Home Assessment Tools for Professionals

This resource features assessment tools to examine clients' homes and make changes to increase safety and support. The first section includes assessment tools that were designed to be administered by occupational therapists and other professionals. These tools have been tested for efficacy, validity, and/or reliability. The second section includes home assessment tools designed for use by individuals and families to identify safety hazards in the home and provide recommendations to address them.

When selecting a home assessment tool, it is important to consider who will conduct the assessment, and who is being assessed. It is ideal to consider the individual, how they conduct their activities within the home environment, and the home environment itself. If a person has a disability and/or health condition, it is recommended to seek advice from a trained health care professional.

ASSESSMENT TOOLS FOR USE BY PROFESSIONALS

Comprehensive Assessment and Solution Process for Aging Residents (CASPAR)

Author and How to Get It	Summary, Literature, Assessor, and Target Audience
Extended Home Living Services (EHLS)/Lifeway Mobility, Wheeling, Illinois **How to Get It:** 1. Obtain the article or contact the authors 2. Visit www.homemods.org and search "CASPAR"	EHLS received two Small Business Innovation Grants from the National Institute on Aging to develop the Comprehensive Assessment and Solution Process for Aging Residents (CASPAR). CASPAR enables practitioners to identify a client's aging in place needs by collecting information that can be used by building professionals and occupational therapists to specify the right modifications. This assessment considers the home environment, the resident's abilities and preferences, and the interaction between the two, combining the specific concerns of consumers, building professionals, and occupational therapists in performing home modifications assessments. **Literature:** 1. Sanford, JA, Butterfield, T. (2005). Using Remote Assessment to Provide Home Modification Services to Underserved Elders. *The Gerontologist*, 45(3): 389-398. 2. Pynoos, J., Sanford, J., and Rosenfelt, T. A. Team Approach for Home Modifications. *OT Practice*, April 8, (2002), 15-19. **Assessors:** professionals (e.g., aging service providers, building professionals, occupational therapists, physical therapists, care managers, social workers). **Audience:** Aging persons living in a home setting.

Client-Clinician Assessment Protocol (C-CAP)

Author(s) and How to Get It	Summary, Literature, Assessor, and Target Audience
Laura N. Gitlin and Mary Corcoran **How to Get It:** Obtain the article or contact the authors	The C-CAP focuses on clients' self-reported perceptions of their abilities in daily life - their independence, difficulty, and safety in conducting activities in their home environment and the community (Gitlin & Corcoran, 2000). This self-report is combined with collaborative observation by an occupational therapist on 22 functional items as well as an assessment of the home environment. **Literature:** Gitlin L. N., Corcoran M. (2000). Client-Clinician Assessment Protocol (C-CAP). Philadelphia: Thomas Jefferson University. **Assessors:** Occupational therapists along with the individual. **Audience:** People who are aging with disabilities.

Falls Behavioral Scale (FaB)

Author(s) and How to Get It	Summary, Literature, Assessor, and Target Audience
Lindy Clemson, Robert G. Cumming, & Robert Heard, The University of Sydney, School of Occupation and Leisure Sciences, Australia **How to Get It:** Can be downloaded for free on https://www.researchgate.net/	The FaB evaluates behavioral factors that could potentially protect against falling. It includes 30 items within 10 behavioral dimensions related to falls: cognitive adaptations, protective mobility, avoidance, awareness, pace, practical strategies, displacing activities, being observant, changes in level, and getting to the phone. According to the instruction manual, it takes 5-10 minutes to complete, and has also been found useful as: a) An assessment in clinical practice. It can give a profile of the range of strategies people are using; b) A goal setting tool; c) A prompt to discuss behavioral factors and falls and as an aide in reflective learning; and d) A way of raising awareness of the broader focus of the therapist visit. **Literature:** Clemson, L., Cumming, R.G., & Heard, R. (2003). The development of an assessment to evaluate behavioral factors associated with falling. American Journal of Occupational Therapy, 57(4), 380-388. **Assessors:** Occupational therapists and other professionals. It can be self-administered by the older person, administered by interview, or sent by mail to the person prior to a home visit. **Audience:** Older adults living at home.

