

**Schofield Residence
Adult Day Health Care Program
Activities Initial Assessment**

Registrant Name _____ ID# _____

Date of Admission _____ Birth Date _____

Program Days _____ Time _____

Permission to be mentioned/recognized in the monthly ADHCP newsletter _____

Diagnosis _____

Prominent Hand _____ Weakness in _____ side

Speech _____

Expressive _____ Receptive _____

Hearing _____

Registrant is Ambulatory: _____ Walker _____

Registrant lives with _____

Religion _____ Church Affiliation _____

Past Occupation _____

Social History

____ Club or Organization _____

____ Sports Enjoyed _____

____ Volunteer Work _____

____ Social Contract with _____

____ Interest or Hobby _____

REGISTRANT INTEREST

RELIGIOUS

_____ Church Services
_____ Inspiration Hour

CRAFTS

_____ Ceramics
_____ Art
_____ Needle Crafts
_____ Knit
_____ Crochet
_____ Cooking/Baking
_____ Sewing
_____ Other

GAMES

_____ Jigsaw Puzzle
_____ Crossword
_____ Scrabble
_____ Chess
_____ Checkers
_____ Dominos
_____ Bingo
_____ Connect Four
_____ Card Games
_____ Other

MUSIC

_____ Singing
_____ Plays Instrument
_____ Music Enjoyed _____

ACTIVE

_____ Movement/Dance
_____ Bowling, Kickball, Basketball
_____ Exercise

PASSIVE

_____ Computer
_____ Reading
_____ Trivia
_____ Discussion
_____ TV

SPECIAL EVENTS & PARTIES

COMMUNITY OUTINGS

_____ Shopping
_____ Gambling
_____ Educational

GOALS

PLANNED APPROACH TO MEET GOALS

COMMENTS REGARDING INTERVIEW

Activities Department

Date