

Initial Activity Assessment

Name: _____

Med record # _____

Sex: M F DOB: _____ Birthplace: _____ Marital Status: M W S D
Family Info: # of children _____ # of grandchildren _____ # of great grandchildren: _____ # of step-children: _____ # step-grand: _____
 Significant other: _____ Res. Relationship with family: _____ Registered voter: _____
 Veteran: _____ Branch & date: _____ Spouse in service: _____ Branch & date: _____
 Religious affiliation: _____ Personal Involvement: _____
 Education level: _____ Ability to read: _____ Ability to write: _____ Other Language: _____
 Past occupations & jobs: _____
 Organizational involvement: _____

Hand dominance: Left Right

Tobacco user: _____ Kind: _____ How much: _____ When last used: _____

Alcohol user: _____ Kind: _____ How much: _____ When last used: _____

Interest Survey

Blue = past interests

Yellow = current interests

Notes: _____

<u>Games</u>	<u>Crafts</u>	<u>Outing</u>	<u>Just for Fun</u>	<u>Television</u>	<u>Reading</u>	<u>Movies</u>
Bingo Checkers Chess Backgammon Dominoes Monopoly Scrabble Yahtzee	Ceramics Crocheting Doll making Glass blowing Hooking rugs Knitting Leather working Needlepoint Plastic craft Scrap booking Stained glass Woodworking Embroidery Quilting	Ballgames Fishing Museums Parks Zoos Shopping Van rides Lunches	Parties Picnics Plays Music programs	News Sports Soaps Games Movies Cartoons Comedy Adventure Drama Old TV Wrestling Reality TV	Autobiographies Fiction Historical Nonfiction Fiction Religious Science fiction Westerns Mystery Newspaper Poetry Romance Magazines Bible	Comedy Drama Musical Westerns War Sci-fi Disney 40's & 50's John Wayne
<u>Cards</u>	<u>Exercise</u>	<u>Music</u>	<u>Household</u>	<u>Cable TV</u>	<u>Art</u>	<u>Instruments</u>
Bridge Canasta Gin Uno Pinochle Poker Euchre Rummy Solitaire	Aerobic Stretching Walking Jogging Swimming	Classical Country Gospel Jazz Big band 30's & 40's 50's & 60's Rhythm Rock & roll Heavy metal Rap Easy listening	Cleaning Laundry Dish washing Cooking Baking Decorating	MTV HGTV Food Channel CNN	Oil painting Sculpture Watercolors Drawing Chalks Poly clay	Piano Organ
<u>Pets</u>	<u>Gardening</u>	<u>Puzzles</u>	<u>Sports</u>	<u>Computer</u>	<u>Sewing</u>	<u>Other</u>
Dog Cat Fish Birds	Flowers Vegetables Shrubs House plants Cactus	Crossword Jigsaw Word search Word scramble	Baseball Basketball Football Bowling Fishing Hunting Hockey Horseshoes Ring toss Volleyball	Games Internet	Mending Clothing	Travel Genealogy Dancing Collecting: Automotive Construction
<u>Writing</u>						

NOTES: _____

May we invite family & friends to facility functions? YES NO

Information provided by: Resident _____ Other (name): _____ Relationship: _____

Date: _____ Assessor: _____

Annual Activity Assessment

Resident: _____ Medical Record #: _____ Date: _____

<p><u>X = Yes</u></p> <p>Hand dominance: R L Registered to vote: _____ Marital Status: M W S D Ability to: Read _____ Write _____</p> <p>Religious affiliation: _____</p> <p><u>Therapy:</u> Physical _____ Occupational _____ Speech _____ Oxygen _____ Special treatments: _____</p>	<p><u>Mode of Expression:</u> Speech _____ Writing _____ Gestures/sounds _____ Communication board _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>Being Understood:</u> Understood _____ Usually _____ Sometimes _____ Rarely/never _____</p>	<p><u>Vision:</u> Adequate _____ Moderately impaired _____ Highly impaired _____ Severely impaired _____ Glasses _____</p> <p>_____</p> <p>_____</p> <p><u>Hearing:</u> Adequate _____ Minimal difficulty _____ Special situations _____ Highly impaired _____ Hearing aid _____</p>	<p><u>Diet:</u> Regular _____ NCS _____ NAS _____ Mec. Soft _____ Pureed _____ Tube feed _____ NPO _____ Thickened liquids _____ Other: _____</p> <p>_____</p> <p><u>Personal Safeguards:</u> Wander Guard _____ Personal Alarm _____ Posey Hugger _____ Bed Alarm _____ Low Bed _____</p>	<p><u>Permission to:</u> Open/read mail _____ Use beauty shop _____ Put name in newsletter _____ Photograph _____ Go on facility outing _____ Do shopping for resident. _____</p> <p>_____</p> <p><u>Amb/mode transport:</u> Independent _____ Wheels self _____ Help wheel _____ Cane _____ Walker _____ Wheelchair _____</p>
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