Collaborative Research Grant Initiative: Mental Wellness in Seniors and Persons with Disabilities

Ideas Fund Final Report

June, 2012 - Ellen Ayles
**EXECUTIVE SUMMARY**

The Good Samaritan Society’s (GSS) Wedman Village and Stony Plain Cottages utilize a charting form that records the engagement and participation of the residents of these facilities. The residents that reside in the GSS cottages have a diagnosis of dementia. The form was designed to have health care aides chart in three areas of “Activation”: Activities of Daily Living, Household Tasks and Leisure. Since its creation, this form has yet to have a formal evaluation of the content and the effectiveness of its use. This study involved one-on-one interviews with the health care aides that use this form, as well as the managers and best practice specialist to gain insight into the validity of this form. The content and face validity of the form was questioned in the interviews, as well as usability. Although the form appears easy to use, the resulting reports do not provide detailed individual information regarding engagement. The two managers and Best Practice Specialist made revisions to the form that are more detailed, yet still user friendly. Education was provided to the staff using the revised format. Staffs report that the new form is helpful and easy to use. Trials indicate that resultant reports provide more thorough information on resident engagement. This information may contribute to future resident care planning.

**RESEARCH OVERVIEW**

**Objective(s)**

The objectives of this study were to evaluate the validity of the Activation Form utilized in the Good Samaritan Society’s “Cottage” home facilities, and to make changes if necessary.

**Background**

Several years ago, Ellen Ayles, Best Practice Quality of Life Specialist, developed an activation form, including the areas of: Activities of Daily Living, Household Tasks and Leisure (see Appendix A). Definitions were written to help describe the levels of participation of residents (see Appendix B). This form is now inputted into the GSS electronic health record. The rationale is that documentation of resident engagement in these areas would cause the staff to focus more attention on what the resident is still capable of doing. Also, the electronic charting is capable of producing reports. These documents are useful in reviewing clients during care conferences. Compliance with this process has been sporadic. However, with recent attention given to this process, it is felt that there is enough data to evaluate, both the accuracy as well as the relevancy of the material collected.

There is a history of staff being task focused rather than resident focused. This is especially the case as residents progress to later stages of dementia. It is believed and supported by the literature that the greater the degree of resident engagement, the more enhanced is the quality of life. It is believed by the researcher who had proposed this project that if staff are required to document on a resident’s level of engagement in the three areas mentioned above, that this process will be a constant reminder to them to focus on involving the resident wherever possible.

**Approach and Methods**

Individual interviews were conducted with the health care aides and managers of two Cottage sites (referenced as A and B) to test face validity, content validity, and usability of the Activation Form. An interview with Ellen Ayles, Best Practice Specialist from the Good Samaritan Society was also conducted in order to obtain information about the form and its conception in order to compare the results of the other interviews. The interviewer was a graduate student from the University of Alberta, Department of Occupational Therapy. This research was also conducted as a final capping project for the student to meet MScOT degree requirements.
Ethics and Consent

Ethics approval was obtained from the University of Alberta Health Research Ethics Board - Health Panel on September 30, 2011. Health care aides were visited October 2011, prior to the interviews, to have the consent process fully explained to them. Consent from the managers and Ellen Ayles was obtained during the interview time.

Participants

The health care aide participants were recruited from a pool of 30 health care aides working at the Good Samaritan Society in the Wedman Village and Stony Plain Cottages. Of the 30 possible participants, consent was obtained for 26 interviews to take place, 8 from Cottage A, and 18 from Cottage B.

Upon arrival to Cottage A, 2 participants revoked consent and declined to be interviewed, 1 extra participant was recruited on the site, and 2 were unable to be reached for an interview. This concluded in 5 interviews taking place at Cottage A. A total of 12 interviews took place at Cottage B after 1 participant revoked consent and declined to be interviewed and 5 were unable to be reached during the scheduled interview time frame.

There were 2 managers, one from each site, interviewed. The total number of participants that took part in this study was 20. All participants volunteered for the interviews, and were made aware they would be audio recorded. They were also informed that they could withdraw all information they provide to the study without question, if they desired.

Interviews

The semi-structured interviews took place from November 19, 2011 to March 2, 2012. The health care aide participants were interviewed at their respective cottages during their scheduled shift. The time allotted for these interviews was a maximum of 30 minutes, however, this time was never reached in any of the interviews. The interviews were recorded and ranged from 7 minutes to 28 minutes in length. The interviews of the manager participants were held at the Good Samaritan Society corporate office and site B, at the convenience of the participants and interviewer. The time allotted for these interviews was a maximum of 60 minutes, however, this time was never reached. These interviews ran for duration of 12 to 23 minutes in length.

