



CAPS Checklist

Mark the items in this questionnaire as if a member of your family is to be confined to a wheelchair tomorrow. Total of each score at the bottom will assist one of our CAPS designated professionals to offer appropriate solutions to your needs.

Check the appropriate box relative to the conditions of each item in your home:

	<u>Yes</u>	<u>No</u>
<u>Functionality:</u>		
Appropriate main entry	<input type="checkbox"/>	<input type="checkbox"/>
Ample storage and closets	<input type="checkbox"/>	<input type="checkbox"/>
Adequate natural light	<input type="checkbox"/>	<input type="checkbox"/>
Adequate lighting / switch locations	<input type="checkbox"/>	<input type="checkbox"/>
Good traffic flow	<input type="checkbox"/>	<input type="checkbox"/>
Ergonomic bathroom layout	<input type="checkbox"/>	<input type="checkbox"/>
Efficient food preparation	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient task areas	<input type="checkbox"/>	<input type="checkbox"/>
<u>Accessibility:</u>		
Wheelchair access throughout	<input type="checkbox"/>	<input type="checkbox"/>
Master on main floor	<input type="checkbox"/>	<input type="checkbox"/>
Lever door handles	<input type="checkbox"/>	<input type="checkbox"/>
Barrier-free rooms	<input type="checkbox"/>	<input type="checkbox"/>
Reachable storage & closets	<input type="checkbox"/>	<input type="checkbox"/>
Steps from Garage to House	<input type="checkbox"/>	<input type="checkbox"/>
Steps from Entry to House	<input type="checkbox"/>	<input type="checkbox"/>
Steps between common rooms	<input type="checkbox"/>	<input type="checkbox"/>
<u>Safety:</u>		
Railing at change in floor height	<input type="checkbox"/>	<input type="checkbox"/>
Grab bar in shower or tub	<input type="checkbox"/>	<input type="checkbox"/>
Non-skid flooring	<input type="checkbox"/>	<input type="checkbox"/>
Ergonomic appliances	<input type="checkbox"/>	<input type="checkbox"/>
Light switch proximity	<input type="checkbox"/>	<input type="checkbox"/>
Phone jack proximity	<input type="checkbox"/>	<input type="checkbox"/>
Accessible emergency exit	<input type="checkbox"/>	<input type="checkbox"/>

Rank each item by marking an "X" through the appropriate box. 1=poor, 5=excellent:

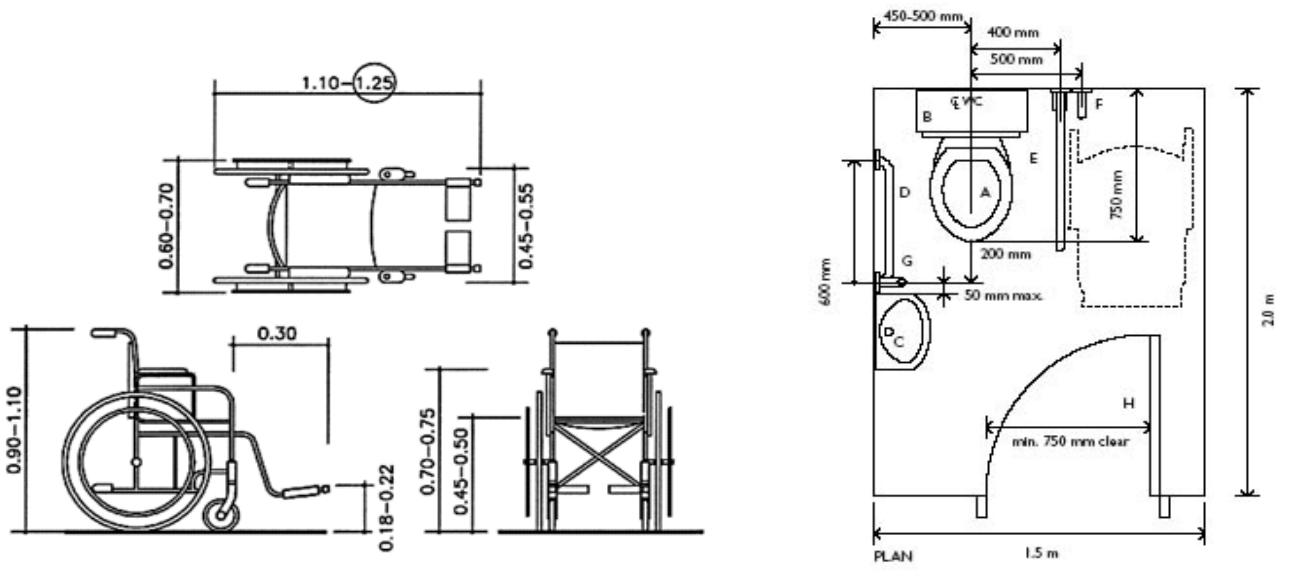
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Kitchen</u>					
Cabinet accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counter height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counter space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Task lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access / Egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple cooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Master Bath</u>					
Cabinet accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counter height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counter space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathtub accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Living Areas</u>					
Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visitability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approximity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stowability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TR Staff use only:

Describe the way you currently function in your home:

Describe the way your home would function if you were suddenly confined to a wheelchair:

What areas of your home would need to be improved for wheelchair accessibility?:



Six C.A.P.S. designated staff members ensures "quality improvements designed for life" for our mobility-challenged clientele.