

Client's Name: _____ Prefers to be called: _____

Please check any of the following activities that the participant currently enjoys or enjoyed in the past. Past activities are very important to know as we can often re-introduce past activities in different ways.

Past activities (P) Current activities (C)

<p>AROUND THE HOUSE</p> <table border="0"> <thead> <tr> <th><u>P</u> <u>C</u></th> <th><u>P</u> <u>C</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Cleaning</td> <td><input type="checkbox"/> <input type="checkbox"/> Gardening</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Cooking/Baking</td> <td><input type="checkbox"/> <input type="checkbox"/> Knitting</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Craft Projects</td> <td><input type="checkbox"/> <input type="checkbox"/> Sewing</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Crocheting</td> <td><input type="checkbox"/> <input type="checkbox"/> Wood Working</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Drawing/Painting/ Colouring</td> <td><input type="checkbox"/> <input type="checkbox"/> Collections (types): _____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Home Repairs</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Flower Arranging</td> <td></td> </tr> </tbody> </table>	<u>P</u> <u>C</u>	<u>P</u> <u>C</u>	<input type="checkbox"/> <input type="checkbox"/> Cleaning	<input type="checkbox"/> <input type="checkbox"/> Gardening	<input type="checkbox"/> <input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> <input type="checkbox"/> Knitting	<input type="checkbox"/> <input type="checkbox"/> Craft Projects	<input type="checkbox"/> <input type="checkbox"/> Sewing	<input type="checkbox"/> <input type="checkbox"/> Crocheting	<input type="checkbox"/> <input type="checkbox"/> Wood Working	<input type="checkbox"/> <input type="checkbox"/> Drawing/Painting/ Colouring	<input type="checkbox"/> <input type="checkbox"/> Collections (types): _____	<input type="checkbox"/> <input type="checkbox"/> Home Repairs	_____	<input type="checkbox"/> <input type="checkbox"/> Flower Arranging		<p>PASSIVE ACTIVITIES</p> <table border="0"> <thead> <tr> <th><u>P</u> <u>C</u></th> <th><u>P</u> <u>C</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Interest in Birds</td> <td><input type="checkbox"/> <input type="checkbox"/> Newspaper</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Makeovers</td> <td><input type="checkbox"/> <input type="checkbox"/> Watching TV</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Manicures</td> <td>Favourite shows: _____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Memory books</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Photo Albums</td> <td>Favourite movies: _____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Reading Books</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Magazines</td> <td>_____</td> </tr> </tbody> </table>	<u>P</u> <u>C</u>	<u>P</u> <u>C</u>	<input type="checkbox"/> <input type="checkbox"/> Interest in Birds	<input type="checkbox"/> <input type="checkbox"/> Newspaper	<input type="checkbox"/> <input type="checkbox"/> Makeovers	<input type="checkbox"/> <input type="checkbox"/> Watching TV	<input type="checkbox"/> <input type="checkbox"/> Manicures	Favourite shows: _____	<input type="checkbox"/> <input type="checkbox"/> Memory books	_____	<input type="checkbox"/> <input type="checkbox"/> Photo Albums	Favourite movies: _____	<input type="checkbox"/> <input type="checkbox"/> Reading Books	_____	<input type="checkbox"/> <input type="checkbox"/> Magazines	_____
<u>P</u> <u>C</u>	<u>P</u> <u>C</u>																																
<input type="checkbox"/> <input type="checkbox"/> Cleaning	<input type="checkbox"/> <input type="checkbox"/> Gardening																																
<input type="checkbox"/> <input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> <input type="checkbox"/> Knitting																																
<input type="checkbox"/> <input type="checkbox"/> Craft Projects	<input type="checkbox"/> <input type="checkbox"/> Sewing																																
<input type="checkbox"/> <input type="checkbox"/> Crocheting	<input type="checkbox"/> <input type="checkbox"/> Wood Working																																
<input type="checkbox"/> <input type="checkbox"/> Drawing/Painting/ Colouring	<input type="checkbox"/> <input type="checkbox"/> Collections (types): _____																																
<input type="checkbox"/> <input type="checkbox"/> Home Repairs	_____																																
<input type="checkbox"/> <input type="checkbox"/> Flower Arranging																																	
