

Name _____

File N° _____

S.A.S.
SAFETY ASSESSMENT
SCALE

**for People
with Dementia
Living at Home**

Score

1 CAREGIVER AND LIVING ENVIRONMENT

a) This person has a caregiver who contacts him/her...	less than once a week [4]	once a week [3]	a few times a week [2]	every day [1]	
b) This person lives on her own.	Yes [1]	No [0]			
c) This person is alone at home.	Always [4]	Most of the time [3]	Occasionally [2]	Never [1]	

2 SMOKING

a) This person leaves cigarette burn marks on the floor, furniture or clothing.	Yes [1]	No [0]			
b) When he/she is finished smoking, this person neglects to completely extinguish his/her cigarette.	Yes [1]	No [0]			

3

FIRE AND BURNS

a) This person has a smoke detector at home.	Yes [0]	No [1]			
b) The stove is unplugged.	Yes [0]	No [1]	▶ If Yes , go to question g)		
c) The stove on/off buttons are located...	on the front of the stove [1]	on the top of the stove [2]	behind the hotplates [3]		
d) This person is capable of turning on the stove him/herself.	Yes [1]	No [0]	Doesn't know [1]		
e) This person cooks his/her own food.	Always [4]	Most of the time [3]	Occasionally [2]	Never [1]	
f) This person forgets a pan on the stove.	Very often [4]	Often [3]	Sometimes [2]	Never [1]	
g) The heating system uses...	electricity [1]	natural gas [2]	wood [3]		

4

NUTRITION

a) This person receives meals-on-wheels or other prepared meals.	More than once a day [1]	once a day [2]	2 to 6 times a week [3]	once a week or less [4]	
b) This person's meals contain foods from different food groups (dairy products, meat or fish, cereals, fruit and vegetables).	Always [1]	Most of the time [2]	Occasionally [3]	Never [4]	

5

FOOD POISONING AND TOXIC SUBSTANCES

a) This person can tell the difference between food that is fresh and food that is spoiled.	Yes [0]	No [1]			
b) This person eats spoiled food.	Yes [1]	No [0]			
c) This person may confuse toxic substances with food.	Yes [1]	No [0]			

6

MEDICATION AND HEALTH PROBLEMS

a) This person takes, on a regular basis...* * prescribed medication only	1 to 3 medications [2]	4 to 6 medications [3]	7 medications or more [4]	Does not take any medication [1]	
b) This person takes medication to help him/her sleep or relax.	Yes [1]	No [0]			
c) This person takes his/ her medication as prescribed.	Yes [0]	No [1]			
d) Does this person suffer from any physical health problem?	None [1]	Minor [2]	Moderate [3]	Severe [4]	
e) This person recognizes that he/she has physical health problems.	Yes [0]	No [1]	Does not apply [0]		
f) This person accepts treatment for his/her physical health problems.	Yes [0]	No [1]	Does not apply [0]		

7

WANDERING AND ADAPTATION TO CHANGING TEMPERATURE

a) This person gets lost in familiar surroundings.	Very often [4]	Often [3]	Sometimes [2]	Never [1]	
b) Has this person ever gotten lost?	Yes [1]	No [0]			
c) Can this person find his/her way home?	Yes [0]	No [1]			
d) Does this person dress appropriately according to the changing temperature, both indoors and outdoors?	Yes [0]	No [1]			

8

INJURIES

a) There is a firearm (gun) at this person's home.	Yes [1]	No [0]			
b) This person's living environment is...	very cluttered [4]	cluttered [3]	not very cluttered [2]	not cluttered at all [1]	

