What is Important to Me?

Patient Name: _____

Date Completed: _____

Support by:

☐ **Family/Caregiver**

☐ **Healthcare Provider**

☐ **Other:** _____

What is Important to Me: Instructions for Clinicians
## *(Remove this sheet before sharing with patients)*

- The purpose of this tool is to encourage patients to identify the occupational performance issues (OPIs) that they are experiencing by writing and/or drawing in the designated box. This tool can be kept with the patient (e.g. at bedside) so they can easily share with healthcare providers and/or family/caregivers

- It is important to capture the patient's voice throughout their stroke recovery journey. The "Self-Reflection" page can be used to support conversations about the impact of their stroke and what they need to do to return home

- This tool supports patients who may have challenges identifying OPIs and can help build insight through supportive conversations by writing keywords and/or using images as a strategy

- If the patient requires support generating OPIs, use the *"Things That Might be Important to Me"* page to help them get started. *For more image options, please refer to the "ParticiPics" tab on the Aphasia Institute website:* https://portal.peeristics.com/en/assets

- The visual rating scale can be used to identify the importance of each OPI

- This information can be used to support completion of the Canadian Occupational Performance Measure (COPM)©

How to Use This Tool

- We want to know what is important to you

- You can use this tool to share with your family, caregivers, and healthcare providers what is most important to you

- Use the following pages to write or draw in the boxes on the sheet

- Rate how important each activity is using the scale on the right side of the box

- If you need help to get started, you can use the words and images on the "Things That Might be Important to Me" page
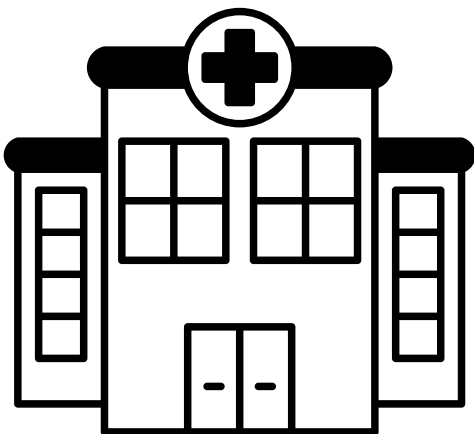
Stroke Can affect
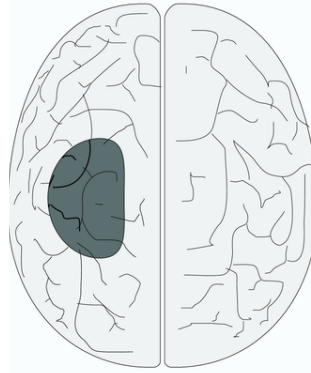
Thinking

Movement

Speech/
Swallowing

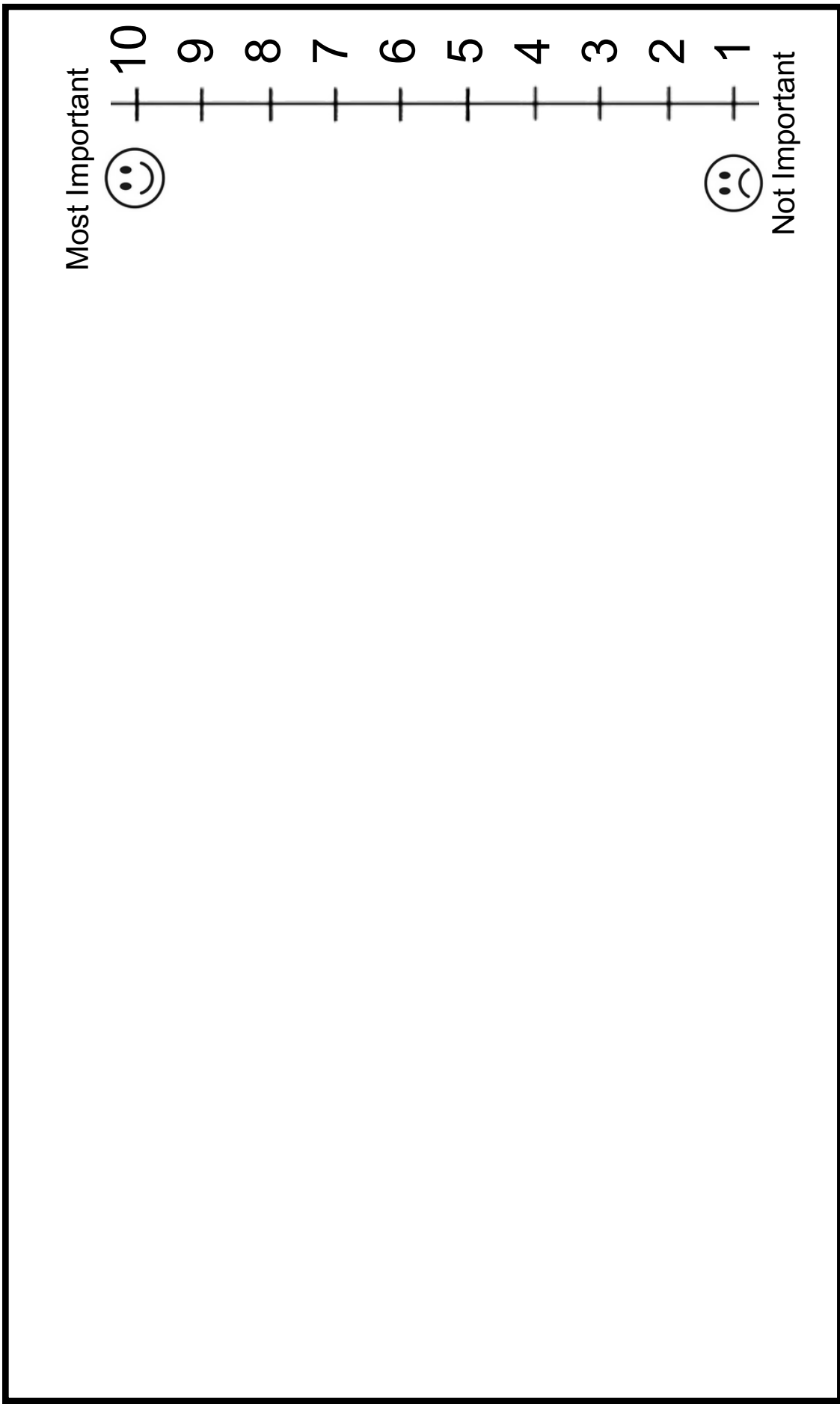# What do you need to do to go home?

Hospital

Home

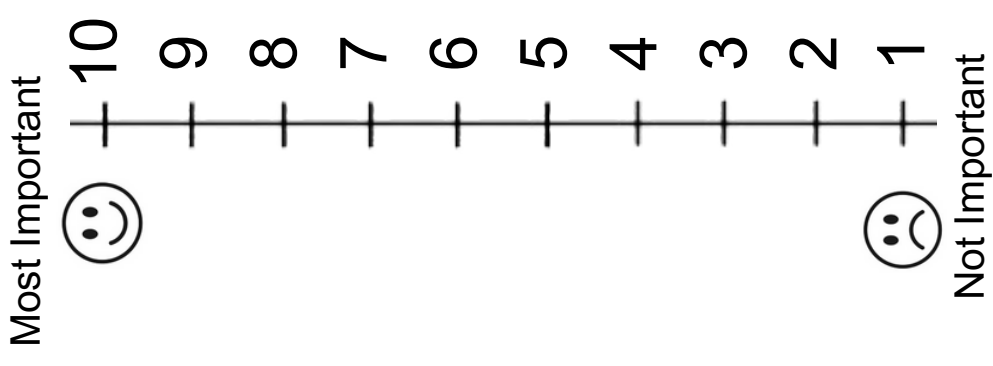# What is Important to Me?
(write or draw in the box below)

Most Important

:)

10
9
8
7
6
5
4
3
2
1

:(

Not Important

Date: _____

What is Important to Me?
(write or draw in the box below)

Most Important

:)

10

9

8

7

6

5

4

3

2

1

:(

Not Important

Date: _____

THINGS THAT MIGHT BE IMPORTANT TO ME
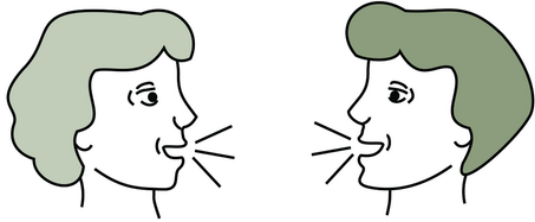
Eating	**Walking**
Talking	**Thinking**
Cooking	**Cleaning**
Managing Medications	**Dressing**
Toileting	**Grooming**

THINGS THAT MIGHT BE IMPORTANT TO ME

Returning to Work
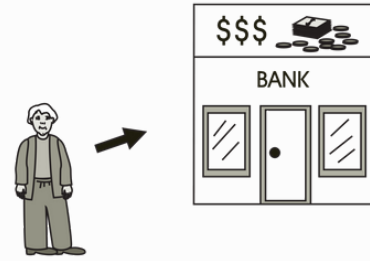
Paying Bills

Mood

Fatigue

Pain

Using My Weak Arm

Driving

Access to Transportation

Sexual relations

Hobbies