NOVA SCOTIA
Department of Health and Wellness

Client Self Assessment Form For Self Managed Care

Continuing Care 1-800-225-7225 toll free across Nova Scotia 8:30 a.m. to 4:30 p.m., 7 days a week

The following form:

- Is completed by the client wishing to pursue an application for Self Managed Care following completion of the Client Orientation to Self Managed Care and the recommendation of the Care Coordinator for the Self Managed Care Program
- Will assist the client in consultation with the Care Coordinator for Self Managed Care to develop a Proposed Client Care Plan

To complete this form please identify the following:

1. **NEEDS**
   - **Describe what you require.**
   - **Use one-word cues (e.g., to do your fingernails - "cut", "manicure").**

2. **HOW OFTEN**
   - **Specify the number of times per day, week, or month (e.g., 2/day, 1 week, 3/month).**

3. **HOW LONG**
   - **Specify time frames in five-minute increments.**
   - **Place the total time per day, week, or month in the appropriate D = Daily, W = Weekly, M = Monthly columns (e.g., for a transfer taking 10 minutes each time it is done and done 3 times per day you would put 30 in the D column).**

4. **TIME OF DAY**
   - **Later, you will use this column to help you organize your schedule so that there is reasonable time for each of your needs to be met, without rushing you or compromising your lifestyle**

Client Self Assessment Form
For
Self Managed Care

A. MOBILITY SELF-ASSESSMENT CHART

ASSESSMENT AREA	NEEDS	HOW OFTEN	HOW LONG			TIME
MOBILITY/ TRANSFERS			**D**	**W**	**M**	
1. POSITIONING						
- chair						
- bed / turning						
- other						
TOTAL HOURS						
2. RANGE OF MOTION EXERCISES						
- upper body						
- lower body						
TOTAL HOURS						
3. TRANSFERS						
- bed						
- vehicle						
- Hoyer lift						
- other						
TOTAL HOURS						
4. TRANSPORT						
- driving						
- pushing chair						
- other						
TOTAL HOURS						

B. DAILY LIVING SELF-ASSESSMENT CHART

ASSESSMENT AREA	NEEDS	HOW OFTEN	HOW LONG			TIME
DAILY LIVING			**D**	**W**	**M**	
1. DRESSING/ UNDRESSING						
- assistance (partial/ complete/be specific)						
- assistive Devices (braces / splints, etc.)						
TOTAL HOURS						
2. EATING						
- assistance (set up / feeding / be specific)						
- care of special devices						
TOTAL HOURS						
3. MEDICATION / TREATMENTS						
- assistance (opening bottles / administration / procedures / be specific)						
TOTAL HOURS						
4. BLADDER CARE						
- condom drainage						
- in-dwelling						
- ilio conduit						
- leg bag drainage						
- clean equipment						
TOTAL HOURS						

B. DAILY LIVING SELF-ASSESSMENT CHART

ASSESSMENT AREA	NEEDS	HOW OFTEN	HOW LONG			TIME
DAILY LIVING			**D**	**W**	**M**	
5. BOWEL CARE						
- suppositories						
- digital stimulation						
- enema						
- ostomy						
- clean equipment						
TOTAL HOURS						
6. TOILETING						
- bed pan						
- urinal						
- commode						
- toilet						
TOTAL HOURS						

C. PERSONAL HYGIENE SELF-ASSESSMENT CHART

ASSESSMENT AREA	NEEDS	HOW OFTEN	HOW LONG			TIME
PERSONAL HYGIENE			**D**	**W**	**M**	
1. ORAL CARE						
- brush teeth						
- floss teeth						
- mouthwash						
- denture care						
- Waterpik						
- other						
TOTAL HOURS						
2. GROOMING						
- wash hands / face						
- make-up						
- deodorant						
- shave						
- wash hair						
- set hair						
- cut / trim hair						
- ear care						
- nail care						
- peri-care						
- menstrual care						
- other						
TOTAL HOURS						

C. PERSONAL HYGIENE SELF-ASSESSMENT CHART

ASSESSMENT AREA	NEEDS	HOW OFTEN	HOW LONG			TIME
PERSONAL HYGIENE			**D**	**W**	**M**	
3. BATHING						
- sponge / bed bath						
- tub bath						
- shower						
- whirlpool						
- other						
TOTAL HOURS						
4. SKIN CARE						
- skin breakdown preventative						
- identification						
- treatment						
TOTAL HOURS						

D. HOME MAKING

ASSESSMENT AREA	NEEDS	HOW OFTEN	HOW LONG			TIME
HOME MAKING			**D**	**W**	**M**	
1. MEAL PREPARATION						
- special diet						
- breakfast						
- lunch						
- dinner						
- snacks						
- clean up above						
TOTAL HOURS						

D. HOME MAKING

ASSESSMENT AREA	NEEDS	HOW OFTEN	HOW LONG			TIME
HOME MAKING			**D**	**W**	**M**	
2. CHORES						
- change & make bed						
- sweep / vacuum						
- wash / dry, put away dishes						
- dust / clean furniture						
- wash floors / walls						
- clean stove / fridge						
- scour tub / sinks / toilet						
- wash windows / mirrors						
- clean cupboards						
- clean closets / drawers						
Other						
TOTAL HOURS						
3. LAUNDRY						
- sort						
- handwashing						
- wash / drying						
ironing / mending						
TOTAL HOURS						

D. HOME MAKING

ASSESSMENT AREA	NEEDS	HOW OFTEN	HOW LONG			TIME
HOME MAKING			**D**	**W**	**M**	
4. SHOPPING						
- groceries (list)						
- personal (clothes, etc.)						
- errands						
- other						
TOTAL HOURS						

E. MISCELLANEOUS NEEDS

ASSESSMENT AREA	NEEDS	HOW OFTEN	HOW LONG			TIME
MISCELLANEOUS NEEDS			**D**	**W**	**M**	
1. COMMUNICATION						
- telephone						
- writing letters						
- other						
TOTAL HOURS						
2. FINANCES						
- paying bills						
- banking						
- budget preparation						
other						
TOTAL HOURS						

E. MISCELLANEOUS NEEDS

	NEEDS	HOW OFTEN	HOW LONG			TIME
MISCELLANEOUS NEEDS			**D**	**W**	**M**	
3. ESCORTING						
- school / job						
- social activities						
- other activities						
TOTAL HOURS						
4. OTHER						
- pets						
- plants						
- yard work						
TOTAL HOURS						

F. SUMMARY SHEET

ASSESSMENT AREA	DAY	WEEK	TIME
MOBILITY			
1. Positioning			
2. Range of Motion Exercises			
3. Transfers			
4. Transport			
TOTAL HOURS			
DAILY LIVING			
1. Dressing / Undressing			
2. Eating			
3. Medication / Treatments			
4. Bladder Care			
5. Bowel Care			
6. Toileting			
TOTAL HOURS			
PERSONAL HYGIENE			
1. Oral Care			
2. Grooming			
3. Bathing			
4. Skin Care			
TOTAL HOURS			

F. SUMMARY SHEET

ASSESSMENT AREA	DAY	WEEK	TIME
HOME MAKING			
1. Meal Preparation			
2. Chores			
3. Laundry			
4. Shopping			
TOTAL HOURS			
MISCELLANEOUS NEEDS			
1. Communication			
2. Finances			
3. Escorting			
4. Other			
TOTAL HOURS			