

Smart Home Instrument – New York (SHINY)

Assessment Date: _____

Client:	Phone:	Address:	Email:
Caregiver-Contact:	Phone:	Address:	Email:
Assessor:	Phone:	Address:	Email:
	Phone:	Address:	Email:
AT support professional:	Phone:	Address:	Email:
	Phone:	Address:	Email:

Home: ___ 1-story ___ 2-story ___ apartment ___ house ___ group home ___ other (_____)

Note:

Entrance: ___ ramp ___ steps (how many) ___ handrail(s) ___ lighting ___ motion-activated lighting ___ timer lighting

Note:

Front door: ___ screen door ___ deadbolt ___ peep hole or view ___ doorbell ___ smart doorbell ___ smart lock

Note:

Mobility: ___ independent ambulator ___ cane ___ crutch(es) ___ walker ___ rollator ___ manual wheelchair ___ scooter ___ motorized wheelchair
Note:

Entrance/Doors & Windows

Y/N/A	Concern	Note (Issues with Use or Access)
	I can easily and safely go from car to front door.	
	I can easily and safely retrieve mail or package deliveries.	
	I can easily open and close windows and doors.	
	Locks are sturdy and easy to operate.	
	I can pass through doorways easily.	
	I can hear a knock or doorbell ring from anywhere inside my home.	
	I have a way to exit other than the front door.	
	I have an emergency exit plan.	
	I have these concern(s) about doors and windows in my home. _____ _____	

Stairs/Floors/Hallways

Y/N/A	Concern	Note (Issues with Use or Access)
	In good condition with safe surfaces throughout?	
	Handrails for any interior stairs?	
	Stairs and hallways well lighted?	
	I can pass up/down stairs and through all rooms easily and safely.	
	Electrical cords out of the way so as not to pose a tripping hazard.	
	I can reach everything I need (high or low cabinets or closets) easily.	
	I have these concern(s) about stairs, floors and hallways in my home. _____ _____	

Kitchen

Y/N/A	Concern	Note (Issues with Use or Access)
	Sufficient lighting for all tasks?	
	Sufficient space for food preparation?	

	Up to date fire extinguisher?	
	I know how to use the fire extinguisher in my kitchen.	
	When I cook, I make use of the following appliances: ___ stovetop (___gas or ___electric?) ___ oven ___ microwave ___ toaster or toaster/oven	
	I prepare my own meals safely and without difficulty.	
	I have (have not) had an accident in my kitchen. If yes, what was it and when? _____	
	Demo: Reaches items in all kitchen cabinets/shelves	
	Demo: Turns on/off stove, oven, and microwave	
	Demo: turns water on/off at kitchen sink	
	Demo: Takes item out of refrigerator and puts it back	
	I have these concern(s) about my kitchen: _____ _____	

Bathroom

Y/N/A	Concern	Note (Issues with Use or Access)
	Sufficient bathroom lighting?	
	Water leak alarm?	
	I can manage all bathroom activities easily and safely.	
	Demo: Step in and out of shower or tub easily and safely	Shower seat __ Shower Bench with armrests __ Handheld Shower Faucet __ Sturdy grab bars __
	Demo: On and off toilet; flush toilet	Grab bars __ Toilet seat height __
	Demo: Turn sink on/off	
	I have these concern(s) about my bathroom: _____ _____	

Bedroom

Y/N/A	Concern	Note (Issues with Use or Access)
	Sufficient lighting for all tasks?	
	Phone in bedroom?	
	Flashlight in bedroom?	
	Nightlight for access to bathroom from bedroom?	
	Demo: Lies down on bed and gets up again safely and easily	
	Demo: Reaches items in closet and drawers easily and safely	
	I have these concern(s) about my bedroom: _____ _____	

Living Room/Dining

Y/N/A	Concern	Note (Issues with Use or Access)
	Sufficient lighting for all tasks.	
	Work spaces arranged safely and conveniently.	
	If computer, easy to access and use.	

	If tv, easy to access and use.	
	Can easily and safely get on and off of chairs.	
	I have these concern(s) about my living area: _____	

Electronics

Y/N/A	Concern	Note (Issues with Use or Access)
	I can easily reach light switches.	
	Smoke detectors and CO detectors are in good working order.	Location(s) and test: Smoke detector(s) _____ Working? _____ CO detector(s) _____ Working? _____ Water leak alarm(s) _____ Working? _____
	If detector alarm sounds, I can hear it anywhere in my home.	
	I know what to do if the detector alarm sounds.	
	I can easily reach thermostat and/or air conditioning/fan controls.	
	I have washer/dryer for clothes in my home and can do my laundry without difficulty.	
	I have a vacuum cleaner and can use it without difficulty.	
	I have other adaptive equipment at home. _____	

