



Therapeutic Recreation/Activity Assessment

ADDRESSOGRAPH/LABEL

Marital Status: [ ] Single [ ] Married [ ] Widowed [ ] Divorced [ ] Separated Anniversary Date: \_\_\_\_\_

Spouse Name and Marital Relationship: \_\_\_\_\_

Educational History: \_\_\_\_\_

Occupational History: \_\_\_\_\_

Ethnic Background/ Language Spoken: \_\_\_\_\_

Are you part of a faith community? [ ] Yes [ ] No Comments: \_\_\_\_\_

Name of Spiritual Provider: \_\_\_\_\_

Do you wish for your name to be shared with the spiritual care provider at the facility? [ ] Yes [ ] No? [ ] Not applicable

Community Involvement: describe the degree of community involvement (volunteer work, community clubs, organizations, church/political groups). \_\_\_\_\_

Do you listen to the radio? [ ] Yes [ ] No What stations? \_\_\_\_\_

Do you like to watch TV? [ ] Yes [ ] No What shows? \_\_\_\_\_

Do you read books or magazines? [ ] Yes [ ] No What kind? \_\_\_\_\_

Subscription to paper? [ ] Yes [ ] No What kind? \_\_\_\_\_

Past Interests and Hobbies: \_\_\_\_\_

Current Interests and Hobbies: \_\_\_\_\_

Do you plan to attend or are you interested in community events? [ ] Yes [ ] No

If yes, which events and who will accompany you? \_\_\_\_\_

Portrait taken for nursing? [ ] Yes [ ] No Date: \_\_\_\_\_

Are you a Veteran? [ ] Yes [ ] No Division: \_\_\_\_\_

Do you enjoy a social drink? [ ] Yes [ ] No Preference: \_\_\_\_\_

Alcohol abuse?  Yes  No Restrictions: \_\_\_\_\_  
 Do you smoke?  Yes  No Date Quit: \_\_\_\_\_

ADDRESSOGRAPH/LABEL

**Leisure Interest Inventory (check all that apply)**

**QUIET GAMES**

	Current	Past
Cards	<input type="checkbox"/>	<input type="checkbox"/>
Board Games	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge Games	<input type="checkbox"/>	<input type="checkbox"/>
Jigsaw Puzzles	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

**OUTDOOR**

Hunting	<input type="checkbox"/>	<input type="checkbox"/>
Fishing	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>
Sports	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

**SOCIAL ACTIVITIES**

Bingo	<input type="checkbox"/>	<input type="checkbox"/>
Parties	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>
Trips and Tours	<input type="checkbox"/>	<input type="checkbox"/>
Community Outings	<input type="checkbox"/>	<input type="checkbox"/>
Visiting	<input type="checkbox"/>	<input type="checkbox"/>
Volunteering	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

**MUSIC**

Polka	<input type="checkbox"/>	<input type="checkbox"/>
Classical	<input type="checkbox"/>	<input type="checkbox"/>
Jazz	<input type="checkbox"/>	<input type="checkbox"/>
Gospel	<input type="checkbox"/>	<input type="checkbox"/>
Easy Listening	<input type="checkbox"/>	<input type="checkbox"/>
Country	<input type="checkbox"/>	<input type="checkbox"/>
Old Time Music	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

Do you play a musical instrument?:  Yes  No

If so, what type of instrument do you play? \_\_\_\_\_

**HOBBIES**

	Current	Past
Collections	<input type="checkbox"/>	<input type="checkbox"/>
Gardening	<input type="checkbox"/>	<input type="checkbox"/>
Cooking/Baking	<input type="checkbox"/>	<input type="checkbox"/>
Quilting	<input type="checkbox"/>	<input type="checkbox"/>
Models	<input type="checkbox"/>	<input type="checkbox"/>
Crochet/Knitting	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>
Woodworking	<input type="checkbox"/>	<input type="checkbox"/>
Leathercraft	<input type="checkbox"/>	<input type="checkbox"/>
Ceramics	<input type="checkbox"/>	<input type="checkbox"/>
Sewing	<input type="checkbox"/>	<input type="checkbox"/>
Scrapbooking	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

**ENTERTAINMENT**

Theatre/Movies	<input type="checkbox"/>	<input type="checkbox"/>
Supper Clubs/Coffee	<input type="checkbox"/>	<input type="checkbox"/>
TV/Radio	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>
Choir	<input type="checkbox"/>	<input type="checkbox"/>
Pet Visit	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

Resident/Family suggestions for activities:

\_\_\_\_\_

\_\_\_\_\_

Other significant information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Information Provided By:</i> _____	<i>Relationship to Resident:</i> _____
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*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_