

| CLIENT CONFIDENCE SCALE | | | | |
|---|--------------|---------|--|---------|
| I am confident in my ability to... | Date | Date | Comments/ Recommendations | |
| 1. Return home right now with my current amount of support. | - | | Jane is worried about needing help in the bathroom, but is confident Sally can help. | |
| 2. Receive needed assistance from my care partner. | - | | | |
| 3. Manage self-care needs (e.g. eating, bathing, toileting, dressing, etc.). | + | | | |
| 4. Participate in daily routines (e.g. household duties, work, childcare, etc.). | + | | | |
| 5. Participate in important activities in the home (for greater psychosocial wellbeing). | - | | | |
| 6. Participate in important social activities with friends in the community (for greater psychosocial wellbeing). | - | | | |
| 7. Participate in my medical management (e.g. monitor blood glucose, weight, blood pressure, etc.). | + | | | |
| Raw Score: Count of number of Problems(+s) | | 3 | | |
| Raw Score (# of +s) | 0 | 1-2 | 3-4 | 5-7 |
| Problem Index Score - Date: | 1-No Problem | 2-Minor | 3-Moderate | 4-Major |
| Problem Index Score -Date: | 1-No Problem | 2-Minor | 3-Moderate | 4-Major |

| BATHROOM | | | | |
|---|--------------|---------|--|---------|
| Will it be a problem to... | Date | Date | Comments/ Recommendations | |
| 1. Get in and out of a bathroom at home (one with shower/tub and toilet)? | + | | Jane wants to be independent in the bathroom. Already using raised toilet seat & tub bench. Will have bathroom door widened before time of discharge. Recommendation: install grab bars in the bathtub. | |
| 2. Make turns into the bathroom with your mobility device? | + | | | |
| 3. Use a sink? | - | | | |
| 4. Use bathroom supplies (e.g. teeth brushing, shaving, hair care, makeup)? | - | | | |
| 5. Put away and get to needed supplies? | - | | | |
| 6. Have and use non-slip mats (in shower/tub, by sink)? | - | | | |
| 7. Get on and off the toilet? | + | | | |
| 8. Clean yourself after using the toilet? | - | | | |
| 9. Get in and out of shower/bathtub? | - | | | |
| 10. Wash body and hair? | + | | | |
| 11. Have home modifications completed for discharge? | - | | | |
| Raw Score (# of +s) | | 4 | | |
| Raw Score (# of +s) | 0 | 1-3 | 4-6 | 7-11 |
| Index Score-Date: | 1-No Problem | 2-Minor | 3-Moderate | 4-Major |
| Index Score-Date: | 1-No Problem | 2-Minor | 3-Moderate | 4-Major |