	I have these concern(s) about my home electronics: _____	

Smart Technologies Currently in Place

Y/N/A	Smart Tech	Note (Issues with Use or Access)
	Internet Cable _____ cable company	
	WiFi ___ strong signal in all rooms ___ works with all connected devices	
	___ landline phone ___ cell phone _____ brand ___ smartphone ___ iOS ___ Android ___ MS _____ OS generation	
	I use my phone for: ___ calls ___ texts ___ email ___ Internet browsing ___ music ___ watch videos/social media ___ reminders/calendar ___ control smart devices in home ___ what else? _____	

	<p>Is there anything else you would like to be able to do with your phone?</p> <p>_____</p> <p>_____</p>	
	<p>Most useful phone apps</p> <p>_____</p> <p>_____</p> <p>_____</p>	
	<p>TV</p> <p>_____ brand</p> <p>___ linked to cable or ___ wifi</p>	
	<p>Personal computer</p> <p>___ laptop _____ brand</p> <p>_____ OS generation</p> <p>___ desktop _____ brand</p> <p>_____ OS generation</p> <p>___ tablet _____ brand</p> <p>_____ OS generation</p>	
	<p>I use my computer for:</p> <p>___ email ___ texting</p> <p>___ web search</p> <p>___ billing/banking</p> <p>___ writing</p> <p>___ videos/social media</p> <p>___ video chat</p> <p>___ what else? _____</p> <p>_____</p> <p>_____</p>	
	<p>Is there anything else you would like to do with your computer? _____</p> <p>_____</p>	

	<p>Wifi-linked devices</p> <p><input type="checkbox"/> smart bulbs</p> <p><input type="checkbox"/> smart plugs/switches</p> <p><input type="checkbox"/> smart speaker _____ brand</p> <p>_____ OS generation</p>	
	<p>Other smart devices or tools in home:</p> <p><input type="checkbox"/> iPad or other tablet</p> <p><input type="checkbox"/> doorlock</p> <p><input type="checkbox"/> doorbell</p> <p><input type="checkbox"/> thermostat</p> <p><input type="checkbox"/> fan</p> <p><input type="checkbox"/> smart smoke/CO2 detector</p> <p><input type="checkbox"/> robo-vacuum cleaner</p> <p><input type="checkbox"/> window blinds</p> <p><input type="checkbox"/> stove shut-off</p> <p><input type="checkbox"/> reminder pill box</p> <p><input type="checkbox"/> motion-activated lights</p> <p><input type="checkbox"/> home monitoring</p> <p><input type="checkbox"/> pet feeder</p> <p><input type="checkbox"/> other</p> <p>_____</p> <p>_____</p>	
	<p>I have these concern(s) about my smart tech:</p> <p>_____</p> <p>_____</p> <p>_____</p>	

Everyday Living

Y/N/A	Concern	Note (Issues or Concerns)
	I can get through the day without getting tired.	
	I typically sleep through the night.	
	Pain impacts my everyday life (what activities does it impact?)	
	I have (have not) fallen. (If yes, when, where, how often, and any injury?)	
	I can see clearly to read and get things done in every area of my house (with/without glasses).	
	I have intact hearing (with/without aid).	
	I tend to forget things (never, sometimes, often). (If yes, provide examples.)	
	I take my medications (if any) on time and in correct doses. <input type="checkbox"/> pill box <input type="checkbox"/> reminder alerts <input type="checkbox"/> I just always remember	
	I keep track of my appointments and calendar without difficulty.	
	I maintain my own budget and manage my own money.	
	I do my own grocery shopping without difficulty <input type="checkbox"/> online <input type="checkbox"/> at stores.	
	I can manage my own cleaning, laundry and other household tasks without difficulty.	

	I can feed and take care of any pets without difficulty.	
	I live __alone __with occasional overnight guests __with other(s))	
	<p>_____ (person) assists me with _____ (task).</p> <p>_____ (person) assists me with _____ (task).</p> <p>_____ (person) assists me with _____ (task).</p>	
	If I need help with something, I can call _____.	
	<p>I have a caregiver who checks on me from their home.</p> <p>__ phone check-ins</p> <p>__ visits (how often) _____</p> <p>__ remote monitoring (how?) _____</p> <p>_____</p>	
	<p>I wish I had help with some things at home.</p> <p>_____</p> <p>_____</p>	
	<p>I would like a device or tool to help with:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

The Pennsylvania Assistive Technology Foundation (PATF) Smart Home Self-Assessment may be used alongside this instrument to clarify needs/supports that smart technologies may provide. Access here: <https://patf.us/smart-homes-made-simple-self-assessment-tool-508-compliant-pdf/>