

RESIDENT ASSESSMENT OF ACTIVITIES OF DAILY LIVING

Resident Assessment Page 1

RESIDENT NAME: _____ DATE OF ASSESSMENT: _____

PART A Personal Functioning

Personal Development: "Do you observe the resident displaying any of these behaviors?"

Active	Wants company	Never leaves home	Suggested Referrals:
Has Been Active	Wants friendship	Has experienced a loss	
Wants to be Active	Wants to volunteer		
Wants Work	Has limited support		

NOTES: _____
 Social Visiting
 Social Telephoning
 General Socialization

Behaviors Observed

Friendly	Difficulty in speech	Afraid	Congregate Meals
Pleasant	Feels hopeless	Tearful	Volunteer Placement
Responsive	Complains of threats	Suspicious	Employment
Monotone speech	Withdrawn	Angry	Pastoral Care
	Hallucinates	Anxious	Resident Association
			Other:

Socialization
 Hobbies/Talent (Past & Present): _____

Activities/Groups (Past & Present): _____

How does Resident typically spend a day?: _____

NOTES/COMMENTS: _____

PART B Emotional Status

"Does resident state or imply any of these behaviors?"

Loneliness	Easily Upset
Worry/Anxiety	Medication Abuse
Suicidal Talk	Suicidal Behavior
Sleep Problems	Sleeping Pills

Emotional Status:
Counseling
Psychologist
Psychiatrist
Hospitalization
Geriatric Assessment
Other

Is emotional status typical of resident's lifelong emotional pattern, or just recent? _____

Currently or ever received professional help/counseling?

Yes: No: Unknown:

Does resident acknowledge need for assistance?

Yes: No: