## Checklist for the Home for Vertigo

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Print out this checklist, write the date on it, and check each item you can answer "yes" to. Do this once a month to see how you are doing with keeping you and your home safe in case of an attack of vertigo. Try to get all items checked.

Date:

## Checklist for the home

Walkways around the house (especially to the bathroom or telephone) are clear of furniture, toys, throw rugs, electrical cords, or anything that may cause me to trip.

My furniture is a height that allows me to use it easily.

I can easily reach a telephone in any room that contains one.

My linoleum or wood floors are not slippery.

My driveway and sidewalks are clear of toys, tools, and anything that may cause me to trip.

My indoor and outdoor lighting allows me to see my way.

I have night-lights where they best help me.

My stairs have light switches within reach.

I have a handrail next to my stairs.

## Checklist for the bathroom and kitchen

I have grab bars in place in the shower and bathtub and near the toilet.

I have mats in my shower and bathtub to prevent slipping.

I do not have any throw rugs in the bathroom or kitchen.

I have a night-light in the bathroom.

I store the materials and foods I use the most on lower shelves so that I don't need to climb or reach for them.

If I have to climb to reach a kitchen or bathroom shelf, I use a step stool with handrails.

I do not stand on chairs.

I clean up any spills immediately and keep the bathroom floor dry.

## **Checklist for personal consideration**

I have explained to my family, friends, and work colleagues that I experience vertigo. They know what might happen during an episode and how they can help.

I know the side effects of my medicines and whether any affect my sense of balance.

I try to avoid driving, working at heights, or operating dangerous machinery.

I use a cane or walker if necessary.

I wear low-heeled shoes that don't skid.

I don't wear shoes with thick and heavy soles.

I keep my shoes tied.

I avoid walking around the house in slippers or socks.

In fall or winter, I promptly clear wet leaves and snow or ice off walkways.



© 1995-2019 Healthwise, Incorporated. Healthwise, Healthwise for every health decision, and the Healthwise logo are trademarks of Healthwise, Incorporated.

This information does not replace the advice of a doctor. Healthwise, Incorporated, disclaims any warranty or liability for your use of this information.