

Assessment sheet for self-management

No /

Name	Care goal setting	Process to achieve the goal

Date	Service	Condition	Daily activities to achieve the goal				Good point/bad point	Diary / impression
			1	2	3	4		
			Stand up from a chair (physical activities)	Swallowing exercises (oral health)	Water intake (nutrition)	xxxx		
		Frequency ->	5 times	5 times	1000 ml/day	xxxx		
1-Apr	Commuting service	normal	4	5	1000	xxxx	Generally good	I made craftwork.
2-Apr	CoMMIT	good	2	5	900	xxxx	Should improve activity 1	I learned new self-training.
3-Apr		good	0	0	1200	xxxx	Should improve activity 1 and 2	I watered the flowers.
4-Apr		good	4	5	900	xxxx	Generally good	I chatted with neighbors.
5-Apr	Home-visit service	normal	0	5	900	xxxx	Should improve activity 1	
6-Apr		normal	0	5	900	xxxx	Should improve activity 1	I went to my grandson's house.
7-Apr		normal	5	5	1000	xxxx	Should improve activity 1	I went to shopping on a bicycle.

Comment from family	Comment from participant		Advise from provider