Home Assessment Form:
Determine your Wheelchair Needs in your Home

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:______________________________________________________________

Therapist’s name/ phone number: OT___________________PT___________________

Type of Home

1.  ☐ ranch ☐ apartment ☐ two-story ☐ raised ranch ☐ town-home ☐ split-level
2.  Number of levels (including basement): ______________________________
3.  Do you rent or own? _____________________________________________

Entrance/Exits

1.  Driveway:
   Location - ☐ left ☐ right
   Incline - ☐ yes or ☐ no
   Surface - ☐ gravel ☐ asphalt ☐ cement ☐ dirt ☐ grass

2.  Door:
   What is the width of exterior door? _______ inches
   Is there a threshold into your home? ☐ yes or ☐ no
   Through what doorway do you currently enter your home? ☐ front ☐ side ☐ back

3.  Assets 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
   Is there a walkway or sidewalk present near your home? ☐ yes ☐ no  Width? _______
   What landscaping around your home that may interfere with entering? _______________

Bathroom

This information is for the bathroom where you will be taking a shower.

1.  Door:
   Width of the door _____________ inches.
   The door opens - ☐ In ☐ Out ☐ Right ☐ Left
2. Bathroom layout:
   Are the shower, tub, sink and toilet in the same room? □ yes □ no

3. Tub shower combination:
   Approach is on the left/right (circle), when facing the faucet
   Length of tub __________ inches
   Height of tub __________ inches
   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 entrance __________ inches
   □ 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 toilet __________ inches
   Width of toilet __________ inches
   Space available to right of toilet __________ inches
   Space available to left of toilet __________ inches

6. Bathroom Sink:
   Type - □ pedestal □ cabinet Height of toilet __________ inches
   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. Length _____ feet.
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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.

Kitchen

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 _______________
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4. Counter Space:
   Height ___________ inches , 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 floor_______ inches.
   Is the table ☐round ☐square

Vehicle information

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 seat__________ inches.

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