

Place photo here

Name:

DOB:

Room No:

Place ID label here

## DIVERSIONAL THERAPY ASSESSMENT:

### Leisure Interest Survey

I prefer to spend my free time:

- alone     
  with friends     
  with family     
  with others  
 in a group   
  outdoors   
  indoors   
  in the community   
  I don't know/unsure

Reasons for participation in leisure:

- relaxation   
  social interaction   
  accomplishment   
  enjoyment   
  health  
 escape   
  education   
  excitement   
  challenge

My favourite time of year is:

- Spring                     
  Summer                     
  Autumn                     
  Winter

I like it because .....

My favourite time of day is:    morning                     
 afternoon                     
 evening

I like it because .....

When I have free time I would like to: .....

Because .....

I enjoy it because .....

Places I prefer to undertake activities:

- In the facility     
  in my room     
  in the lounge  
 in the community   
  outdoors

What is one activity you did when you were younger that you would like to do again? .....

.....

What is an activity that you do now that you would like to continue doing? .....

.....

What activity do you do that relaxes you? .....

.....

Place photo here

Name:

DOB:

Room No:

Place ID label here

What activities were you interested in or are you now interested in observing or participating in?

board games

.....

exercise

.....

sports

.....

listening to music

.....

playing music

.....

singing

.....

art

.....

cards

.....

crafts

.....

picnics or eating out in  
café/restaurants

.....

collecting

.....

day trips

.....

walking for pleasure

.....

watching TV

.....

watching movies

.....

intergenerational  
activities

.....

pets & animals

.....

gardening

.....

cooking

.....

community service

.....

entertainment

.....

reading

.....

religious

.....

creative writing

.....

reminiscence

.....

Woodwork/metalwork

.....

gaming technology

.....

fishing

.....

Visiting places of  
interest

.....

yoga/meditation

.....

Cultural activities

.....

**Comments** .....

.....

Place photo here

Name:

DOB:

Room No:

Place ID label here

Is there a leisure activity that you would like to do that you have not had the opportunity to do before?

.....  
.....

More or different activity preferences/choices not currently offered .....

.....

Persons perception of current abilities/interests .....

.....  
.....  
.....

**Diversional Therapy Goals**

.....  
.....  
.....  
.....  
.....

Completed by:

[ ]

Signature:

[ ]

Designation:

[ ]

Date:

[ ]

