

Initial Activity Assessment

Resident's name: _____ Admit date _____

Diagnosis: _____

Personal history: _____

Religious lifestyle: _____

Orientation: _____

Previous interests: _____

Wears glasses? Yes No

Wears hearing aid? Yes No

Prefers to nap during the day: Yes No

Dietary Restrictions: _____

May have special foods on special occasions Yes No

Preferred activity settings:

Own room Activity room

Inside NH/off unit Outside facility

NA

General activity preferences: (Adapted to resident's current abilities)

Cards/other games Trips/shopping

Crafts/arts Walking/wheeling outdoors

Exercise/sports Watching TV

Music Gardening or plants

Reading/writing Talking or conversing

Spiritual/religious activities Helping others

None of the above

Other current interests: _____

Comments: _____

Signature: _____ Date: _____

Resident's name: _____

Room number: _____ Medical record number: _____