

ACTIVITY QUESTIONNAIRE

Please fill out the survey below, so we may plan activities of interest for your loved one!

NAME: _____

DATE OF BIRTH: _____

FORMER OCCUPATION: _____

LEVEL OF EDUCATION: _____

CURRENTLY ABLE TO READ? _____ YES _____ NO

Please check the activities below that would interest your family member. You may write specifics in the spaces provided.

_____	Animals or pets	_____	Bingo
_____	Children	_____	Cooking/Baking
_____	Crafts	_____	Discussions
_____	Drawing	_____	Exercise/Walks
_____	Fishing	_____	Gardening
_____	Golf	_____	News
_____	Painting	_____	Pool/Billiards
_____	Puzzles	_____	Quilting
_____	Cards: _____		
_____	Dancing: _____		
_____	Music: _____		
_____	Playing an Instrument: _____		
_____	Reading: _____		
_____	Singing: _____		
_____	TV Shows/Movies: _____		
_____	Sports: _____		
_____	Traveling: _____		
_____	Word Games: _____		
_____	Other: _____		