



OT Home Health Evaluation Checklist & Quality Measures

This checklist is not comprehensive and does not replace the clinical judgment of an occupational therapist. The checklist should be used as a reminder of baseline areas that should be addressed during the OT evaluation process. The areas below relate to occupation-based practice and quality performance measures.

Use the checklist below during the evaluation as a reminder of key clinical areas to address. AOTA encourages practitioners to print off the checklist and bring it with you to help guide client evaluations, as well as to educate and train your colleagues regarding the occupational therapy evaluative process. The checklist supports high quality OT evaluations that lead to occupation-based, client-centered interventions.

A comprehensive occupational therapy evaluation is based on a theoretical model and follows the *Occupational Therapy Practice Framework*. A top-down approach identifies occupations that are challenging and important to the client and then assesses related performance skills, client factors, environments and context, and performance patterns.

For more information on the Medicare Patient Driven Groupings Model (PDGM), this checklist, and the important role of occupational therapy click on Home Health at www.aota.org/value.

Occupational Profile:

Download the template at www.aota.org/profile.

- ☐ Client's Concerns
- ☐ Successful occupations
- ☐ Interests & Values
- ☐ Occupational History
- Performance Patterns
 - ☐ Habits ☐ Routines ☐ Roles ☐ Rituals
- ☐ Environment: Supports & Barriers (Physical, Social)
- ☐ Context: Supports & Barriers (Cultural, Personal, Temporal, Virtual)
- ☐ Client's Priorities and Desired Outcomes

Analysis of Occupational Performance

Click on the Quality Toolkit at www.aota.org/value for links to standardized assessments and screeners used in each of the areas below.

	Addressed	Is this area a Priority		Addressed	Is this area a Priority
Occupations					
ADLs	<input type="checkbox"/>	<input type="checkbox"/>	IADLs	<input type="checkbox"/>	<input type="checkbox"/>
Performance Skills					
Psychosocial/Behavior Skills	<input type="checkbox"/>	<input type="checkbox"/>	Fall Prevention/Fear of Falling	<input type="checkbox"/>	<input type="checkbox"/>
Client Factors--in addition to areas identified while addressing ADLs and IADLs (e.g., motor, sensation, pain)					
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Functional Cognition	<input type="checkbox"/>	<input type="checkbox"/>
Performance Patterns					
Habits, Routines, Roles	<input type="checkbox"/>	<input type="checkbox"/>			
Contexts & Environments	<input type="checkbox"/>	<input type="checkbox"/>			
Include Safety Screen					

Occupational Therapy Home Evaluation Checklist

Ying-Ying Zheng



Occupational Therapy Home Evaluation Checklist:

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