



## Teleassessment - Environmental Questionnaire

Name of Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Telephone Number: \_\_\_\_\_

Type of Assessment: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

Date: \_\_\_\_\_

### Resident Section

#### Place of Living Questions

What type of home do you live in?

- House
- Apartment
- Assisted Living Home
- Other: \_\_\_\_\_

#### Roommate Questions

How many people do you live with? \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

#### Outside Stairs Questions

Do you have any stairs outside of your home?

- Yes
- No

If yes, how many stairs? \_\_\_\_\_

Do you have a ramp in front of your home?

- Yes
- No

If you live in an apartment, is there an elevator in the building?

- Yes
- No

#### Inside Stairs Questions

Do you live in a single level or a multi-level home?

- Single
- Multi-level

Are there stairs to get

- to your bedroom? Number of stairs: \_\_\_\_\_
- to your bathroom? Number of stairs: \_\_\_\_\_
- to the living room/kitchen? Number of stairs: \_\_\_\_\_



Do you have a stair lift or a vertical lift in your home?

- Yes
- No

## Heating Source Section

### Heating Questions

What is the source of heat for your home?

- Oil
- Firewood
- Propane
- Natural Gas
- Electric

If you heat your home with firewood do you:

- Collect the firewood yourself?
- Need help collecting the firewood?
- Chop the firewood yourself?
- Need help chopping the firewood?

## Kitchen Section

### Preparing/Cooking Questions

How do you prepare/cook your meals?

- electric stove/oven
- gas stove/oven
- wood-burning oven
- microwave

Is there any part of the oven, stove, or microwave not working?

- Yes
- No

If yes, which part is not working? \_\_\_\_\_



## Water | Plumbing Section

### Water Questions

Do you have indoor running water?

- Yes
- No

Do you have to haul water into your home?

- Yes
- No

If you haul water in, do you:

- Haul the water yourself?
- Need help with hauling the water?

### Plumbing Questions

Do you have indoor plumbing?

- Yes
- No

## Restroom Section

### Toilet Questions

What type of restroom do you have?

- Indoor toilet
- Honey bucket
- Community restroom

### Bathing Questions

Where do you bathe?

- Shower
- Bathtub
- Community shower
- Steam room

### Bathing Step Questions

Do you have stairs or barriers into (meaning you cannot roll or walk directly into) the

- Shower
- Bathtub
- Steam room

## Laundry Section

Where is your laundry done?

- At home
- Community laundry room