

Recreation Initial Assessment - Emotional Domain

	Score	Item	Indicators
A	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	Expresses feelings of control	Resident agrees with at least two of the following statements: 1. "I am able to make decisions about my life and my future." 2. "I am still able to make decisions about my activities of daily living." 3. "I am still able to make decisions about what I do during my free time."
	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	Individual cultural and/or spiritual needs are currently being met	Resident actively participates in cultural and/or spiritual programs and one of the following is true. 1. Resident has a cultural background with specific traditions that are consistently celebrated and/or recognized within this facility. 2. Resident has a spiritual background with specific traditions that are consistently celebrated and/or recognized within this facility.
	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	Expresses feelings of competence	Resident agrees with at least two of the following statements: 1. "I can still do things to help myself." 2. "I can still do things that are beneficial and helpful to others." 3. "I am still able to participate in things that I enjoy."
B	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	Able to identify and express feelings	Resident is able to identify and express feelings and is able to communicate personal needs as a result of them.
	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	Demonstrates emotional stability	Resident demonstrates logical emotional responses to situations and degree of control exhibited is within cultural norms.
	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	Demonstrates an emotional response to environment	Resident has an animated emotional response to his environment in the form of facial expressions and tone change in his verbal expression.
	<input type="checkbox"/> True <input checked="" type="checkbox"/> False	Does not demonstrate any observable symptoms of depression	Resident does not display any of the following symptoms: 1. Dramatic change in appetite. 2. Loss of interest or pleasure in activities once enjoyed. 3. Changes in sleeping patterns. 4. Sudden inability to concentrate, remember things, or make decisions. 5. Dramatic increase in fatigue or loss of energy. 6. Restlessness or decreased activity noticed by others. 7. Thoughts of suicide or death.
C	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	Demonstrates learned helplessness	Resident does not actively participate in activities of daily living or recreational activities of choice even though they demonstrate the cognitive and physical ability to do so.
	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	Frequently complains/negative outlook	Resident makes frequent negative statements or complaints that negatively impact his ability to socialize and participate in recreational activities of choice.
	<input checked="" type="checkbox"/> True <input type="checkbox"/> False	Easily agitated	One of the following is true: 1. Resident becomes easily agitated which may lead to verbal or physical aggression. 2. Resident becomes easily agitated and demonstrates an emotional response to frustration and/or situations that may be over stimulating.

Initial	Signature / Credential	Date
Doe	John 123	1 A
Last	First Patient No.	Room No. Bed

Facility Name Here