The Home Environment Assessment Protocol-Revised (HEAP-R)

Author(s) and How to Get It	Summary, Literature, Assessor, and Target Audience
Laura N. Gitlin, Johns Hopkins University School of Nursing, Baltimore, MD **How to Get It:** Request from the authors or obtain the PDF from https://www.researchgate.net/	This home-based environmental assessment uses self-reporting and observation to help family caregivers of persons with dementia learn through education, skill-building, and environmental strategies. Domains assessed include hazards, adaptations, visual cues, clutter, and comfort in eight areas of the home. **Literature:** Gitlin LN, Schinfeld S, Winter L, Corcoran M, Boyce AA, & Hauck W. Evaluating home environments of persons with dementia: interrater reliability and validity of the Home Environmental Assessment Protocol (HEAP). *Disability and Rehabilitation* 2002; 24(1-3): 59-71. Assessors: Clinicians. Audience: Persons with dementia and their family caregivers.

Home Falls and Accidents Screening Tool for Health Professionals (Home FAST-HP) and Home Falls and Accidents Screening Tool for Self-Reporting (Home FAST-SR)

Author(s) and How to Get It	Summary, Literature, Assessor, and Target Audience
Lynette Mackenzie, University of Sydney, Discipline of Occupational Therapy; Julie Byles, University of Newcastle, Discipline of Public Health, and Nick Higginbotham, University of New Castle, School of Medicine and Public Health, Australia **How to Get It:** https://stopfallsathome.com.au/for-health-professionals/	Home FAST is a home assessment tool designed to identify older people at risk of falling because of hazards within their home environment. The tool consists of 25 items that include a range of indoor and outdoor environmental and functional concerns. A dichotomous assessment, the user marks whether or not a hazard is present. A higher score indicates a higher risk of falling. **Literature:** Mackenzie, L., Byles, J., & Higginbotham, N. (2000). Designing the Home Falls and Accidents Screening Tool (HOME FAST): Selecting the items. *British Journal of Occupational Therapy*, 63: 260-269. **Assessors:** Occupational therapists and other health professionals. **Audience:** The **Home FAST** was developed as a screening instrument for use in a community preventive care trial for older people. The **Non-OT Home FAST** is an adapted version designed to be used by people without an occupational therapy background including consumers self-reporting.

Home Safety Self Assessment Tool (HSSAT)

Author and How to Get It	Summary, Literature, Assessor, and Target Audience
University at Buffalo, Department of Rehabilitation Science, Occupational Therapy Geriatric Group, Buffalo, NY **How to Get It:** **Can be downloaded free at:** https://publichealth.buffalo.edu/rehabilitation-science/research-and-facilities/core-facilities/aging/home-safety-self-assessment-tool.html	With the aim of reducing falls among older adults, this self-assessment consists of a home safety assessment checklist and solutions, illustrations of common fall hazards and solutions in ten indoor and outdoor areas of the home, assistive devices and other recommended products to prevent falls, and "how to" home improvement instructions. In addition to assessing for risk factors, the HSSAT aims to raise awareness. For example, some users may not be aware that clutter is a fall risk until they see it on the list. By reviewing each risk item, users may be able to match the risks listed with identified risks in their own home environment. The HSSAT has been translated into several languages. **Literature:** 1. Development, psychometrics and use of Home Safety Self-Assessment Tool (HSSAT). Tomita M, Saharan S, Rajendran S, Schweitzer J. Nochajski S. (2014). *American Journal of Occupational Therapy*, 68 (6): 711-718.

