| **Triage questions** | **Yes** | **No** | **Don’t know** | **Further details** |
| --- | --- | --- | --- | --- |
| Is anyone in the home at risk from arson? |  |  |  |  |
| Are there any smokers in the home? |  |  |  |  |
| Are there any working smoke alarms in the home? |  |  |  |  |
| Lives alone? |  |  |  |  |
| 60 or over? |  |  |  |  |
| In receipt of formal or informal care? |  |  |  |  |
| Skin/emollient creams? |  |  |  |  |
| Air pressure mattress? |  |  |  |  |
| Home oxygen? |  |  |  |  |
| Previous fire? |  |  |  |  |
| Clutter in the home? |  |  |  |  |
| Uses portable heaters or other unsafe methods of heating? |  |  |  |  |
| Overloaded plug sockets? |  |  |  |  |
| Use of candles, naked flames, incense or oil burners? |  |  |  |  |
| Near miss experience when cooking or after drinking alcohol? |  |  |  |  |
| Burns or scorch marks on carpets or furniture? |  |  |  |  |
| Does NOT have at least one smoke alarm on each floor? |  |  |  |  |
| Medication or other drugs or alcohol? |  |  |  |  |
| Hearing Impairment? |  |  |  |  |
| Mental Health Conditions (e.g. Depression, Anxiety)? |  |  |  |  |
| Cognitive Impairments (e.g. Dementia, Alzheimer’s)? |  |  |  |  |
| Developmental Disability (e.g. ADHD, Autism)? |  |  |  |  |
| Mobility Aid/Chair or Bedbound? |  |  |  |  |
| Previous falls? |  |  |  |  |
| Visual Impairment? |  |  |  |  |
| Items blocking escape routes? |  |  |  |  |
| Respiratory Illness (e.g. Asthma or COPD)? |  |  |  |  |