

# OTIS Study

## Occupational Therapist Intervention Study

### Occupational Therapist Booklet



Centre number:

Participant's trial ID number:

Date OT booklet sent to YTU:

<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<i>Day</i>		<i>Month</i>		<i>2</i>	<i>0</i>	<i>Year</i>

Funded by:



NIHR HTA CODE 14/49/149

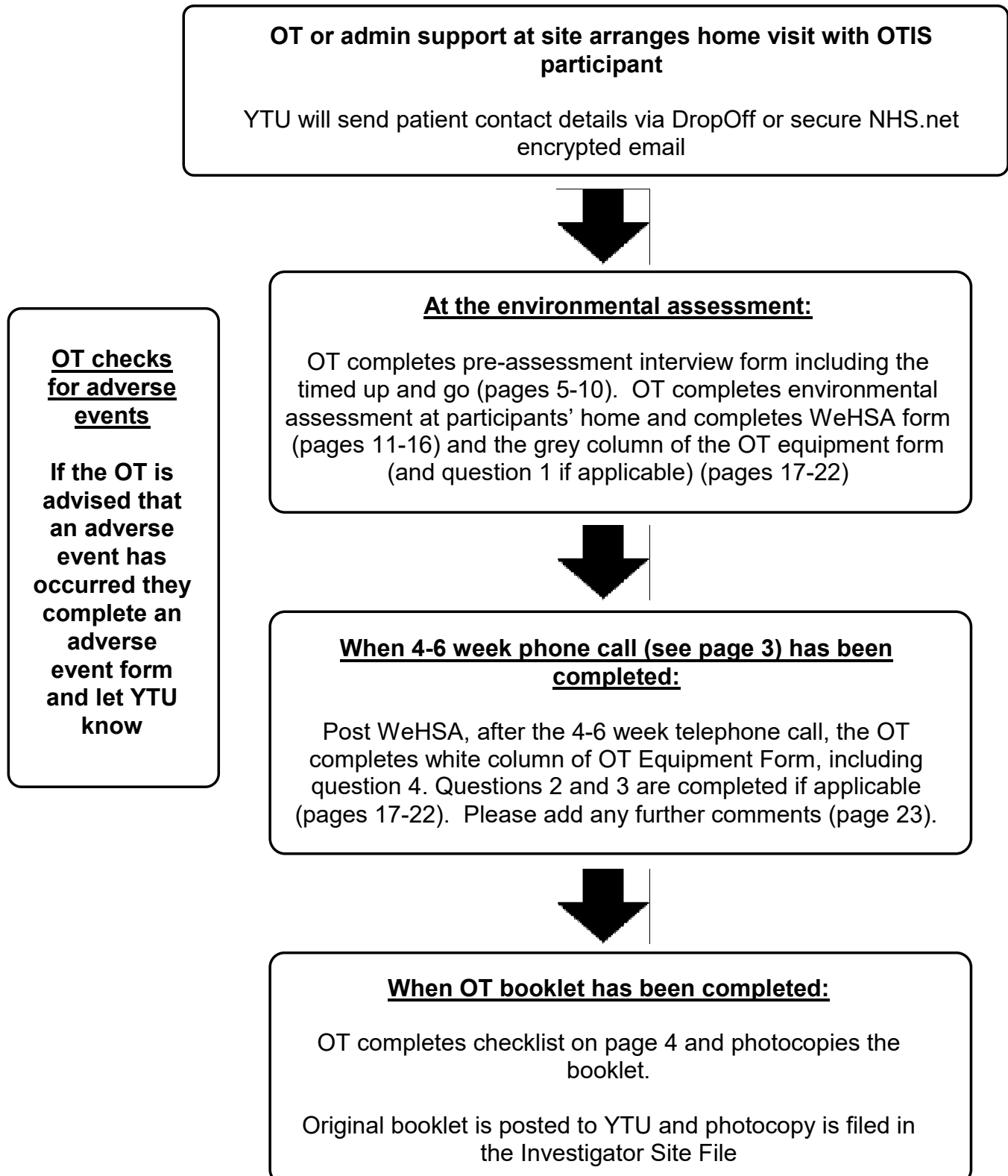
THE UNIVERSITY *of York*

## How to complete the Occupational Therapist Booklet

Please complete this booklet for each participant you see for a home environmental assessment. It contains the Westmead Home Safety Assessment (WeHSA) form and the OT Equipment form. Please do not write notes on the WeHSA form as this causes difficulties with the automated scanning.

