# Nursing Competence Self-Assessment Tool

## B: Client Assessment

<table>
<thead>
<tr>
<th>No.</th>
<th>Competency</th>
<th>NO</th>
<th>YB</th>
<th>YS</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>B-1</td>
<td>I use appropriate assessment tools and techniques in assessing clients.</td>
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<tr>
<td>B-2</td>
<td>I assess the client’s physical, cognitive, developmental, environmental, social, spiritual and information needs.</td>
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<td>B-3</td>
<td>I collect information on the client’s health status using interviewing, history taking, and interpretation of laboratory data.</td>
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<td>B-4</td>
<td>I conduct a mental status assessment and physical assessment using observation, inspection, palpation, auscultation and percussion.</td>
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<td>B-5</td>
<td>I assess the client’s vital signs, e.g., temperature, pulse, blood pressure, etc.</td>
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<td>B-6</td>
<td>I analyze and interpret data obtained in the client assessments to draw conclusions and make a nursing diagnosis.</td>
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<td>B-7</td>
<td>I guard against my personal values, beliefs and positional power influencing or biasing the assessment of clients.</td>
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<td>B-8</td>
<td>I involve clients in identifying their health needs, strengths, capacities and goals.</td>
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<td>B-9</td>
<td>I work with other health care team members to identify client’s health care needs.</td>
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<td>B-10</td>
<td>I complete my client assessments in a timely manner.</td>
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<td>B-11</td>
<td>I conduct my client assessments in accordance with agency policies and protocols.</td>
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<td>B-12</td>
<td>I use appropriate information systems to record and manage health care assessment data.</td>
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</tbody>
</table>

**Notes:**