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

Patient Identifi Name:	cation:
Date of Diale	



COPM			Or place bradma/patient ID sticker here.			
Canadian Occup Performance Mo	ational easure					
1. Identification of O	occupational P	erformance Pro	oblems & Importa	nce		
Assessment Date	YYYY:	MM:	DD:			
Assessor		1	<u> </u>			
Self-Care/Productivity	//Leisure					
Occupational Perform	mance Proble	ms (OPPs)			Importance (1-10)	
Notes:						

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

Occupational Performance Problems	importance (1-10)	Assessor	Date (YYYY/MIM/DD)

~	C	
2.	Sco	rıng
	500	

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 (Σ = 1+2+3+4+5)		-						
Average Score (Σ/number of OPPs)								

© Mary Law, Sue Baptiste, Anne Carswell, Mary Ann McColl, Helene Polatajko, Nancy Pollock, 2019. Reproduced version is provided by the Toronto Stroke Networks and is used with permission of COPM Inc.