

Disclaimer: To be completed in alignment with the E-Stroke Rehab Referral System. Only for patients inputted into E-Stroke.



Patient Identification:
Name: _____
Date of Birth: _____
HFN/MRN: _____

Or place bradma/patient ID sticker here.

1. Identification of Occupational Performance Problems & Importance

Assessment Date	YYYY:	MM:	DD:
Assessor			

Self-Care/Productivity/Leisure

Occupational Performance Problems (OPPs)	Importance (1-10)

Notes:

Additional Occupational Performance Problems identified

Occupational Performance Problems	Importance (1-10)	Assessor	Date (YYYY/MM/DD)

2. Scoring

PERFORMANCE (How would you rate the way you do this activity now?)

1 - not able to do it at all  10 = able to do it extremely well

SATISFACTION (How satisfied are you with the way you do this activity now?)

1 - not satisfied at all  10 = extremely satisfied

Notes & Observations	
Initial assessment (T1):	
Re-assessment (T2):	
Time 1 (T1) (YYYY/MM/DD):	Assessor T1:
Time 2 (T2) (YYYY/MM/DD):	Assessor T2:

	OPPs	Imp	Performance T1	Satisfaction T1	Performance T2	Satisfaction T2	Change in Performance (T2-T1)	Change in Satisfaction (T2-T1)
1								
2								
3								
4								
5								
Total Scores ($\Sigma = 1+2+3+4+5$)								
Average Score ($\Sigma/\text{number of OPPs}$)								