Occupational Self Assessment (OSA)

Patient Information	
Name:	Michael Johnson
Date of Assessment:	04/15/2024
Therapist's Name:	Dr. Laura Smith

Instructions: Please rate your perceived competence in performing the following activities and the importance or value you place on each activity. Use the following scales for your responses:

- **Competence:** 0 (Cannot do it) to 4 (Can do it well)
- **Value:** 0 (Not important to me) to 4 (Extremely important to me)

Activities

1. Personal Care (e.g., bathing, dressing)

Competence:

0. Cannot do it	1.	2.	3.	4. Can do it well
○	○	○	◉	○

Value:

0. Not important to me	1.	2.	3.	4. Extremely important to me
○	○	○	○	◉

2. Meal Preparation and Cleanup

Competence:

0. Cannot do it	1.	2.	3.	4. Can do it well
○	○	◉	○	○

Value:

0. Not important to me	1.	2.	3.	4. Extremely important to me
○	○	○	◉	○

3. Household Management (e.g., cleaning, laundry)

Competence:

0. Cannot do it	1.	2.	3.	4. Can do it well
○	○	◉	○	○

Value:

0. Not important to me	1.	2.	3.	4. Extremely important to me
○	○	○	◉	○

4. Shopping and Community Mobility

Competence:

0. Cannot do it	1.	2.	3.	4. Can do it well
○	○	○	◉	○

Value:

0. Not important to me	1.	2.	3.	4. Extremely important to me
○	○	○	○	◉

5. Work or School Tasks

Competence:

0. Cannot do it	1.	2.	3.	4. Can do it well
○	○	○	○	◉

Value:

0. Not important to me	1.	2.	3.	4. Extremely important to me
○	○	○	○	◉

6. Leisure Activities (e.g., hobbies, sports)

Competence:

0. Cannot do it	1.	2.	3.	4. Can do it well
○	○	○	◉	○

Value:

0. Not important to me	1.	2.	3.	4. Extremely important to me
○	○	◉	○	○

7. Social Participation (e.g., spending time with friends/family)

Competence:

0. Cannot do it	1.	2.	3.	4. Can do it well
○	○	○	○	◉

Value:

0. Not important to me	1.	2.	3.	4. Extremely important to me
○	○	○	○	◉

8. Financial Management

Competence:

0. Cannot do it	1.	2.	3.	4. Can do it well
○	○	○	◉	○

Value:

0. Not important to me	1.	2.	3.	4. Extremely important to me
○	○	○	○	◉

9. Health Management and Maintenance

Competence:

0. Cannot do it	1.	2.	3.	4. Can do it well
○	○	◉	○	○

Value:

0. Not important to me	1.	2.	3.	4. Extremely important to me
○	○	○	○	◉

10. Other Activities

Please specify: _____

Competence:

0. Cannot do it	1.	2.	3.	4. Can do it well
○	○	○	◉	○

Value:

0. Not important to me	1.	2.	3.	4. Extremely important to me
○	○	◉	○	○

Client's Comments and Observations

Any additional notes or comments regarding the assessment or specific activities.

I find it challenging to keep up with my health management due to my busy work schedule. However, I enjoy gardening as it helps me relax.

Therapist's Use

Date of Review
04/16/2024
Summary of Assessment
Michael demonstrates good competence in most daily activities, especially work-related tasks and social participation. He values these activities highly. Challenges are noted in health management and some aspects of meal preparation.
Identified Goals and Priorities
Focus on strategies to simplify health management routines and explore meal preparation techniques that are less time-consuming.
Planned Interventions
Occupational therapy sessions to develop a streamlined health management plan, cooking classes focusing on quick and healthy meals, stress management techniques.