

Name \_\_\_\_\_

File N° \_\_\_\_\_

**S.A.S.**  
**SAFETY ASSESSMENT**  
**SCALE**

**for People  
with Dementia  
Living at Home**

**Score**

**1 CAREGIVER AND LIVING ENVIRONMENT**

<b>a)</b> 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>b)</b> This person lives on her own.	Yes [ 1 ]	No [ 0 ]			
<b>c)</b> This person is alone at home.	Always [ 4 ]	Most of the time [ 3 ]	Occasionally [ 2 ]	Never [ 1 ]	

**2 SMOKING**

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

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**FIRE AND BURNS**

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

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**NUTRITION**

<b>a)</b> 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>b)</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 ]	

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**FOOD POISONING AND TOXIC SUBSTANCES**

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

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**MEDICATION AND HEALTH PROBLEMS**

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

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**WANDERING AND ADAPTATION TO CHANGING TEMPERATURE**

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

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**INJURIES**

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

