

INDIVIDUAL RESIDENT ACTIVITIES

MONTH _____ YEAR _____

KEY: 1 = Active participation 2 = Passive participation 3 = Encouragement needed
 4 = Independent 5 = Participates with assistance 6 = Refuses

ACTIVITIES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Cards (type):																															
Hobbies:																															
Indoor/Outdoor Walks																															
Spiritual/Religious																															
Music																															
Exercise																															
Groups/Organizations																															
Computer																															
Games (type):																															
Sports																															
Arts and Crafts																															
Happy Hour/Coffee Time																															
Parties/Social Events																															
Shopping																															
Writing/Puzzle Books																															
Reading																															
Listening to Radio																															
Watching Television																															
Watching Movies																															
Education/Intellectual																															
Trips Outside Facility																															
Knits/Crochets/Embroiders/Sews																															
Resident Council																															
Talking/Conversing																															
Distributes Mail, Cards, Paper, Etc.																															
Special Interest:																															
Folding Laundry																															
Assisting in Dining Room																															
Assist Wheelchair Residents																															
Gardening/Plants																															
Visits - Other Residents																															
Visits - Outside Facility																															
Other:																															
Other:																															

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
-----------	-------	--------	---------------------	------------	----------

INDIVIDUAL RESIDENT ACTIVITIES

MONTH _____ YEAR _____

KEY: 1 = Active participation 2 = Passive participation 3 = Encouragement needed
 4 = Independent 5 = Participates with assistance 6 = Refuses

ACTIVITIES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Cards (type):																															
Hobbies:																															
Indoor/Outdoor Walks																															
Spiritual/Religious																															
Music																															
Exercise																															
Groups/Organizations																															
Computer																															
Games (type):																															
Sports																															
Arts and Crafts																															
Happy Hour/Coffee Time																															
Parties/Social Events																															
Shopping																															
Writing/Puzzle Books																															
Reading																															
Listening to Radio																															
Watching Television																															
Watching Movies																															
Education/Intellectual																															
Trips Outside Facility																															
Knits/Crochets/Embroiders/Sews																															
Resident Council																															
Talking/Conversing																															
Distributes Mail, Cards, Paper, Etc.																															
Special Interest:																															
Folding Laundry																															
Assisting in Dining Room																															
Assist Wheelchair Residents																															
Gardening/Plants																															
Visits - Other Residents																															
Visits - Outside Facility																															
Other:																															
Other:																															

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
-----------	-------	--------	---------------------	------------	----------