

Occupational Therapy Screening Tool

Patient Name

Date Of Birth

Occupational Therapy provides practical support to empower people to live their day to days lives the way they want. It focuses on self-care (looking after yourself and your home), productivity (work, education, roles and responsibilities) and leisure (activities that you do for fun).

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
1. I have the physical skills and abilities to support my daily routines of self –care (i.e. dressing, bathing, toileting, meal preparation, mobility), leisure and productivity (work, education, roles & responsibilities)	1	2	3	4	5
2. I have the right balance of time to manage all my self-care, leisure & productivity roles.	1	2	3	4	5
3. I am independently able to make changes to my routine & habits to support me with any future lifestyle changes	1	2	3	4	5
4. I am fulfilled and satisfied with my current roles and responsibilities & am able to maintain these	1	2	3	4	5
5. I am able to make my needs known to other people (family/friends and colleagues) and I feel my communication skills are effective (verbal communication/body language/eye contact)	1	2	3	4	5
6. Should I wish, I am able to develop and maintain intimate and personal relationships with others	1	2	3	4	5
7. I have the motivation to make changes in my routine and structure	1	2	3	4	5
8. I am confident that I am able to make changes to support me with my future goals in life should I wish to.	1	2	3	4	5
9. I have a social network around me to support me with the changes that I will be making & my home and/or work environment supports my future goals and lifestyle changes	1	2	3	4	5
10. I am independently able to problem solve, plan and organise my time to support my future goals	1	2	3	4	5

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If you wish to expand on any of your answer please give further information below indicating which question this relates to.