

SECTION N. ACTIVITY PURSUIT PATTERNS

1.	TIME AWAKE	<p><i>(Check appropriate time periods over last 7 days)</i> Resident awake all or most of time (i.e., naps no more than one hour per time period) in the:</p> <p>Morning <input type="checkbox"/> Evening <input type="checkbox"/></p> <p>Afternoon <input type="checkbox"/> <i>NONE OF ABOVE</i></p>	<p>c.</p> <p>d.</p>
(If resident is comatose, skip to Section O)			
2.	AVERAGE TIME INVOLVED IN ACTIVITIES	<p>(When awake and not receiving treatments or ADL care)</p> <p>0. Most—more than 2/3 of time 2. Little—less than 1/3 of time 1. Some—from 1/3 to 2/3 of time 3. None</p>	
3.	PREFERRED ACTIVITY SETTINGS	<p>(Check all settings in which activities are preferred)</p> <p>Own room <input type="checkbox"/> Outside facility <input type="checkbox"/></p> <p>Day/activity room <input type="checkbox"/></p> <p>Inside NH/off unit <input type="checkbox"/> <i>NONE OF ABOVE</i></p>	<p>d.</p> <p>e.</p>
4.	GENERAL ACTIVITY PREFERENCES (adapted to resident's current abilities)	<p>(Check all PREFERENCES whether or not activity is currently available to resident)</p> <p>Cards/other games <input type="checkbox"/> Trips/shopping <input type="checkbox"/></p> <p>Crafts/arts <input type="checkbox"/> Walking/wheeling outdoors <input type="checkbox"/></p> <p>Exercise/sports <input type="checkbox"/> Watching TV <input type="checkbox"/></p> <p>Music <input type="checkbox"/> Gardening or plants <input type="checkbox"/></p> <p>Reading/writing <input type="checkbox"/> Talking or conversing <input type="checkbox"/></p> <p>Spiritual/religious activities <input type="checkbox"/> Helping others <input type="checkbox"/></p> <p><i>NONE OF ABOVE</i></p>	<p>g.</p> <p>h.</p> <p>i.</p> <p>j.</p> <p>k.</p> <p>l.</p> <p>m.</p>
5.	PREFERS CHANGE IN DAILY ROUTINE	<p><i>Code for resident preferences in daily routines</i></p> <p>0. No change 1. Slight change 2. Major change</p> <p>a. Type of activities in which resident is currently involved</p> <p>b. Extent of resident involvement in activities</p>	