Evergreen
Adult Day Services

3434 Kildaire Farm Road, #129
Cary, NC 27518
(919) 238-4738
www.EvergreenAdultDayServices.net

ACTIVITY INITIAL ASSESSMENT

How do you spend a typical day? _____

_____

Do you have a chance to socialize outside of home? _____Is this okay for you?_____

What kinds of things do you do outside of home? _____

What would you like to do more of socially? _____

Current Functioning: (Place a check mark if there is a concern noted)

Physical	**Social**	**Cognitive**	**Mood**
☐Gross Motor coord.	☐ Peer socialization	☐ Orientation	☐ Motivation
☐ Fine Motor coord.	☐ Cooperation	☐ Comprehension	☐ Attitude
☐ Energy level	☐ Behavioral Communication	☐ Attention Span	☐ Self-confidence
☐ Visual acuity	☐ Communication	☐ Long-term memory	☐ Sadness/Grief
☐ Hearing	☐ Decision making	☐ Short-term memory	☐ Anxiety
☐ Exploring/seeking	☐ Interaction skills	☐ Forgetful	☐ Loneliness

ACTIVITIES: Interests and Abilities

Activities	Increased Interest/Ability	Decreased Interest/Ability	No Change Noted	Due to: (If Change Noted)
Music	☐	☐	☐	
Dancing	☐	☐	☐	
Reading	☐	☐	☐	
Socialization	☐	☐	☐	
Exercise	☐	☐	☐	
Gardening	☐	☐	☐	
Movies	☐	☐	☐	
Games	☐	☐	☐	
Sports	☐	☐	☐	
Crafts	☐	☐	☐	
Other:	☐	☐	☐	

Participant requests for special program or needs: _____

_____

_____

Comments: (list favorite types of music, movies or activities) _____

_____

_____

Activity Coordinator Signature: _____ Date: _____.

Participant Name: _____ DOB _____