<u>P</u> <u>C</u>	<u>P</u> <u>C</u>																																
<input type="checkbox"/> <input type="checkbox"/> Interest in Birds	<input type="checkbox"/> <input type="checkbox"/> Newspaper																																
<input type="checkbox"/> <input type="checkbox"/> Makeovers	<input type="checkbox"/> <input type="checkbox"/> Watching TV																																
<input type="checkbox"/> <input type="checkbox"/> Manicures	Favourite shows: _____																																
<input type="checkbox"/> <input type="checkbox"/> Memory books	_____																																
<input type="checkbox"/> <input type="checkbox"/> Photo Albums	Favourite movies: _____																																
<input type="checkbox"/> <input type="checkbox"/> Reading Books	_____																																
<input type="checkbox"/> <input type="checkbox"/> Magazines	_____																																
<p>PHYSICAL ACTIVITIES</p> <table border="0"> <thead> <tr> <th><u>P</u> <u>C</u></th> <th><u>P</u> <u>C</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Biking</td> <td><input type="checkbox"/> <input type="checkbox"/> Fishing</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Billiards</td> <td><input type="checkbox"/> <input type="checkbox"/> Golfing</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Bowling</td> <td><input type="checkbox"/> <input type="checkbox"/> Shuffleboard</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Dancing</td> <td><input type="checkbox"/> <input type="checkbox"/> Walking</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Darts</td> <td><input type="checkbox"/> <input type="checkbox"/> Other (specify): _____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Exercising</td> <td>_____</td> </tr> </tbody> </table>	<u>P</u> <u>C</u>	<u>P</u> <u>C</u>	<input type="checkbox"/> <input type="checkbox"/> Biking	<input type="checkbox"/> <input type="checkbox"/> Fishing	<input type="checkbox"/> <input type="checkbox"/> Billiards	<input type="checkbox"/> <input type="checkbox"/> Golfing	<input type="checkbox"/> <input type="checkbox"/> Bowling	<input type="checkbox"/> <input type="checkbox"/> Shuffleboard	<input type="checkbox"/> <input type="checkbox"/> Dancing	<input type="checkbox"/> <input type="checkbox"/> Walking	<input type="checkbox"/> <input type="checkbox"/> Darts	<input type="checkbox"/> <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> <input type="checkbox"/> Exercising	_____	<p>MUSIC</p> <table border="0"> <thead> <tr> <th><u>P</u> <u>C</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Enjoys Singing</td> <td>Favourite type(s) of music: _____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Listening to Music</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Plays an instrument</td> <td>Favourite artists: _____</td> </tr> <tr> <td></td> <td>_____</td> </tr> <tr> <td></td> <td>Instrument(s) played: _____</td> </tr> <tr> <td></td> <td>_____</td> </tr> </tbody> </table>	<u>P</u> <u>C</u>		<input type="checkbox"/> <input type="checkbox"/> Enjoys Singing	Favourite type(s) of music: _____	<input type="checkbox"/> <input type="checkbox"/> Listening to Music	_____	<input type="checkbox"/> <input type="checkbox"/> Plays an instrument	Favourite artists: _____		_____		Instrument(s) played: _____		_____				
<u>P</u> <u>C</u>	<u>P</u> <u>C</u>																																
<input type="checkbox"/> <input type="checkbox"/> Biking	<input type="checkbox"/> <input type="checkbox"/> Fishing																																
<input type="checkbox"/> <input type="checkbox"/> Billiards	<input type="checkbox"/> <input type="checkbox"/> Golfing																																
<input type="checkbox"/> <input type="checkbox"/> Bowling	<input type="checkbox"/> <input type="checkbox"/> Shuffleboard																																
<input type="checkbox"/> <input type="checkbox"/> Dancing	<input type="checkbox"/> <input type="checkbox"/> Walking																																
<input type="checkbox"/> <input type="checkbox"/> Darts	<input type="checkbox"/> <input type="checkbox"/> Other (specify): _____																																
<input type="checkbox"/> <input type="checkbox"/> Exercising	_____																																
<u>P</u> <u>C</u>																																	
<input type="checkbox"/> <input type="checkbox"/> Enjoys Singing	Favourite type(s) of music: _____																																
<input type="checkbox"/> <input type="checkbox"/> Listening to Music	_____																																
<input type="checkbox"/> <input type="checkbox"/> Plays an instrument	Favourite artists: _____																																