For the OTIS Study the Occupational Therapist is expected to undertake the processes shown below:

**Figure 1: Processes undertaken by OT for the OTIS Study**



## Guidance for the 4-6 week phonecall

At the 4-6 week phonecall please complete the OT equipment checklist on pages 17-22. We would also suggest that you cover the following during the phonecall and record the information on page 23:

- How the participant is managing following the visit
- Whether the equipment prescribed / recommended has been provided and fitted correctly
- Whether the equipment provided (if any) is ok and is being used
- Go through the OT equipment checklist on pages 17-22 to see which recommendations have been fully / partially or not adhered to
- Whether they have had any falls
- Check if the participant has had any adverse events (AE) which are related to taking part in the study. If yes please complete an AE form.

If you have any questions or problems please contact:

[insert contact name] (Trial Support Officer)

Tel [insert contact number]

Email [insert contact email]

Or

[insert contact name] (Trial Co-ordinator)

Tel [insert contact number]

Email [insert contact email]

## Checklist

1. Front cover filled in (participants' ID number and date questionnaire sent)
2. Pre assessment interview form completed (pages 5-10)
3. WeHSA completed (pages 11-16)
4. OT Equipment form completed (pages 17-22)
5. Comments page filled in (page 23)
6. Occupational therapist booklet photocopied and original sent to YTU
7. Any adverse events reported

## WESTMEAD HOME SAFETY ASSESSMENT LONG FORM

Centre number:  Participant's trial ID number:

Name of Therapist (*please print*):

Date of visit:  /  /  Total duration of visit/s:  :   
Day Month Year Hours Minutes

Type of residence:  Ownership:

Diagnosis:  Age:

No. falls past year:  Functional vision:

Mobility:

Functional cognition:

Home & community support/assistance:

Timed up and go --  seconds

If unable to complete '**Timed up and go**',  
please cross this box  and specify reason:

## SUMMARY AND ACTION PLAN

# EXTERNAL TRAFFICWAYS

## GATES

Not relevant     No hazard

Hazards:

- Difficult to open/close
- Slippery surface near gate
- Uneven surfaces near gate
- Deep steps near gate
- Poor visibility at steps near gate
- Other: \_\_\_\_\_

## ICE / SNOW ON WALKWAYS

Not relevant     No hazard

Hazards:

- Slippery
- Difficulty to see / manoeuvre
- Footwear inadequate grip

## PATHWAYS / DRIVEWAYS

Not relevant     No hazard

Hazards:

- Slippery surfaces
- Uneven/loose surfaces
- Narrow
- Steep gradient
- Obstructions on pathways
- Poor visibility
- Other: \_\_\_\_\_

## LAWNS / GARDENS / GROUNDS

Not relevant     No hazard

Hazards:

- Irregular ground surfaces
- Obstacles
- Slippery surfaces
- Irregular lawn surface
- Steep gradient or lawn
- Large lawn
- Access to equipment
- Tools hard to use
- Other: \_\_\_\_\_

## STEPS

Not relevant     No hazard

Hazards:

- Slippery surfaces
- Uneven surfaces
- Steps too high/uneven heights
- Deep tread
- Narrow stairway
- Obstacles
- Poor visibility
- Other: \_\_\_\_\_

## GARAGE

Not relevant     No hazard

Hazards:

- Poor access
- Untidy
- Inadequate lighting
- Access to car
- Other: \_\_\_\_\_

## RAMPS

Not relevant     No hazard

Hazards:

- Irregular ground surfaces
- Obstructions
- Slippery surfaces
- Unstable
- Poor visibility
- Steep gradient
- Other: \_\_\_\_\_

## DOORMAT

Not relevant     No hazard

Hazards:

- Curled edges
- Worn areas
- Slippery
- Other: \_\_\_\_\_

## DOOR OPENING

Not relevant     No hazard

Hazards:

- No landing for outward opening doors
- Stiff/ heavy doors
- High lock
- Multiple locks/difficult door handle
- Threshold
- Other: \_\_\_\_\_

## HANDRAILS - ACCESS (external steps and ramps)

	Not relevant No hazard	Not present	Inadequate position	Inadequate angle	Inadequate diameter	Inadequate length	Not secure	Poor condition	Other:	If 'Other' please state:
Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## NIGHTLIGHTING

Not relevant     No hazard

Hazards:

- Not present
- Steps/pathways not illuminated
- Does not eliminate dark, shadowy areas
- Other: \_\_\_\_\_

## GENERAL INDOORS

**LIGHTING**  Not relevant  No hazard

Time observed:

Hazards:  A.M.  P.M.

