

Activity and Quality of Life Assessment

Name:	Birth Place	DOB
Group/ALF Placement:		
Preferred Name or Nick Name:		
Religious Preference:		
Career/Employment:		
Military Service:		PTSS?
Prior living arrangements:		How long in Vegas?
Primary Language:		Secondary Language:
Cognitive Level:		
Customary Routine check all that apply		
Stays up late at night (after 9pm)	Naps regularly (over one hour)	
Goes out 1-2days a week	Stays busy with hobbies	
Spends most of time watching TV	Transfers independently	
Smokes	Active with friends	
Active with family	Attends church, temple, etc	
Likes prayer	Involved in rotary clubs	
Likes pets	Uses beauty shops	
Likes computers	Likes reading	
Likes cards and other games	Likes crafts	
Likes walking	Likes gardening	
Showers	Bathing	
Social person	Non social	
Types of TV programs:		
Types of Music		
Special talents or awards:		
Activity preference:		
Food Preference		
Special Request for placement:		

Family Dynamics		
Family relations	In town	Issues?
1.		
2.		
3.		
4.		
5.		
6.		