

Place photo here

Name:

DOB:

Room No:

Place ID label here

RECREATIONAL 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?

.....

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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

.....

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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

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

Recreational Therapy Goals

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

Completed by:

Signature:

Designation:

Date: