

Recreation Assessment Form

Name: _____ Date of Birth: _____ Age: _____ Rm: _____

Spirituality

Preferred expressions of spirituality:

Meditation

Church/Temple/Synagogue

Self-Directed Prayer

Religious Preference: _____

Reading

Visits from clergy/church members

Other: _____

Daily Routine

Usual wake-up time: _____ Usual bedtime: _____ Hair/salon appointments: _____

Describe daily routine (how did resident spend his/her time at home prior to SNF admit): _____

Time Awake: _____

Accomplishments

Tell us what you are proud of over your lifetime: _____

Medical Conditions Affecting Engagement/Involvement in Activities

(I.e. pain, incontinence, mobility, vision, hearing, diuretics, etc.)

Food

Favorite snack: _____

Type of diet: _____ Allergies: _____ Regular snacks Y/N

Support System

Siblings: _____ Grandchildren: _____

Children: _____ Great-grandchildren: _____

Friends: _____ Spouse/Significant Other: _____

Activities/Hobbies/Interests

Lifelong Adaptation Interest Interested in Pursuing Additional

Type of Assistance Needed (independent, some assistance, major assistance, totally dependent)

	Required	Y/N	Y/N	Information	Type of Assistance Needed (independent, some assistance, major assistance, totally dependent)
Physical Activities: walking, jogging, going to gym, sports, yoga, etc.					
Games: cards,					
Hobbies/Crafts					
Music: live, CDs, played instrument					
Reading: newspapers, novels, poems					
TV/Movies: gameshows, drama, classics, reality					
Social Events/Groups					
Volunteer					
(add the rest of MDS items Sect N)					

Life Roles

Describe: _____

Leader/Caregiver/Educator/Follower/Mentor/Confidant, etc

qwd

Life Goals: _____

Met/Unmet Still desires to pursue: Y/N

Personal Information

What were your holidays like? _____

Cultural Background: _____

How would you like to celebrate your birthday? _____

Do you want to be acknowledged at the monthly birthday party? _____

Preferred to be called: _____

Registered voter: Y/N Wants to be registered: Y/N

Languages: _____

Occupation: _____

Social Groups/Clubs: _____

What city were you born in? _____ Where did you grow up? _____

Education; Military: _____

Mood/Behavioral Issues:

Describe: _____

Antecedents: _____

Psychotropics: _____

Interventions (be specific vs. "redirect, approach calmly, approach from front, etc. What are we really doing?) _____

Information was obtained from: resident, family, other _____