



A project of Pennsylvania Assistive Technology Foundation

Smart Home Self-Assessment Tool

This is all about **you!** Answering the following questions is a good first step as you consider what kind of smart home technology you would like. Use your answers as a guide when consulting with support team members and professionals to help steer the planning of your smart home.

1. Daily or Routine Activities at Home

Select the activities below where you need or want support. Use the blank spaces to add activities that aren't already listed. This is meant to be a starting point for discussion with your team and to direct your research on what smart home technology can do for you.

Activities of Daily Living

- Find and follow recipes
- Make shopping lists
- Order house supplies and/or groceries
- Make coffee
- Use the microwave
- Choose something to wear
- Check public transportation schedule
- Check the weather
- _____

Communication

- Make calls (voice and/or video)
- Send messages (voice and/or text)
- Intercom between rooms
- Send and receive email
- _____

Control of the Environment

- Turn on/off lights
- Turn on/off fan
- Adjust thermostat
- Open/close exterior/interior doors
- Open/close blinds
- _____

Entertainment

- Listen to podcasts, music, and/or audiobooks
- Get the news
- Hear jokes
- Stream TV/movies/video content
- Play video games
- _____

Health

- Make video/phone calls with your doctor
- Organize your medication
- Remember to take your medication
- Monitor your vitals (weight, blood pressure, blood glucose level, etc.)
- _____

Personal Assistant/Organization/Productivity

- Make to-do lists
- Create reminders
- Set alarms
- Manage your calendar
- Search the internet
- Manage your bank account
- Check the date/time
- _____

Safety and Security

- Operate locks on doors and windows
- See who's at the door
- View outside or inside the property remotely
- Sense hazards (smoke, fire, carbon monoxide)
- Call or message emergency contacts (family, friends, caregivers)

- Call police/fire by 911
- Sense intruders
- Monitor appliances (leaving the stove on, water leaks, etc.)
- _____
- _____

2. Your Housing Status

Select the option below that best describes where you live:

- House
- Apartment
- Temporary Living Facility
- Long-Term Living Facility
- Other: _____

Does your home have reliable internet service? Yes No

3. Areas of Your Home

Select the areas in your home below where you would like support. Also select any areas where you already spend a lot of time. Indicate whether you have access to Wi-Fi in each of the areas you select.

		Access to Wi-Fi?		
		Yes	No	Don't know
<input type="checkbox"/>	Entryway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Living room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Family room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Technology Currently in Use

List below any devices you are already using and fill in the information you have for each device. Use the blank lines at the bottom to list any additional appliances or devices you currently use that you would like to connect to smart home technology.

	Make (Company/Brand)	Model	Serial Number	Date of Purchase
Computer				
Smart phone				
Tablet				
Smart speaker or display				
Smart TV				
Streaming device				
Smart hub				
Smart door lock				
Smart lightbulb				
Smart plug				
Smart switch				
Smart doorbell				
Smart appliances				
Smart thermostat				
Smart window treatment				
Smart camera				
Smart smoke/CO2 detector				
Other specialized or adaptive equipment				

5. Technology Brand Preference

Do you prefer Apple products? Do you do a lot of shopping on Amazon? Do you only use Android devices? List any of your technology brand preferences below:

6. Team for Support

Who is already on your team for support? List below any family members, friends, caregivers, assistive technology (AT) or information technology (IT) professionals, therapists, or other people in your life who can help you with your smart home technology:

7. Your Disability and Technology

Is there anything else that might affect what technology you want and need? Think about your accessibility needs, your strengths, as well as what might be difficult for you. Describe these things below:

Use your answers to this self-assessment with your team to help you determine your goals and identify specific smart devices and systems that can help you achieve those goals.