

**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