

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
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**Comments:**

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

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

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