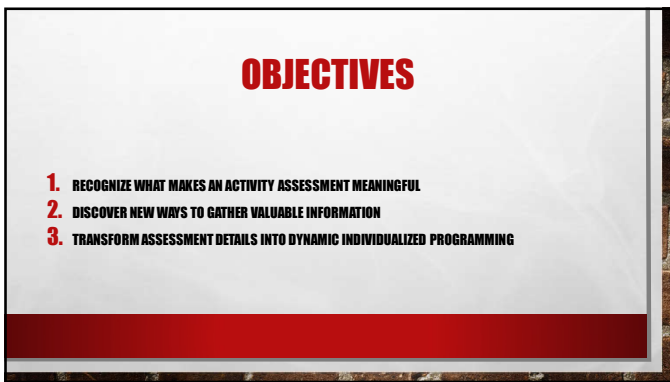
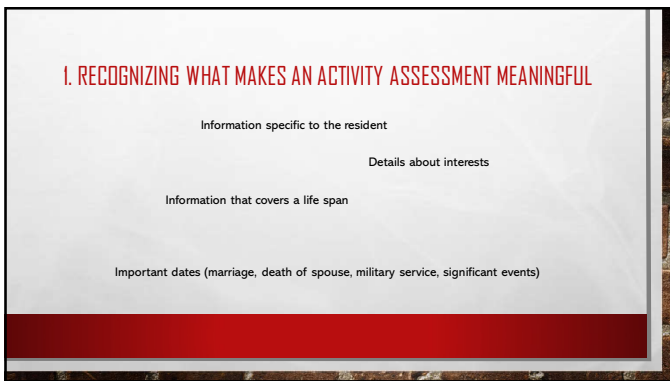




1



2



3

THE ACTIVITY INTERVIEW

Name: _____ **Nickname:** _____ **Date Started:** _____

DOB: _____ **Age:** _____ **Place of Birth:** _____

Single/Married/Divorced/Widow Anniversary: _____

Spouse Name: _____ **DOB:** _____

Level of Education: _____

Occupation: _____

Children: _____ **Grandchildren:** _____

Routine (Preferred rising & retiring): _____

Military Service: _____

Dr: _____

Allergies: _____

Medications: _____

4

THE ACTIVITY INTERVIEW

Cards/Games/Computer: _____

Exercise/Sports: _____

Crafts/Baking/Cooking/Hobbies: _____

Reading/Books: _____

Music (Types/Instruments/Singing): _____

5

THE ACTIVITY INTERVIEW

TW/Movies: _____

Religious/Church: _____

Outings/Traveling: _____

Outside/Garden/Flowers: _____

Social Person/Historic Loner: _____

6

THE ACTIVITY INTERVIEW

Volunteering/Groups/Organizations/Registered Voter:

Pets/Animals:

Family Involvement/Other Important Information: Stresses or Burdens for Caregivers:

7

2. DISCOVER NEW WAYS TO GATHER VALUABLE INSIGHTS

History and Physical Resident

Other Assessments

Friends Family

Landlord Neighbors

Therapy Observation Staff

8

3. TRANSFORM ASSESSMENTS INTO INDIVIDUALIZED PROGRAMMING

Activity preferences Independent interests

Volunteer Opportunities Giving them Purpose

Providing meaningful activities

9

THANK YOU

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