

Points of Interest

The Activity Initial Assessment Form

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Probably the most relaxing and fun part of our job comes from getting to know our residents, but I think we can all agree that many of our forms can be tedious and repetitious assessments already done by other departments. The form on page 32 was devised to work in accordance with the MDS 2.0, plus give me the necessary information in developing a plan of care in the best interest of our residents.

Personal History:

1. Married, divorced, widowed, or never married?
2. Do they have children or grandchildren that are active in their lives?
3. Do they have a pet?
4. Are they involved in (or have belonged to) clubs or organizations?
5. Have they held offices or elected positions in the community?
6. Have they done volunteer work?

Religious Lifestyle:

1. What religion did they participate in?
2. How often did they attend church?
3. Were they deacons or members of clergy?

Orientation:

1. How much assistance or cueing do they require to participate to their fullest in a group or one-on-one leisure activity? (Example: Resident exhibits appropriate behaviors for large and small group settings. Will require minimal assistance with cueing to complete simple projects.)

Previous Interests:

1. What did they enjoy doing prior to becoming ill? (Example, maybe interests they enjoyed with their children or prior to the loss of a spouse.) Many residents become ill long before they are admitted to an acute facility.
2. Did they have hobbies or collections?

Dietary Restrictions:

I only state their restrictions such as NAS or NCS, pureed, thickened liquids, etc.

Other Current Interests:

1. Do the residents enjoy cooking? Sewing?
2. Do the residents enjoy being around children?
3. Do the residents enjoy beauty shop visits? Shopping?

Comments: State what they are currently doing during their leisure time. Do they have physical limitations that would affect their ability to participate in activities of choice? (Most residents have physical limitations, but does that affect their ability to participate in activities?) What are their activity goals?

I'm sure many of you have devised your own tools that work well for you. Please share with us your experiences and what assessment forms work well in your continued efforts to give the best to your residents.

