

Joint Surgery Center: Home Recovery Planning Worksheet

Name: _____ **Date of Surgery:** _____

Living Situation

- I live with my family. This includes:
 - my spouse
 - my adult child or children
 - my adult sibling or other relative
 - my able parent
- I live alone
- I will recover at someone else's home
- I live in an extended care facility
- Other: _____

Home Environment

1) Steps:

To enter my home, there are _____ steps.

Inside my home, there are _____ steps.

2) Handrails on stairways

On stairs to the entrance of my home: Right side Left side Both sides No Handrails

On stairs inside my home: Right side Left side Both sides No Handrails

3) Home structure:

My home has _____ stories.

Bathrooms:

Main floor: Tub Walk-in Shower Grab Bars No Tub or Shower No Bathroom

Second floor: Tub Walk-in Shower Grab Bars No Tub or Shower No Bathroom

Other floor _____ Tub Walk-in Shower Grab Bars No Tub or Shower No Bathroom

4) If necessary, are you able to set up a bedroom/bathroom on the first floor of your home?

Yes No

5) Do you have pets? : No Yes: type and how many: _____

Functional Status before Surgery

- 1) Do you use any assistive devices: Yes or No
 - a. ____Cane: standard cane; quad cane
 - b. ____Walker: standard; rolling; rollator
 - c. ____Wheelchair
 - d. ____I cannot walk at this time. I have not walked in _____ years _____ months

- 2) How far on average can you walk?
 - a. ____2 blocks or more
 - b. ____1-2 blocks
 - c. ____Housebound most of time

- 3) Self-Care: Yes or No
 - a. ____ Wash independently
 - b. ____ Dress independently
 - c. ____Requires assistance with washing and dressing

- 4) ____Do you drive

- 5) ____Are you still employed
 - a. If so, what type of job: _____

- 6) Community support: Do you use any of the following currently?
 - a. ____Home health aid
 - b. ____Meals on wheels
 - c. ____Visiting nursing