

Name ID No.: Date of birth: __/__/__

Occupational therapist..... Signed..... Date __/__/__

ACTIVITY CHECKLIST

Tick the activities below if you have spent time on them in the PAST, spend time on them NOW, or would like to spend more time on them in the FUTURE.

		Past	Now	Future	Comments
Home-based	Collecting				
	Listening to music				
	Playing cards				
	Puzzles/crosswords				
	Reading – books/newspapers/magazines				
	Browsing the web				
	Watching television/DVDs				
	Writing letters/emails/texts				
<i>Other:</i>					
Social	Board games/table games				
	Bowling/darts/pool/snooker				
	Eating out				
	Going out to bars/clubs/pubs/bingo				
	Seeing friends and family				
<i>Other:</i>					
Creative	Art – painting/drawing/colouring/collage				
	Cooking – baking/cake-icing/sugarcraft				
	Craft – jewellery-making/mosaics/glass-painting				
	Creative writing – poems/calligraphy				
	Drama – play-reading/poetry-reading				
	Flowercraft – arranging/drying/pressing				
	Papercraft – card-making/printing/decoupage				
	Sewing/knitting/needlework				
	Music – singing/playing an instrument				
	Woodwork/metalwork/construction				
<i>Other:</i>					
Technological	Desk-top publishing				
	Digital photography/animation				
	Emailing				
	Keeping a blog				
	Social networking – online discussion				
	Video-gaming				
	Word-processing				
	<i>Other:</i>				
Physical	Athletics – track/field				
	Bowls – boules				
	Cycling – stunt bikes/scrambling				
	Dancing – ballet/ballroom/disco/Latin/tap				
	Golf/cricket				
	Jogging – long-distance running				
	Keep fit – aerobics/gymnastics/zumba				
	Martial arts – boxing				
	Racquet sports – tennis/squash/badminton				
	Skateboarding/parcours				
	Team sports – football/volleyball/rugby/netball				
	Swimming/kayaking/water-skiing				
	Weights – gym				
Winter sports – skiing/skating/ice hockey					
<i>Other:</i>					