Patient Competency Rating  
(Patient’s Form)


Identifying Information

Patient’s Name: ____________________________

Date: ________________

Instructions

The following is a questionnaire that asks you to judge your ability to do a variety of very practical skills. Some of the questions may not apply directly to things you often do, but you are asked to complete each question as if it were something you “had to do.” On each question, you should judge how easy or difficult a particular activity is for you and mark the appropriate space.

Competency Rating

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<tbody>
<tr>
<td>Can’t do</td>
<td>Very difficult to do</td>
<td>Can do with some difficulty</td>
<td>Fairly easy to do</td>
<td>Can do with ease</td>
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____ 1. How much of a problem do I have in preparing my own meals?

____ 2. How much of a problem do I have in dressing myself?

____ 3. How much of a problem do I have in taking care of my personal hygiene?

____ 4. How much of a problem do I have in washing the dishes?

____ 5. How much of a problem do I have in doing the laundry?

____ 6. How much of a problem do I have in taking care of my finances?

____ 7. How much of a problem do I have in keeping appointments on time?
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8. How much of a problem do I have in starting conversation in a group?  
9. How much of a problem do I have in staying involved in work activities even when bored or tired?  
10. How much of a problem do I have in remembering what I had for dinner last night?  
11. How much of a problem do I have in remembering names of people I see often?  
12. How much of a problem do I have in remembering my daily schedule?  
13. How much of a problem do I have in remembering important things I must do?  
14. How much of a problem would I have driving a car if I had to?  
15. How much of a problem do I have in getting help when I’m confused?  
16. How much of a problem do I have in adjusting to unexpected changes?  
17. How much of a problem do I have in handling arguments with people I know well?  
18. How much of a problem do I have in accepting criticism from other people?  
19. How much of a problem do I have in controlling crying?  
20. How much of a problem do I have in acting appropriately when I’m around friends?  
21. How much of a problem do I have in showing affection to people?  
22. How much of a problem do I have in participating in group activities?
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___  
23. How much of a problem do I have in recognizing when something I say or do has upset someone else?

___  
24. How much of a problem do I have in scheduling daily activities?

___  
25. How much of a problem do I have in understanding new instructions?

___  
26. How much of a problem do I have in consistently meeting my daily responsibilities?

___  
27. How much of a problem do I have in controlling my temper when something upsets me?

___  
28. How much of a problem do I have in keeping from being depressed?

___  
29. How much of a problem do I have in keeping my emotions from affecting my ability to go about the day’s activities?

___  
30. How much of a problem do I have in controlling my laughter?