

ROOM NO:  
 SURNAME:  
 GIVEN NAME:  
 DATE OF BIRTH:

Residential Aged Care

**LEISURE and LIFESTYLE ABILITIES ASSESSMENT**

PHYSICAL		COGNITIVE		SOCIAL		EMOTIONAL	
	Impaired mobility		Unable to identify objects		Alternative communication		Reassurance needed
	Uses a wheelchair		Unable to follow verbal directions		Refuses to communicate		Phobias / fears
	Uses a walking frame		Sudden change in cognition		Passive participation		Easily agitated
	Unsteady gait		Unable to locate own room		Prefers to interact with staff		Physically / Verbally disruptive
	Usually not out of bed		Unable to identify family		Anxiety in group settings		Physically / Verbally aggressive
	Vertigo or dizziness		Unable to focus attention		Withdrawn		Easily frustrated
	Tires easily		Confused / not oriented		Few facial expressions		Lability (crying &/or laughing)
	Impaired fine / gross motor skills		Short attention span		Difficulty making eye contact		Grieving / cries
	Vision impairment		Rambling / incoherent speech				Difficulty making choices
	Hearing impairment		Repetitive motion				Feels little choice available
	Difficulty speaking		Respond inappropriately		One to one interaction		Anxious
	Pain		Memory problems		Co-operative		Lacks confidence
	Wanders / Paces		Unable to follow directions		Competitive		Dependent on others
	Independently mobile		Unresponsive to stimulus		Makes eye contact		Refuses activity participation
	Fine motor skills				Uses facial expressions		Lacks motivation
	Gross motor skills		Enjoys reminiscence		Active participation		Unable to express feelings
			Able to follow directions		Enjoys social interaction		
			Oriented by time		Enjoys group settings		
			Oriented by person		Enjoys conversation		
			Oriented by place		Intitates conversation		Able to identify own needs
	Communication		Able to recall past events		Interacts with other residents		Motivated
	Can express needs verbally effectively-simply				Makes new friends		Creative
	Non-verbal via gesture / aids						Prefers to be active
	Unable to communicate verbally or non-verbally						Enjoys new experiences
			<b>Decision-making / choice</b>				Plans own leisure activities
	Left handed		Requests from open choice independently				
	Right handed		Can indicate choice of 1		<b>Relevant Medical Information</b>		Independent
			Able to select from 2 choices			Shows interest	
			Able to select from 3 or more choices			Positive attitude	
						Feels competent	
							Enjoys humour

Date: \_\_\_\_\_ Completed By: \_\_\_\_\_ Designation: \_\_\_\_\_ Signature: \_\_\_\_\_



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**LEISURE and LIFESTYLE INTERESTS - PROGRAM / PLAN**

**GROUP INTERESTS**

PHYSICAL	COGNITIVE	CULTURAL/SPIRITUAL	SENSORY	SOCIAL	COMMUNITY
Active Games	Bingo	Church Service	Music	Men's Group	Current Affairs
Dance - Wheelchair	Quizzes	Bible Reading	Sit in the Garden	Sing-a-Long	Resident's Meetings
Exercise Program	Discussions	Multicultural Events	Aroma Therapy	Happy Hour	Outings
Music / Movement	Table Games		Pet Therapy	Social Lunches / BBQ	Theme Days
Carpet Bowls	Reminiscence		Cooking Group	Concerts / Entertainers	Speakers
Tai Chi	Book Group		Gardening	Movie Matinee / Video	
	Word Games		Art / Craft	Tea & Chat	

**INDIVIDUAL ACTIVITIES**

INDIVIDUAL ATTENTION	PHYSICAL	COGNITIVE	CULTURAL/SPIRITUAL	SENSORY	SOCIAL/COMMUNITY
Beauty Care	Walks	Being Read To	Church Visitor	Music	Outings with Community
Life Story	Passive Exercise	Discussions	Ethnic Community	Touch Therapy	Visitor-
Photographs	Music / Movement	Football Tipping	Visitor:	Aroma Therapy	Voting
Validation		Quizzes	Pastoral Care	Pet Therapy	Shopping
Reality Orientation		Bingo	Community Cultural	Massage	Magazines
Shopping for a Resident		Sequencing	Sit in Garden	Floral Arranging	Interest Groups:
Special Needs/Emotional		Reminiscence	Bible Reading	Domestic Therapy	
Support Reassurance		Library Books		Gardening	
Counselling		Talking Books			
Letter Writing		Old Learnt Skills			

**INDEPENDENT**

COGNITIVE	SOCIAL	FAMILY / FRIENDS:	SPECIAL NEEDS:	OTHER COMMENTS:
Newspapers	Radio			
Magazines	Television			
Books	Community Activities			
Talking Books	Shopping			
	Smoking			

Date:	Completed By:	Designation:	Signature:
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