Mind The Gap
Therapy and Consulting

Occupational Therapy Screening Tool

Occupational Therapists (OT) are experts in the analysis and modification of daily activities to meet the client's current level of ability. OTs are also experts in environmental modification and can help a client be more successful in life by changing different aspects of their environment to help them engage in meaningful daily activities. This OT screening tool is designed to help you identify whether or not your client would benefit from occupational therapy services.

Please ***circle*** yes or no beside each question below.

1. Does your client have difficulty with personal hygiene?	Yes	No
2. Does your client have difficulty successfully managing their home? (i.e. cleaning the dishes regularly, doing laundry, cleaning surfaces in their home)	Yes	No
3. Does your client exhibit difficulty with managing their finances?	Yes	No
4. Does your client exhibit difficulty managing their medication properly?	Yes	No
5. Does your client exhibit difficulty regulating their own emotions? (i.e. He/she goes into crisis every time something difficult happens in life or seems to exhibit extreme emotional highs and lows)	Yes	No
6. Does your client exhibit difficulty maintaining successful employment?	Yes	No
7. Does your client exhibit difficulty maintaining meaningful relationships, family, friends, or other?	Yes	No
8. Does your client exhibit difficulty maintaining attention during group or individual sessions?	Yes	No
9. Does your client exhibit difficulty with short-term and long-term memory?	Yes	No

10. Does your client exhibit difficulty realizing or understanding what is happening around them?	Yes	No
11. Does your client know when he/she is in an unsafe situation?	Yes	No
12. Does your client exhibit difficulty with time management?	Yes	No
13. Does your client exhibit difficulty initiating or completing tasks? If so, which one? Initiating Completing Both	Yes	No
14. Does your client avoid social situations due to the requirement of interacting with others?	Yes	No
15. Does your client exhibit difficulty sitting still during group or individual sessions?	Yes	No
16. Does your client exhibit a lack of satisfying leisure activities?	Yes	No
17. Has your client exhibited difficulty engaging in sober leisure activities?	Yes	No
18. Does your client struggle with a consistent sleep routine?	Yes	No
19. Does your client exhibit decreased motivation?	Yes	No
20. Has your client ever stated or inferred that they have no purpose in life?	Yes	No

Your Name:
_____

Your Client's Name:_____