In Home Occupational Performance Evaluation (I-HOPE) and I-HOPE Assist	
Author and How to Get It	**Summary, Literature, Assessor, and Target Audience**
Susy Stark, Emily Sommerville, and John C. Morris, Washington University School of Medicine, St. Louis, MO **How to Get It:** Contact the Stark Lab at https://www.ot.wustl.edu/research/laboratories/participation-environment-and-performance-laboratory-225	The In-Home Occupational Performance Evaluation (I-HOPE) targets activities performed in the home that are essential for aging in place. The purpose is to measure the effects of an incompatibility between a person's abilities and the environment or the "person-environment misfit" of older adults and their homes. The I-HOPE helps therapists measure clients' in-home activity performance and observe changes in person-environment fit before and after home modification interventions. It considers the client's perspective and satisfaction while recognizing the role of the environment on performance. It is a multistep assessment that is conducted in the home of an individual. It takes approximately 60 minutes to conduct. A kit includes all necessary materials to conduct the assessment's three steps: 1) An assessment of current in-home activities is conducted using a set of 44 cards of images depicting older adults participating in daily activities. An overall score for activity performance is then calculated; 2) Priority activities are identified for intervention and given a subjective performance and satisfaction score; 3) Performance-based rating of barriers' influence on performance. The I-HOPE yields four sub-scores that can be used individually or as a profile of performance (activity, performance, satisfaction, total barrier severity). **Literature:** 1. Stark, S. L., Sommerville, E.K., & Morris, J.C. (2010). In-Home Occupational Performance Evaluation (I-HOPE). *American Journal of Occupational Therapy*, 64(4), 580–589. http://dx.doi.org/10.5014/ajot.2010.08065 2. Keglovits, M., Somerville, E., Stark, S. L. (2015). In-Home Occupational Performance Evaluation for Providing Assistance (I–HOPE Assist): An Assessment for Informal Caregivers. Am J Occup Ther 2015;69(5):6905290010p1-6905290010p9. doi: 10.5014/ajot.2015.015248. The **I-HOPE** is to be used by trained therapists. The **I-HOPE Assist** was developed for use by informal caregivers.

(Continued on the next page)

SAFER: Safety Assessment of Function and the Environment for Rehabilitation - Health Outcome Measurement and Evaluation (SAFER-HOME)

Author and How to Get It	Summary, Literature, Assessor, and Target Audience
Teresa Chiu, Rosemary Oliver, COTA Health, Toronto, ON, Canada **How to Get It:** It may be purchased from Amazon.com	SAFER HOME v3 assesses a person's ability to safely carry out functional activities in the home. It can also be used to evaluate the effectiveness of an intervention and changes following an intervention. Using interview and observation of client participating in activities, SAFER HOME assesses 74 items around the home divided into 12 domains. Level of safety concern is rated on a 4-point (0–3) scale. **Literature:** Chiu, T., & Oliver, R. (2006). Factor analysis and construct validity of the SAFER-HOME. Occupational Therapy Journal of Research, 26(4), 132-142. Assessors: Occupational therapists. Audience: The tool was originally designed for older adults with physical rehabilitation or mental health needs. It has been expanded for use with younger adults with physical or mental health needs or developmental disabilities.

Westmead Home Safety Assessment (WeHSA)

Author and How to Get It	Summary, Literature, Assessor, and Target Audience
Lindy Clemson, The University of Sydney, School of Occupational Therapy, Australia **How to Get It:** Find the short and long form assessment tool by visiting: Resources Archive - Falls Prevention Online Workshops	The WeHSA targets falls risk specifically, providing a systematic and extensive list to identify potential hazards in and around the home. The hazards are organized by section (e.g., Internal/External Trafficways, Seating, Bedroom, Footwear, Medication Management) with 72 items within these sections (e.g., floor mats, doors, steps/stairs) that are expanded upon with further detailed descriptors (Clemson, Fitzgerald, Heard, 1999). It is available in a short and long form. An online training module is also available that provides background and guidance on how to use the WeHSA and conduct an effective fall prevention home assessment. **Literature:** 1. Clemson, L. (1997). Home fall hazards: A guide to identifying fall hazards in the homes of elderly people and an accompaniment to the assessment tool, the Westmead Home Safety Assessment (WeHSA). WestHome Fall Hazards. West Brunswick, Victoria: Co-ordinates Therapy Services. 2. Clemson, L., Fitzgerald, M.H., & Heard, R. (1999). Content validity of an assessment tool to identify home fall hazards: The Westmead Home Safety Assessment. *British Journal of Occupational Therapy*, 62(4), 171-179. Assessors: Occupational therapists and other professionals. Audience: older adults.

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For information on USC's Fall Prevention Center of Excellence and efforts in home modification, visit: www.homemods.org. To share updates or additions, please contact homemods@usc.edu
For information on NCOA's National Falls Prevention Resource Center, visit: https://www.ncoa.org/center-for-healthy-aging/falls-resource-center/