**ACTIVITY ASSESSMENT**

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| --- | --- | --- |
| Name: | Room#: | Record#: |
| Preferred Name: | Sex: M [ ]  F [ ]  | DOB: |
| Marital Status: M [ ]  S [ ]  D [ ]  W [ ]  | If married, spouse’s name: | Anniversary: |
| Personal Safeguards:  |
| Impairments: Mobility (Walker/Wheelchair/Bedridden) [ ]  Eyesight [ ]  Hearing [ ]  Speech [ ] Traumatic Brain Injury [ ]  Mental Illness Symptom Interference [ ]  Language Barrier [ ]  Dentures [ ]  |
| Dietary Restrictions: |
| How many of Children? | Grandchildren? | Great Grandchild? |
| Where were you born? | Where did you grow up? |
| Highest grade completed in school: | Career/Occupation? |
| Favorite Color: | Favorite Type of Music: |
| Favorite Hobby: | Play an instrument: |
| Favorite Sport: | Favorite Movie: |
| Favorite Game: | Favorite Arts & Crafts: |
| Favorite Food: | Favorite Drink: |
| Favorite Baked Good: | Favorite Snack: |
| Morning Routine: | Afternoon Routine: |
| Evening Routine: | Sleep Routine: |
| Birthday Tradition: | Special Holiday Tradition: |
| Cultural Tradition: | Religious Affiliation: |
| Favorite Pet: | Military: |
| Languages Spoken: | Places Lived: |
| Family/Friend in Area? | Can we help you vote? Yes [ ]  No [ ]   If yes, by: Absentee [ ]  Go to the polls [ ]  |
| Does pain stop you from doing activities?Yes [ ]  No [ ]  |  |
| Anything other than pain bother you: |
| **Activities you enjoy:** Music [ ]  Sports [ ]  Movies [ ]  Arts & Crafts [ ]  Outdoor [ ]  Aerobics [ ]  Bingo [ ] Food Related [ ]  Mystery Themed [ ]  Reading [ ]  Pet Therapy [ ]  Gardening [ ]  Beauty [ ]  Games [ ]  Religious [ ]  Other:  |
|  **Problem(s):** [ ]  Independent and attends/is interested in programs  [ ]  Restricted to bed due to medical reason: [ ]  fully responsive [ ]  unable to express needs [ ]  Refuses to attend group programs [ ]  Difficulty being active in programs [ ]  Difficulty transporting self to programs [ ]  Difficulty remembering schedule of programs [ ]  Experiences increased confusion and memory loss  [ ]  New to facility and needs adjustment to new environment [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Goals:** Time frame: [ ]  Less than 14 days [ ]  15 days or more [ ]  Attend at least \_\_\_\_\_\_ programs [ ]  Choose at least \_\_\_\_\_\_activities during stay [ ]  Accept 1:1 visit  [ ]  Remain in program for at least \_\_\_\_\_\_\_ minutes at a time twice a day [ ]  Respond to staff as appropriate at least \_\_\_\_\_\_ per program [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Staff Intervention Plan:** [ ]  Provide therapeutic activity services and schedule to Patient & family members [ ]  Collaborate with Interdisciplinary Team [ ]  Provide 1: 1 visits [ ]  Provide and encourage recreational activities [ ]  Encourage and escort to programs [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Date: | Visited with: Patient [ ]  Family [ ]  Patient Representative [ ]  |
| Other information obtained from: Medical Record [ ]  Staff [ ]  Other: [ ]  |
| Observations & Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | Title:  |

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