

Falls Prevention Program - 6/20/08 (Town of Tonawanda Senior Center)

Safety Self-Assessment

Which of the following apply to where you live?

Answer Options	Response Percent	Response Count
*Light bulb inside or outside burned out	10.1%	8
*Shower or tub without non-slip mats	16.5%	13
*Stairway without handrails on both sides	44.3%	35
Stairway without lights at top and bottom	2.5%	2
Stairway handrail loose or broken	0.0%	0
Stairway step broken or uneven	0.0%	0
*Hard to get in and out of tub or up from toilet	30.4%	24
Clutter on stairway	5.1%	4
*Clutter on floor	11.4%	9
*Something used often in kitchen or elsewhere beyond your reach	38.0%	30
Carpet on a stairway loose or torn	0.0%	0
Light near bed hard to reach	7.6%	6
*Path from bed to bathroom dark	11.4%	9
*Loose throw rug on floor	13.9%	11
*Only one light switch (at top or bottom) for a stairway	10.1%	8
*Have to walk around furniture when walking through a room	16.5%	13
Have to walk over or around wires from lamp, telephone, extension cord	1.3%	1
*Step stool unsteady or don't have one	10.1%	8
None of the above	17.7%	14
<i>answered question</i>		79
<i>skipped question</i>		0