



PARTICIPANT LIFESTYLE BIOGRAPHY

Participant Name: _____ Nickname _____

Name and relationship of person completing form: _____

Date of Birth: _____ Birth Place: _____

BACKGROUND AND SOCIAL ASSESSMENT

Reading, Writing, and Arithmetic

Schools attended: _____

College Degree: _____ Advanced Degree: _____

Military Service

Did you serve in the Military: __Y__ __N__ Branch: _____

Did you serve during any Wars: __Y__ __N__ Which One(s): _____

Did you receive any Metals or Commendations: __Y__ __N__ Which One(s): _____

Did your Spouse serve in the Military: __Y__ __N__ Branch: _____

Did they serve during any Wars: __Y__ __N__ Which One(s): _____

Did your spouse receive any Metals or Commendations: __Y__ __N__

While in the Military, where were you stationed?

It's a Family Affair

Name of Spouse(s):											
Marital Status:		M		S		W		D		If deceased, year of death:	
Mother's Name:										Occupation:	
Father's Name:										Occupation:	



PARTICIPANT LIFESTYLE BIOGRAPHY

Siblings' Names (and age)

Children's Names (and age)

Grandchildren's Names (and age)

Great Grandchildren's Names (and age)

Shuffle Board on the Lido Deck!

When interacting with other people, are you: ___ Social Butterfly ___ Wallflower

Would you consider yourself a: ___ Hugger ___ Hand-shaker ___ Waver

Can you: ___ Whistle ___ Snap Your Fingers ___ Carry a Tune ___ Play an Instrument (which one: _____)

Can you: ___ Read ___ Write ___ or both?

Do you enjoy being around other people? _____

Is the individual aware of his/her diagnosis? _____

What life stories are important to him/her?



PARTICIPANT LIFESTYLE BIOGRAPHY

RECREATION THERAPY LEISURE ASSESSMENT

Favorite season: _____

Favorite thing in nature: _____

Favorite sport/physical activity: _____

Favorite hobby/pastime: _____

Favorite place to visit: _____

Favorite holiday: _____

Favorite pet/animals: _____

Favorite snack: _____

Favorite reading material: _____

Favorite restaurant: _____

Favorite food to eat: _____

Favorite day of the week: _____

Favorite subject in school: _____

Favorite thing to wear: _____

Favorite thing I own: _____

Favorite room in my house: _____

I always dreamed I could be: _____

What I did for a living: _____

Favorite job: _____

My biggest accomplishment in life: _____

My favorite memory is: _____

Righty or a Lefty: _____

Do you speak any Foreign Languages? _____

Something I'd like to learn is: _____

When these things occur, it tends to make me frustrated or anxious: _____



PARTICIPANT LIFESTYLE BIOGRAPHY

RECREATIONAL THERAPY ACTIVITIES ASSESSMENT

Listed below are many of the activities we offer in the day center. Please check the activities of interest:

Social Activities	✓
Current Events	
Pictionary	
Music Based Topics	
Name That Tune	
Group Discussions	
Board Games	
Scenario Based Discussions	
Other:	

Cognitive Activities	✓
Trivia	
Spelling Bee	
Jeopardy	
Word Games	
Puzzles	
Bingo	
Board Games	
Cards	
Other:	

Physical Activities	✓
Yoga/Tai Chi	
Bowling	
Fitness/ Exercise Program	
Dancing	
Walking Club	
Balloon Volleyball	
Badminton/Tennis	
Frisbee Toss	
Basketball	
Baseball/Softball	
Mini Golf	
Other:	

Expressive Activities	✓
Painting	
Drawing	
Arts & Craft	
Poetry	
Sewing	
Wood Working	
Drama Activities	
Photo Shoots	
Photography	
Singing	
Other:	

Spiritual Activities	✓
Gardening	
Spa Time	
Church-related topic discussion	
Meditation	
Other:	

Sensory Activities	✓
Pet Therapy	
Massage Therapy	
Cooking Group	
Other:	



PARTICIPANT LIFESTYLE BIOGRAPHY

SPIRITUALITY ASSESSMENT

Religious Affiliation: _____ Church Attended (if any): _____

Regular Attendance: _____

What helps you get through (what do you do to cope with) the hard times in life?

What gives you joy or hope?

What makes you feel really alive?

When do you feel closest to God or Higher Power?

How would you describe your relationship with God?

What has been your biggest contribution to the world?



PARTICIPANT LIFESTYLE BIOGRAPHY

MUSIC ASSESSMENT

Where did you grow up? _____ Native Language: _____

Do you have a favorite type of music? _____

What music did you listen to when you were young? _____

Who was your favorite performer, group, band, orchestra? _____

Did you sing at religious services? _____

Favorite hymns or other religious music? _____

Did you enjoy going to Broadway shows or musicals? _____

Did you have favorite TV shows or movies? _____

(theme songs from shows or movie soundtracks can elicit responses)

Do you remember going to see live music (rock, symphony, ballet, jazz, polka, clubs?)

Do you like to dance? _____ What type of dance? _____

(i.e., salsa, ballroom, swing, disco, square dance, polka, line)

Do you have a favorite classical music composer? _____

What songs did you dance to at your wedding? High school prom? _____

Do you still have any records, tapes, CDs that were favorites? _____

Where can I find them? _____

Can you hum any favorite songs? _____

(can use Shazam to identify the song if you don't know it)

Other Notes: _____