

CSCD-Activities Evaluation. - V 2

Resident:
Initial Admission:
Physician:

Effective Date:
Admission:

Location:
Date of Birth:

I. EVALUATION

1. Preferred Name:

1a. Age

1b. Educational Accomplishments:

1c. Occupation/Former Occupation:

1d. Birth Place:

1e. Living arrangements prior to admission:

2. Sensory Devices:

- a. Glasses b. Hearing Aide(s) c. Other

2a. If other, specify: (S)

3. Veteran Status

- a. Army
 b. Navy
 c. Air Force
 d. Marines
 e. Coast Guard
 f. Other
 g. Unable to Determine
 h. NONE OF THE ABOVE

3a. If Other - Specify

3b. Any active combat?

- a. Yes b. No

3c. Veteran's Widow(er)?

- a. Yes b. No

4. Church Preference: (Describe)

4a. Organizational Affiliations: (Describe)

5. Voting Status:

- a. Active Voter b. Non-Voter c. Interested in Voting d. Unknown

5a. Comments:

Resident:

Location:

6. Preferred Language

6a. Marital Status

- a) Never Married
- b) Married
- c) Widowed
- d) Separated
- e) Divorced

6b. Comments:

6c. Children/Grandchildren/Other Family or Advocates:

7. Ask: While you are in this facility...

7a. How important is it to you to choose what clothes to wear?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

7b. How important is it to you to take care of your personal belongings or things?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

7c. How important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

7d. How important is it to you to have snacks available between meals?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all

Resident:

Location:

- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

7e. How important is it to you to choose your own bedtime?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

7f. How important is it to you to have your family or a close friend involved in discussion about your care?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

7g. How important is it to you to be able to use the phone in private?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

7h. How important is it to you to have a place to lock your things to keep them safe?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

8. Most Active Part of the Day

- a. Morning
- b. Afternoon
- c. Evening
- d. All

9. Do you usually nap during the day?

- a. Yes
- b. No

9a. If Yes - time

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Resident:

Location:

10. While with us and not engaged with therapies, How would you like to spend your "Free Time"; what do you usually do during the day? (self directed)(Ex: reading, visiting with family, sitting outdoors, games on your phone, News, TV, movies).

11. Do you prefer to do activities

- a. Independently b. Structured in Small Groups c. Entertainment

11a. Any specific hobbies or collections?

12. During your time with us, what kind or type of scheduled activities would you like to do? (Review Activity Calendar)

- a. Card/other games
 b. Crafts/arts
 c. Exercise/sports
 d. Gardening or plants
 e. Music
 f. Pet visits
 g. Social clubs
 h. News & Current events
 i. Spiritual/religious activities
 j. Outdoor Activities
 k. Trips/shopping
 l. Other

12a. If other, specify:

13. What resources can we provide for you for independent time? (Ex: books, music, games, etc.)

- a. Reading material
 b. Crossword/Logic puzzles
 c. Writing material
 d. Computer/electronics
 e. Other

13a. If other, specify:

Ask: How often do you feel lonely or isolated from those around you?

13b. Social Isolation

0. Never
 1. Rarely
 2. Sometimes
 3. Often
 4. Always
 7. Resident declines to respond
 8. Resident unable to respond
 -. Not assessed/no information

14. To participate in activities; what accommodations would you like? (If any; talking books, large print, headphones, specific time of day, cultural or religious items).

Resident:

Location:

14a. Favorite Snacks:

15. Is there something you do every day that you would like to continue?

16. Ask: "While you are in this facility"

16a. How important is it to you to have books, newspapers, and magazines to read?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

16b. How important is it to you to listen to music you like?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

16c. How important is it to you to be around animals such as pets?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

16d. How important is it to you to keep up with the news?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

16e. How important is it to you to do things with groups of people?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all

Resident:

Location:

- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

16f. How important is it to you to do your favorite activities?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

16g. How important is it to you to go outside to get fresh air when the weather is good?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

16h. How important is it to you to participate in religious services or practices?

