



Home Assessment Form

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This form is designed to assist therapists in making recommendations for home modifications. The most important areas of modification are entrance/exits, door widths, and the layout of those bathrooms that have tub showers or stalls. When taking doorway measurements consider that the door will take up space, therefore measure from the door frame to the door. Please contact your therapist if you have any questions regarding the information on this form.

Patient Name: _____

Home address: _____

Therapist's name/phone number: OT _____ PT _____

General Information

Type of home: ranch, apartment, two-story, raised ranch, town-home, split-level (circle)

Number of levels (including basement): _____

Do you rent or own? _____

Can remodeling be done? _____

Driveway

Location: left/right/ curves to back (circle) of home

Incline: Y or N (circle)

Surface of driveway: _____

How much space is available in the front/ side/rear of the home for a ramp (in approximate feet): _____

Entrance/Exit

Front/side/back/garage (circle)

Is a walkway/sidewalk present? Y or N

Width of the walkway: _____

Is landscaping a barrier to building a ramp Y or N

Number of steps into the home: (not including threshold) _____

Width of the steps: _____

Height of each step: _____

What are steps made of: wood/cement (circle)

Threshold height into home: _____

Are rails present on right/left/on both sides (circle) when entering?

Door entrance

Width of exterior door (if present): _____

Width of inside door: _____

Do the two doors open in different directions? Y or N

Repeat this information below if there is more than one feasible entrance into the home.

Entrance/Exits

Front/side/back/garage (circle)

Is a walkway/sidewalk present? _____

Width of the walkway: _____

Is landscaping a barrier to building a ramp?

Number of steps into the home: _____

Width of the steps: _____

Height of each step: _____

What are steps made of: wood/cement (circle)

Threshold height into home: _____

Are rails present on right/left/ on both sides (circle) when entering?

Door entrance:

Width of exterior door (if present): _____ door opens L/R, In/Out (circle)

Width of inside door: _____ door opens L/R, In/Out (circle)

Bathroom

Complete the information for the bathroom that has a tub or shower. If there is more than one bathroom, assess the most feasibly accessible bathroom with a tub or shower.

Width of the door: _____ opens: In/Out R/L (circle)

Is there a tub/stall/ both in the same room (circle)?

For tub shower, complete the following:

Approach is on the left/right (circle), when facing the faucet

Length of tub: _____

Height of tub: _____

Specify if nonstandard tub: _____

Inside width of tub (excluding lip): _____

Curtain/sliding doors (circle), if other specify: _____

Is a hand held shower present? Y or N

For shower stall, complete the following:

Width of the entrance: _____

Door/curtain (circle), if other specify: _____

Location of faucet/nozzle when facing the stall: _____

Hand held showerhead available? Y or N

Height of threshold/lip into shower: _____

Toilet

Height of toilet: _____

Width of toilet: _____

Depth of toilet from wall to narrow end: _____

Depth from narrow end of toilet to tank: _____

Space available to right of toilet: _____

Space available to left of toilet: _____

Is the wall adaptable for installation of grab bars? Y or N

Sink

Type: _____

Cabinets underneath? Y or N If Y, can they be removed? Y or N

Faucet hand type: _____

Bathroom Sketch

Use the space below for a rough sketch of the bathroom layout, including tub, toilet, shower, and location of entrance. Include the following measurements and label in the diagram if they apply:

- Available space outside of the tub for a wheelchair, tub bench or other equipment.
- Overall dimensions of the bathroom, including width, length.

Bedroom

Overall dimensions of the room: _____

Door width: _____

Direction door opens: inward/outward (circle), to the right/left (circle)

Floor coverings: _____

Bed

Type/size of mattress: _____

Height from floor to top of mattress: _____

Approach from right/left (circle) when facing the head of bed

Available space at side of bed for a wheelchair: _____

Living Room

Room Dimensions: _____

Available space or width at doorway/entrance: _____

Available space next to sofa: _____

Height from floor to top of sofa cushion: _____

Type of sofa: _____

Soft/firm(circle)

Surface of the floor: carpet/wood/other(please specify):

Kitchen

Room Dimensions:

Available space at entrance/door width: _____

Type of floor coverings: _____

Counter Space

Height: _____

Depth: _____

Stove

Height: _____

Depth: _____

Oven on bottom? Y or N

Location of controls/settings: _____

Available space for approach: _____

Gas or Electric

Sink

Height: _____

Depth: _____

Type of faucet: _____

Cabinets present below? Y or N

Exposed pipes under sink? Y or N

Refrigerator

Type: side by side/standard (circle)

Table

Height of the underside of the table from the floor: _____

Round/ square (circle)

Vehicle information

Type: car-2 door/car-4 door/ mini-van/compact/conversion van/SUV (circle)

Model/make: _____

Height from ground to top of front seat (passengers side): _____

Height from top of seat to inside rim of frame: _____

Front seat type: bucket /bench (circle)

Front seat material: fabric/leather (circle)

Depth from front of passenger seat to front of dash: _____

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