**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: \_\_\_\_\_

CCOPM Canadian Occupational Performance Measure

Or place bradma/patient ID sticker here.

## 1. Identification of Occupational Performance Problems & Importance

Assessment Date	YYYY:	YYYY: MM:	
Assessor			

# Self-Care/Productivity/Leisure

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

Notes:

### Additional Occupational Performance Problems identified

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

### 2. Scoring

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

1 - not able to do it at all  $\longleftrightarrow$  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 (Σ = 1+2+3+4+5)								
	Average Score (Σ/number of	OPPs)						

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