

Appendix 16 Goal Attainment Scaling Tool

GOAL REVIEW - XXX Health Service

CLIENT NAME:		DATE:
Service Provider:		
Determine the problem area:		
Determine the CLIENT'S CURRENT STATUS in relation to the PROBLEM IDENTIFIED BY the CLIENT		
-1		
P	PROCESS GOAL – BASED ON INPUT FROM CLIENT	Achieved Date _____
	PROCESS GOAL – BASED ON INPUT FROM CLIENT	Achieved Date _____
P	OUTCOME GOAL – BASED ON INPUT FROM CLIENT	
0	If OUTCOME GOAL – Determine an outcome goal which would exceed expectations (level 1)	Outcome level achieved: -1 0 1
1		Date _____

EXAMPLE PROBLEM AREAS

01	Accommodation
30	Bladder Management
31	Bowel Management
26	Counselling & Support
06	Driving/Transport
10	Education
03	Equipment
14	Family Matters
15	Fertility
07	Financial Matters
18	Fitness & Exercise
24	General Information re SCI
21	Hand Function/Splinting
02	Home Modifications
05	Household Chores
19	Joint/Muscle/Nerve change
08	Leisure/Recreation
32	Medication(s)

28	Mobility/Transfers
16	Obtaining Services
0	Other
23	Pain Management
13	Parenting
04	Personal Care Issues
33	Post Discharge Follow Up
22	Posture & Seating
12	Relationships/Social Contacts
29	Respite
17	Rights & Legal Issues
27	Self Care Skills
11	Sexuality
25	Skin Care
20	Spasm
U	Unknown
09	Work Issues