

Please take a few minutes to complete the front and back of this survey and return in the attached self-addressed, stamped envelope. Please answer as honestly as possible and implement as many as possible. The questions are also suggestions to help you improve your risk for falls and keep you safe. We have also included a checklist to help you remember these safety precautions. Thanks for your time and effort! Your Lifeline Staff

Please ✓ the appropriate box for your answer.

- Do you have a lamp or light switch that you can easily reach without getting out of bed? Yes No
- Do you use night-lights in the bedroom and/or bathroom? Yes No
- Do you keep a flashlight handy? Yes No
- Do you have light switches at both ends of stairs and halls? Yes No
- Do you have handrails on both sides of stairs? N/A Yes No
- Do you have grab bars in shower, tub and toilet areas? Yes No
- Do you use bathmats or non-slip adhesive strips in tub/shower? Yes No
- Do you have a bench or stool in the tub/shower? Yes No
- Do you use an elevated toilet seat? Yes No
- Do you have any telephone or electrical cords blocking your pathways? Yes No
- Do you wear nonslip, low-heeled shoes or slippers that fit snugly at all times when walking? Yes No
 (remember not to walk around in stocking feet)
- Do you keep any extraneous clutter around your house? Yes No
- Do you tack or apply non-stick backing to all your rugs and glue vinyl flooring so they lie flat? N/A Yes No
- Is your carpet firmly attached to the stairs? N/A Yes No
- Do you use helping devices, such as canes, when necessary? N/A Yes No
- Do you use a step stool with high and sturdy handrails rather than unstable chairs and stools when necessary? N/A Yes No
 (remember to store frequently used objects where you can reach them easily)
- Are the edges of your outdoor steps and any steps that are especially narrow, higher or lower than the others painted to aid with visibility? N/A Yes No

Lifeline Survey continued

- Are the outside stairs painted with a mixture of sand and paint for better traction?..... N/A Yes No
- Do you keep outdoor walkways clear and well lighted?..... N/A Yes No
- Do you know that your Lifeline button you wear is waterproof so that you
can wear it in the shower or bath? N/A Yes No
- Do you feel Lifeline has improved the quality of your life knowing you can get emergency
or non-emergency help 24 hours a day, 7 days a week?..... N/A Yes No
- Do you feel more confident living at home now that you have Lifeline?..... Yes No
- Do you know that you need to press the Lifeline button you wear once a month
to test your Lifeline equipment? Yes No
- Do you feel Lifeline supports you remaining in your home though you may have limited mobility
or a serious health related condition?..... Yes No