

# THERAPEUTIC RECREATION/ACTIVITY EVALUATION

Admission   
  Annual   
  Significant Change of Condition   
  Other: \_\_\_\_\_

## PERSONAL STRENGTHS

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Motivated        | <input type="checkbox"/> Cheerful          | <input type="checkbox"/> Able to make needs known | <input type="checkbox"/> Sense of humor |
| <input type="checkbox"/> Cooperative      | <input type="checkbox"/> Leisure interests | <input type="checkbox"/> Feels useful             | <input type="checkbox"/> Decisive       |
| <input type="checkbox"/> Adapts to change | <input type="checkbox"/> Independent       | <input type="checkbox"/> Developed coping skills  | <input type="checkbox"/> Other: _____   |

## SOCIAL SUPPORT SYSTEMS

### A. PRIMARY INTERACTIONS

- Family
- Friend
- Volunteer:
  - Community
  - Facility
- Religious
- Pet
- Other: \_\_\_\_\_
- No visitors/interactions

### B. TYPES OF CONTACT

- Visits
- Telephone
- Video call
- Email
- Mail
- Outings
- Other: \_\_\_\_\_

### C. HELPS OTHERS

- Volunteer:
  - Community
  - Facility
- Therapeutic work
- Visits others
- Activity leader
- Other: \_\_\_\_\_
- Not interested

## RECREATION INTERESTS/NEEDS

### A. ACTIVITY ENVIRONMENT

- Groups:
  - Large     Small     Special Needs
- Independent (self-directed)
- One-to-one
- Community
- Own room
- Day/Activities room
- Inside facility/off unit
- Indoor
- Outdoor
- Other: \_\_\_\_\_
- Not interested

### B. PARTICIPATION IN ACTIVITIES

- Active participation
- Passive participation
- Independent/Individual
- Leadership exhibited
- Encouragement needed
- Other: \_\_\_\_\_
- Not interested

### C. ACTIVITY SCHEDULE PREFERENCE

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Mornings                      | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Afternoons                    | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Evenings                      |                                   |
| <input type="checkbox"/> None of these, explain: _____ |                                   |

## PURSUIT PATTERNS (P - Past Interest    C - Current Interest    N - No Interest)

P	C	N	ACTIVITY	P	C	N	ACTIVITY	P	C	N	ACTIVITY	P	C	N	ACTIVITY
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Being around pets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Walking/wheeling outdoors
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Resident council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Watching movies
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Citizenship/voting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gardening/plants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Watching TV
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Community outings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Groups/organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Special interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Writing
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hobbies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Spiritual/religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Crafts/arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Current news events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parties/social events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Talking/conversing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other:
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Education/intellectual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Radio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trips	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other:

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

## ADAPTATIONS FOR ACTIVITY PARTICIPATION OR SKILLS FOR PERSONAL GROWTH

### A. SENSORY: Hearing Vision Taste Touch Smell

- Needs assistance  Needs reminder  Other: \_\_\_\_\_  
 Needs adapted activity. Specify: \_\_\_\_\_  
 Needs adaptive equipment. Specify: \_\_\_\_\_

### B. COGNITIVE

- Requires reminders/cues  Needs adapted activity. Specify: \_\_\_\_\_  
 Requires extensive verbal cueing  Needs adaptive equipment. Specify: \_\_\_\_\_  
 Cannot comprehend instructions  Other. Specify: \_\_\_\_\_

### C. PHYSICAL

- Assistance needed getting to and from activity areas:  W/C  G/C  Walker  Other: \_\_\_\_\_  
 Needs adapted activity. Specify: \_\_\_\_\_  
 Needs adaptive equipment. Specify: \_\_\_\_\_  
 Other. Specify: \_\_\_\_\_

### D. BEHAVIORAL

- Needs encouragement  Needs re-direction  Needs reminders  Other: \_\_\_\_\_  
 Needs adapted activity. Specify: \_\_\_\_\_  
 Needs adaptive equipment. Specify: \_\_\_\_\_  
 Needs stress management. Specify: \_\_\_\_\_  
 Other. Specify: \_\_\_\_\_

### E. COMMUNICATION

- Primary language, other than English: \_\_\_\_\_  
 Cannot initiate conversation  Non-verbal  Gestures  Other: \_\_\_\_\_  
 Needs adapted activity. Specify: \_\_\_\_\_  
 Needs adaptive equipment. Specify: \_\_\_\_\_  
 Other. Specify: \_\_\_\_\_

### SPECIAL PRECAUTIONS/CONSIDERATIONS

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ACTIVITY CARE PLAN DECISION

- Proceed (explain why activity CP is required)  Not Proceed (explain why activity CP not required)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SOURCES OF INFORMATION FOR ASSESSMENT

- MDS/CAAs/Other assessments  Progress notes  Staff interview  
 Care plans  Resident interview  Physician consultation  
 Resident observation  Family interview  Other, specify: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed