. _____	☐	☐
4. _____	☐	☐
5. _____	☐	☐

Does client wear: Glasses ☐ Yes ☐ No, Hearing Aids ☐ Yes ☐ No

Emergency Concerns: ☐ N/A

Is telephone accessible throughout the home? ☐ Yes ☐ No If not, where? _____

Can client leave home in a hurry in case of emergency? ☐ Yes ☐ No

Are family, neighbor's, MD and emergency phone numbers easily accessible? ☐ Yes ☐ No

Additional Information:

_____
_____
_____
_____
_____
_____

Please List Goals and Priorities:

_____
_____
_____
_____
_____
_____
_____
_____
_____

.....

For therapist use only: