

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Home Visit Checklist

|                                | Yes/No | Language issues (Yes/No) | Comments |
|--------------------------------|--------|--------------------------|----------|
| Home diary given and explained |        |                          |          |
| Symptom check list explained   |        |                          |          |
| Borg scale given and explained |        |                          |          |
| Pedometer explained (if using) |        |                          |          |
| Exercise goals set             |        |                          |          |

Pedometer: Step length: \_\_\_\_\_

Other device for measuring walking distance: \_\_\_\_\_

### Inhaler demonstration:

| Drug | Device | Checked (Yes/No) | Comments |
|------|--------|------------------|----------|
|      |        |                  |          |
|      |        |                  |          |
|      |        |                  |          |
|      |        |                  |          |

**Self-management confidence level (circle):**

|                      |                    |                    |           |                   |
|----------------------|--------------------|--------------------|-----------|-------------------|
| Not at all confident | A little confident | Somewhat confident | Very Sure | Totally Confident |
|----------------------|--------------------|--------------------|-----------|-------------------|

**Comments:**

---

---

---

---

---

---

---

---

---

---

**Performed by:** \_\_\_\_\_

**Travel time:** \_\_\_\_\_

**Length of visit:** \_\_\_\_\_