

ACTIVITY EVALUATION

INSTRUCTIONS: For each evaluation (Admission, Annual, etc.), identify the corresponding number in the space provided to the right (i.e., Admission 1, Quarterly 2). Check the items that describe resident.

Admission Readmission Quarterly Annual Significant Change Other

	1	2	3	4
DATE: (must include month/day/year) ▶				
PARTICIPATION IN ACTIVITIES				
Participates in: all activities				
6 or more activities/week				
3-5 activities/week				
2 activities/week				
1 activity/week				
Unable to participate in group activities (large/small)				
Chooses not to participate in group activities (large/small)				
Participates in: independent activities of choice				
one-to-one programs				
one-to-one visits				
Other:				
PARTICIPATION LEVEL IN ACTIVITIES				
Attends activities independently				
Needs reminder to attend activities				
Needs assistance to attend activities				
Is an active participant				
Is a passive participant				
Participates: independently				
with assistance				
Behavior during activities is: appropriate				
inappropriate				
Responsive to one-to-one programs				
Unresponsive to one-to-one programs				
Responsive to one-to-one visits				
Other:				
SOCIALIZATION PATTERNS				
Prefers to be alone				
Prefers to be around other people				
Makes friends easily				
Has difficulty in making friends				
Initiates conversations				
Rarely initiates conversations				
Prefers to stay in room				
Prefers to be out of room				
Enjoys/prefers large groups				
Enjoys/prefers small groups				
Enjoys visits with family and friends				
Communicates verbally				
Communicates nonverbally				
Able to make needs known				
Unable to make needs known				
Short attention span				
Other:				

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

ACTIVITY EVALUATION

RESIDENT PREFERENCES	1	2	3	4
A. Choosing what clothes to wear				
B. Caring for personal belongings or things				
C. Prefers tub bath				
D. Prefers shower				
E. Prefers bed bath				
F. Prefers sponge bath				
G. Snacks between meals				
H. Choosing own bedtime				
I. Desires family, friend or significant other involvement in care discussions				
J. Using the phone in private				
K. Place to lock/secure personal belongings/items				
L. Reading books, newspapers, magazines				
M. Listening to music he/she likes				
N. Being around animals such as pets				
O. Keeping up with the news				
P. Doing things with groups of people				
Q. Doing own favorite activities				
R. Spending time away from the nursing home				
S. Spending time outdoors when weather is good				
T. Participating in religious activities or practices				
Z. Prefers none of the above				
Other:				
OTHER FACTORS/ADAPTIVE EQUIPMENT				
Magnifying glass/glasses/blind (specify)				
Large print reading materials				
Talking books				
Book holders/supports				
Built-up handles for dining utensils/writing equipment				
Headsets or earbuds				
Communication board				
Unresponsive/cannot comprehend instructions				
Dependent on others for wheelchair transport				
Roombound (isolation precautions, etc.)				
Sensory stimulation				
Other:				
EVALUATED BY – SIGNATURE AND TITLE				
1		3		
2		4		
FOR ADDITIONAL INFORMATION, REFER TO ACTIVITY PLAN AND PROGRESS NOTES				

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