	OT observation	Client self-report
Dark / dim		
Shadowy		
Abrupt changes		
Glare		
Other:		

### TIDINESS / CLEANLINESS

Not relevant  No hazard

Hazards:  Clutter  
 Spills on floor  
 Other: \_\_\_\_\_

### CLEANING EQUIPMENT

Not relevant  No hazard

Hazards:  Access  
 Ease of use  
 Other: \_\_\_\_\_

### IRONING AREA

Not relevant  No hazard

Hazards:  Difficulty setting up ironing board  
 Other: \_\_\_\_\_

**TELEPHONE**  Not relevant  No hazard

Hazards:  Access  
 No sitting area  
 Access to phone books  
 Other: \_\_\_\_\_

### HEATERS / FANS

Not relevant  No hazard

Hazards:  Access  
 Difficulty switching on/off  
 Inadequate heating  
 Other: \_\_\_\_\_

### COMMONLY OPENED WINDOWS/CURTAINS/SHADES

Not relevant  No hazard

Hazards:  Difficult to open/close  
 Access  
 Other: \_\_\_\_\_

## GENERAL INDOORS (Cont'd)

### REACHING FOR HIGH PLACES

Not relevant  No hazard

Hazards:  Unsafe when reaching  
 Inaccessible storage of used items  
 Unsafe when climbing  
 Unstable furniture / equipment used  
 Other: \_\_\_\_\_

## INTERNAL TRAFFICWAYS

### FLOORS & FLOOR COVERINGS

Not relevant  No hazard

Hazards:  Slipperiness  
 Slippery when wet  
 Worn/loose areas or edges  
 Changes in patterns & textures  
 Other: \_\_\_\_\_

### FLOORS MATS

Not relevant  No hazard

Hazards:  Small & lightweight  
 Slippery  
 Loose  
 Curled edges  
 Other: \_\_\_\_\_

### LIGHT SWITCHES / POWER POINTS

Not relevant  No hazard

Hazards:  Access  
 Cords across trafficways  
 Other: \_\_\_\_\_

### SPACE

Not relevant  No hazard

Hazards:  Obstacles in trafficways (furnishings)  
 Obstacles in trafficways (objects)  
 Unsuitable objects used for support  
 Objects reducing space & mobility & maneuverability  
 Proximity of walking aid when not in use  
 Lack of colour contrasts  
 Cords across trafficways  
 Other: \_\_\_\_\_

### DOORWAYS

Not relevant  No hazard

Hazards:  Access  
 Difficult to open/close  
 Other: \_\_\_\_\_

## INTERNAL TRAFFICWAYS (Cont'd)

**RAMPS**  Not relevant  No hazard

Hazards:  Poor condition of material  
 Steep gradient  
 Slippery  
 Unstable  
 Poor visibility  
 Other: \_\_\_\_\_

**STAIRS / ELEVATORS APPROACH / DISEMBARKATION**  
 Not relevant  No hazard

Hazards:  Access  
 Obstacles  
 Visibility  
 Other: \_\_\_\_\_

**STEPS / STAIRS**  
 Not relevant  No hazard

Hazards:  Slippery/loose surfaces  
 Uneven coverings  
 Tread coverings  
 Deep tread  
 Steps too high/uneven heights  
 Step overhang  
 Narrow stairway  
 Obstacles  
 Poor visibility  
 Steps contrasts/visual surrounds  
 Other: \_\_\_\_\_

**HANDRAILS - INTERNAL STEPS / STAIRS**

	Not relevant	No hazards	Not present	Inadequate position	Inadequate angle	Inadequate diameter	Not secure	Poor condition	Other:	If 'Other' please state:
Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## MOBILITY AID

Not relevant  No hazard

Hazards:  Aid not appropriate  
 Poor condition  
 Other: \_\_\_\_\_

## PETS

Not relevant  No hazard

Hazards:  Small  
 Large  
 Many dogs/cats  
 Playful/boisterous  
 Other: \_\_\_\_\_

## LIVING AREA

**FURNITURE**  
 Not relevant  No hazard

Hazards:  Unstable  
 Other: \_\_\_\_\_

**LAMPS**  
 Not relevant  No hazard

Hazards:  Access  
 Other: \_\_\_\_\_

## SEATING

Not relevant  No hazard

Indicate relevant area (e.g. lounge, kitchen)

	Too low	Too high	Too soft	No arms	Back too sloped	unstable	Poor access	Splayed legs	Cushions	Other:	If 'Other' please state:
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## MEDICATION MANAGEMENT

Not relevant  No hazard

Hazards:  Access to medications  
 Difficulty to open / close containers  
 Reminder aid not in place  
 Instructions not readable/understandable  
 Other: \_\_\_\_\_

## SAFETY CALL SYSTEM

Not relevant  No hazard

Hazards:  No alarm system / plan of action  
 Other: \_\_\_\_\_

## BEDROOM

**BED**  Not relevant  No hazard

Hazards:  Too low  
 Too high  
 Too soft  
 Worn mattress  
 Unstable  
 Poor access  
 Difficulty transferring  
 Unstable furniture used for transferring  
 Other: \_\_\_\_\_



## BEDROOM (Cont'd)

### WARDROBES / CUPBOARDS

Not relevant  No hazard

- Hazards:
- Difficult to open/close
  - Poor access
  - Difficulty reaching daily clothing
  - Other: \_\_\_\_\_

### CURTAINS / BED COVERS

Not relevant  No hazard

- Hazards:
- Trailing in trafficways
  - Other: \_\_\_\_\_

### BED LIGHTING

Not relevant  No hazard

- Hazards:
- Not present
  - Poor access
  - Other: \_\_\_\_\_

### BEDSIDE TELEPHONE

Not relevant  No hazard

- Hazards:
- Poor access
  - Other: \_\_\_\_\_

### COMMODE

Not relevant  No hazard

- Hazards:
- Poor access
  - Inadequate height
  - Other: \_\_\_\_\_

## FOOTWEAR

Not relevant  No hazard

(E.g. Indoors/outdoors, special occasions, slippers, etc.)

	Improper fit	Open/worn down heel	Slippery heel/sole	High heel	Thickness of soles	Narrow heel	Stocking feet	Other:	If 'Other' please state:
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## BATHROOM

### LOCATION

Not relevant  No hazard

- Hazards:
- Poor proximity
  - Hazardous trafficways en route
  - Other: \_\_\_\_\_

## BATHROOM (Cont'd)

### FLOOR SURFACE

Not relevant  No hazard

- Hazards:
- Slippery when wet
  - Slippery when dry
  - Slippery mats or curled edges
  - Worn floor covering
  - Raised or loose tiles
  - Other: \_\_\_\_\_

### SHOWER RECESS

Not relevant  No hazard

- Hazards:
- Poor access
  - Narrow doorway
  - High hob / sill
  - Slippery floor in recess
  - Slippery shower mat
  - Uneven floor surface
  - Difficulty reaching toiletries
  - Difficulty reaching taps
  - Unstable shower chair or stool
  - Other: \_\_\_\_\_

### BATH / OVERHEAD SHOWER

Not relevant  No hazard

- Hazards:
- Unstable bathseat
  - Narrow bathseat
  - High sides
  - Poor access
  - Slippery bath
  - Slippery bathmat
  - Difficulty reaching taps
  - Difficulty turning water heater on/off
  - Other: \_\_\_\_\_

## TOILET AREA

### LOCATION

Not relevant  No hazard

- Hazards:
- Poor proximity
  - Hazardous trafficways en route
  - Inadequate night lighting
  - Other: \_\_\_\_\_

### FLOOR COVERINGS

Not relevant  No hazard

- Hazards:
- Slippery when wet
  - Slippery when dry
  - Slippery mats or curled edges
  - Worn floor covering
  - Uneven floor surface
  - Other: \_\_\_\_\_

## TOILET AREA (Cont'd)

**TOILET**  Not relevant  No hazard

- Hazards:
- Poor access
  - Too low
  - Too high
  - Difficulty reaching toilet roll
  - Difficulty reaching flush
  - Inadequate lighting in room
  - Other: \_\_\_\_\_

### GRABRAILS - BATHROOM / TOILET

- Hazards:
- |        | Not relevant             | No hazard                | Not present              | Inadequate position      | Inadequate angle         | Inadequate diameter      | Inadequate length        | Not secure               | Poor condition           | Other: |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| Bath   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Shower | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| Toilet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
- If 'Other' please state: \_\_\_\_\_

## KITCHEN

### USAGE

- Not relevant
- Drink only
- Light meals
- All meals

### PROXIMITY OF KITCHEN TO EATING AREA

- Not relevant  No hazard
- Not directly adjacent to each other
- Steps en route
- Other: \_\_\_\_\_

### KITCHEN WORK AREAS / EQUIPMENT

- |                     | Not relevant             | No hazard                | Poor access              | untidy                   | Working height           |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Workplace           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commonly used items | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Power points        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sink                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jug/Kettle          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fridge              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Freezer             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oven                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grill               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hot plates          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microwave           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dishwasher          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- If 'Other' please state: \_\_\_\_\_

## KITCHEN (Cont'd)

**GARBAGE**  Not relevant  No hazard

- Hazards:
- Kitchen tidy access
  - Taking garbage to bin
  - Garbage bin access
  - Garbage bin to street
  - Other: \_\_\_\_\_

## LAUNDRY

### LOCATION

- Not relevant  No hazard
- Hazards:
- Trafficway from house to laundry
  - Trafficway from laundry to drying area
  - Poor proximity to house
  - Poor proximity to drying area
  - Other: \_\_\_\_\_

### WASHING MACHINE

- Not relevant  No hazard
- Hazards:
- Poor access
  - Other: \_\_\_\_\_

### DRIER

- Not relevant  No hazard
- Hazards:
- Poor access
  - Other: \_\_\_\_\_

### CLOTHES LINE

- Not relevant  No hazard
- Hazards:
- Taking washing to line
  - Poor access
  - Difficult to set up
  - Access to pegs
  - Other: \_\_\_\_\_

**Thank you for taking the time to complete this questionnaire.**