	Instrument(s) played: _____																																

<p>SOCIAL ACTIVITIES</p> <table border="0"> <thead> <tr> <th><u>P</u> <u>C</u></th> <th><u>P</u> <u>C</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Visiting with Children/Grandchildren</td> <td><input type="checkbox"/> <input type="checkbox"/> Other (specify): _____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Visiting with Family</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Visiting with Friends</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Church involvement</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Travelling</td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Theatre</td> <td></td> </tr> </tbody> </table>	<u>P</u> <u>C</u>	<u>P</u> <u>C</u>	<input type="checkbox"/> <input type="checkbox"/> Visiting with Children/Grandchildren	<input type="checkbox"/> <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> <input type="checkbox"/> Visiting with Family	_____	<input type="checkbox"/> <input type="checkbox"/> Visiting with Friends	_____	<input type="checkbox"/> <input type="checkbox"/> Church involvement	_____	<input type="checkbox"/> <input type="checkbox"/> Travelling		<input type="checkbox"/> <input type="checkbox"/> Theatre		<p>GAMES</p> <table border="0"> <thead> <tr> <th><u>P</u> <u>C</u></th> <th><u>P</u> <u>C</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Bingo</td> <td><input type="checkbox"/> <input type="checkbox"/> Board games (types) _____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Computer</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> iPad</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Tablet</td> <td><input type="checkbox"/> <input type="checkbox"/> Card Games (types) _____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Crosswords</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Word games</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Jigsaw puzzles</td> <td></td> </tr> </tbody> </table>	<u>P</u> <u>C</u>	<u>P</u> <u>C</u>	<input type="checkbox"/> <input type="checkbox"/> Bingo	<input type="checkbox"/> <input type="checkbox"/> Board games (types) _____	<input type="checkbox"/> <input type="checkbox"/> Computer	_____	<input type="checkbox"/> <input type="checkbox"/> iPad	_____	<input type="checkbox"/> <input type="checkbox"/> Tablet	<input type="checkbox"/> <input type="checkbox"/> Card Games (types) _____	<input type="checkbox"/> <input type="checkbox"/> Crosswords	_____	<input type="checkbox"/> <input type="checkbox"/> Word games	_____	<input type="checkbox"/> <input type="checkbox"/> Jigsaw puzzles			
<u>P</u> <u>C</u>	<u>P</u> <u>C</u>																																
<input type="checkbox"/> <input type="checkbox"/> Visiting with Children/Grandchildren	<input type="checkbox"/> <input type="checkbox"/> Other (specify): _____																																
<input type="checkbox"/> <input type="checkbox"/> Visiting with Family	_____																																
<input type="checkbox"/> <input type="checkbox"/> Visiting with Friends	_____																																
<input type="checkbox"/> <input type="checkbox"/> Church involvement	_____																																
<input type="checkbox"/> <input type="checkbox"/> Travelling																																	
<input type="checkbox"/> <input type="checkbox"/> Theatre																																	
<u>P</u> <u>C</u>	<u>P</u> <u>C</u>																																
<input type="checkbox"/> <input type="checkbox"/> Bingo	<input type="checkbox"/> <input type="checkbox"/> Board games (types) _____																																
<input type="checkbox"/> <input type="checkbox"/> Computer	_____																																
<input type="checkbox"/> <input type="checkbox"/> iPad	_____																																
<input type="checkbox"/> <input type="checkbox"/> Tablet	<input type="checkbox"/> <input type="checkbox"/> Card Games (types) _____																																
<input type="checkbox"/> <input type="checkbox"/> Crosswords	_____																																
<input type="checkbox"/> <input type="checkbox"/> Word games	_____																																
<input type="checkbox"/> <input type="checkbox"/> Jigsaw puzzles																																	

Other Personal Interests, Hobbies, Social Groups and Clubs:

Activities the client does not like:

Significant places where the client has lived:

Personal Achievements (e.g. Awards, Community Involvement, Clubs, Sports or Social Groups, Volunteer Activities):

Significant pets, types and names:

Significant topics/people, places, travel:

Is the client a veteran? Yes No

Completed by _____

Relationship _____

Date _____

Updated August 2016