- 1. Very important
- 2. Somewhat important
- 3. Not very important
- 4. Not important at all
- 5. Important, but can't do or no choice
- 9. No response or non-responsive
- . Not assessed

16i. Activities Care Plan

- Focus:** _____ attends activities of interest/choice and engages in self-initiated leisure activities
- Goal:** ____ will participate in 3-5 in or out of room activities a week through next review period.
- Goal:** ____ will initiate leisure activities 1-2x/day such as visiting with family/friends, hobbies, or watch television through next review period.
- Intervention:** A. Provide book and magazine cart options weekly for in room use. Reading preferences include _____.
- Intervention:** B. Assist resident to set television or radio to _____ type of music for personal enjoyment.
- Intervention:** C. Include resident in facility pet visit rounds. Favorite animals include _____.
- Intervention:** D. Inform resident of newspaper and daily chronicle availability in activity room. Assist to set television to morning and/or evening news as resident desires.
- Intervention:** E. Invite, encourage and assist as needed to activities of choice. Enjoys group gatherings and entertainment.
- Intervention:** F. Favorite activities include _____. Accomodations will be addressed to _____.
- Intervention:** G. Twice weekly outdoor outings are provided for fresh air, weather permitting.
- Intervention:** H. Provide calendar and reminders of religious services. Arrange for [spiritual counselor, roseary, communion, prayer mat, etc] as desired.
- Intervention:** Introduce to other residents with similar interests to set up social time, as desired.
- Intervention:** Offer technology of interest: laptop computer / internet access, hand held video games,

Resident:

Location:

preferred radio programs / station, audio books, library books, word puzzles, magazines, etc for in room use.

Intervention: Prefers a place to lock personal items for safety. Locked space is provided in ____.

Intervention: Provide 1:1 visits (specify: frequency and type).

Intervention: Provide activity calendar in room.

Intervention: Provide leisure supplies for self-directeded pursuits per resident preferences (specify:)

Intervention: Resident states has a tendency for feeling lonely even in groups. Seek to connect with resident. Provide physical exercise groups, opportunities to connect with other residents, group projects focused on working together for the good of others, opportunities to feel worthwhile.

Intervention: Respect wishes to decline invitations when rest/leisure-type activities are preferred.

Intervention: Schedule routine beauty/barber shop appointment and remind of appointment, as indicated.

17. Would you like to participate in a facility service project?

a. Yes

b. No

18. Anticipated length of stay at facility:

a. Less than 30 days

b. Less than 30 days, Proceed to my story and resident quotes.

c. More than 30 days

Resident Quotes-Adjustment to placement

19. "The reason I am here is....."

19a. "I am most happy when..." or "The happiest time of my life was when..."

19b. "The one thing which I am most proud of is..."

19c. "My favorite time of year is...."

19d. "If I could do anything I wanted, whenever I wanted. I would...."

19e. "I want to be remembered for..."

20. My Story Care Plan

Focus: My Story

Goal: Resident desires that others be aware their life story and incorporate those desires into a person-centered care approach.

Intervention: I Prefer to be called:

Intervention: My birthplace: I lived most of my life in:

Intervention: I was/am married to: on: We enjoyed ____ years of marriage.

Intervention: My parents/siblings/children/grandchildren/other advocate names:

Intervention: I went to school in: Graduated from:

Intervention: I served in the military:

Intervention: My life occupation was:

Intervention: My daily routine is:

Intervention: My favorite hobbies/collections:

Intervention: The happiest time of my life was when:

Intervention: The one thing I am most proud of:

Intervention: I want to be remembered for:

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Resident:

Location:

21. Additional Notes and Summary: (Examples: Independence level, functional considerations, abilities, interests, general preferences, cultural preferences, pain and fall considerations, etc.)

Signature

Date