



ACTIVITIES & ENRICHMENT PROGRAM ASSESSMENT

*Personalized activities. Meaningful connections.
A better quality of life. ♥*

At Madea's Family Home Care, we believe every client deserves meaningful moments that bring joy, purpose, and connection. Please complete this form to help us personalize activities around your interests, abilities, and goals.



OUR PROMISE: Compassionate care. Trusted support.

Treating every client like family. ♥



CLIENT INFORMATION

Client Name: _____

Preferred Name: _____

Date of Birth: _____ Date Completed: _____

Completed By:

☐ Client ☐ Family Member ☐ Caregiver ☐ Other: _____

Relationship to Client: _____



TELL US ABOUT YOURSELF

What three words best describe you? _____

What are some of your favorite hobbies or interests?

- | | | | |
|--|--|--|---|
| ☐ Gardening | ☐ Reading | ☐ Crossword Puzzles | ☐ Word Searches |
| ☐ Coloring | ☐ Arts & Crafts | ☐ Painting | ☐ Sewing |
| ☐ Crocheting | ☐ Knitting | ☐ Music | ☐ Singing |
| ☐ Dancing | ☐ Cooking | ☐ Baking | ☐ Watching Movies |
| ☐ Card Games | ☐ Board Games | ☐ Dominoes | ☐ Bingo |
| ☐ Bird Watching | ☐ Fishing | ☐ Shopping | ☐ Flea Markets |
| ☐ Antique Shopping | ☐ Flower Shops | ☐ Photography | ☐ Walking Outdoors |
| ☐ Church Activities | ☐ Bible Study | ☐ Volunteering | |
| ☐ Other: _____ | | | |



FAVORITE THINGS

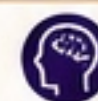
Favorite Color: _____
Favorite Flower: _____
Favorite Music or Artist: _____
Favorite TV Shows: _____
Favorite Movies: _____
Favorite Foods: _____
Favorite Restaurant: _____
Favorite Snacks: _____
Favorite Drinks: _____
Favorite Holiday: _____



SOCIAL PREFERENCES

I enjoy...

- ☐ One-on-One Conversations
☐ Small Groups
☐ Family Visits
☐ Quiet Time
☐ Community Outings
☐ Shopping Trips
☐ Scenic Drives
☐ Lunch Outings
☐ Coffee Visits
☐ Attending Church
☐ Other: _____



COGNITIVE ACTIVITIES

Activities I enjoy include:

- ☐ Crossword Puzzles ☐ Sudoku
☐ Word Searches ☐ Memory Games
☐ Trivia ☐ Reading Books
☐ Reading Newspapers
☐ Journaling ☐ Writing Letters
☐ Learning New Things
☐ Other: _____



PHYSICAL ACTIVITIES

I am comfortable participating in:

- ☐ Stretching
☐ Chair Exercises
☐ Walking
☐ Dancing
☐ Gardening
☐ Light Household Activities
☐ Outdoor Time
☐ Other: _____



CREATIVE ACTIVITIES

- ☐ Painting
☐ Drawing
☐ Crafts
☐ Floral Arrangements
☐ Decorating
☐ Scrapbooking
☐ DIY Projects
☐ Seasonal Crafts
☐ Other: _____



PERSONAL GOALS

During my time with Madea's Family Home Care, I would like to:

- ☐ Stay Active ☐ Meet New People
☐ Improve Memory ☐ Stay Independent
☐ Reduce Loneliness ☐ Have More Fun
☐ Learn Something New
☐ Stay Mentally Engaged
☐ Get Out of the House More
☐ Other: _____



THINGS I DO NOT ENJOY

Please list any activities you dislike or prefer to avoid.



SPECIAL CONSIDERATIONS

Please let us know about any limitations we should consider when planning activities.

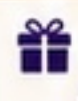
- ☐ Vision Impairment ☐ Hearing Impairment
☐ Memory Loss ☐ Dementia
☐ Balance Concerns ☐ Uses Walker
☐ Uses Wheelchair ☐ Fatigue Easily
☐ Other: _____



FAMILY PARTICIPATION

Would you like family members to participate in activities when possible?

- ☐ Yes
☐ No
☐ Occasionally



COMPLIMENTARY WELCOME ACTIVITY KIT

As part of your enrollment in Madea's Family Home Care, every new client receives a complimentary welcome activity kit, which includes:

- ♥ Puzzle Activity Book
♥ Classic Trouble® Board Game

These gifts are provided to encourage engagement, conversation, memory stimulation, and enjoyable time with your caregiver.



ADDITIONAL NOTES

Client Signature: _____ Date: _____ Family Representative: _____ Date: _____ Caregiver: _____ Date: _____



WE GO ABOVE AND BEYOND

to make your loved one feel comfortable, valued, and cared for—like family.



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