The interview questions asked were divided into 3 sections of face validity, content validity, and usability. Refer to Appendix C and D. Face validity is to gauge the health care aides’ and managers’ opinions on whether the Activation form is gathering the information that it is intended to, in an acceptable manner. For example, does the information collected provide information about residents’ ability to participate and is it a useful communication tool. Content validity is to determine if all relevant materials concerning activity level and participation of the residents were included in the Activation form. Questions regarding how user friendly the Activation form is were also included to indicate whether the technical appearance and use of the form should be changed. The questions were open-ended questions designed by the interviewer. If participants answered with short or closed responses, further probing questions (ie. “Explain” or “tell me more”) were utilized to draw out more information. Each interview was concluded with the question “any final comments or concerns about this form?” to give the participants a chance to comment on the form.

Data Analysis

All interviews were audio recorded, and the digital files were sent to an outside transcription service (Transcription Divas). The written transcripts were sent back to the interviewer, who then analyzed and summarized the interviews according to face validity, content validity, usability, and any additional information that was important to add. The health care aide interviews and manager interviews were kept separate when analyzing due to the different ways in which each group uses the Activation Form. The interviews were also compared to the interview with Ellen Ayles, to see if there were any gaps or discrepancies in the information obtained, and the expectations from the developer of the form. Due to small sample size, this method of analysis was deemed most appropriate. Generation of themes is not necessary to this level of qualitative analysis and purpose for the study.
Key Findings:

Health Care Aide Interviews:
Most of the Health Care Aide’s (HCA) stated that the Activation form was used to track the activities and participation of the residents during the day. One HCA commented that it is a way to know and remember the residents better, by tracking their progress:
“… because you know the residents, you’re used to them. So it helps you to know them. The thing is, if you know the resident, it’s made easier for you. You know them, what’s the technique you are using on, for example, their behaviour.”
Others commented that it is a useful communication tool.

Most of the staff felt that the most meaningful section of the form is the “Aides to Daily Living” because these were the activities required of the residents every day:
“Because that’s really important for a resident to being cared for and also to be active as long as they can do it still, so get them participating or actively participating as long as they still can do it.”
The second most meaningful part of the form was the “Leisure” section.

In summary, the Health Care Aides reported that the old form had both face and content validity. The form was easy to complete. However, the comment section was not filled out by everyone.

Manager Interviews:
Both managers stated that the purpose of the form is to track the activities the residents can participate in. They agree that the comment section is important as it provides extra information. The data can be used to share with families at care conferences.
One manager stated that the whole form is meaningful, and the way it is set up makes it specific and easy to use:
“I like how it’s separated into the three sections because that makes it very specific of what you’re asking, what we’re talking about, because it’s different.”

Usability: They feel that the form is easy to use. However, the comment section is not being completed as accurately as it should. This part of the form may be a challenge, as most of the HCA have English as a second language.

Activation Form Revision and Health Care Aide Support
After the results and recommendations were made from the interviews, Ellen Ayles and the managers met to revise the form and information sessions were held to educate the health care aides on the new form. Staff provided input into the final document. See Appendix E. As well, graduate student, Kaitlin Teeter, spent 2 weeks at each location to provide support when completing the Activation form. She was also there to provide coaching/mentoring for the health care aides regarding engagement in meaningful activities with the residents.

Conclusions
Although the interviews indicated that the charting document is valid, this could be inaccurate due to the lack of understanding on the part of the health care aides as to how the form is utilized. For example, staff didn’t know that reports can be produced as a result of charting and then shared with family members. However, the project did result in a revision of the form that is more detailed, user-friendly and beneficial. With the addition of more drop down boxes linked to specific activities, less reliance is needed on the comment section. Additional education was provided to the health care aides to help them to understand the purpose of the form. Resulting reports provide more thorough information on resident information that can be shared with families as well as contributing to future care planning.
IMPLICATIONS FOR POLICY OR PRACTICE

Many service providers put a lot of emphasis on the physical design of residences developed to house individuals with dementia. This is important. However, even more importantly, it was apparent from this evaluation project that staff attitude and “buy in” regarding being “resident focused” versus “task focused” is imperative in the success of a person centered model of care. (Note: Both the physical design and staffing patterns were very different in both cottage settings involved in this study.) More accountability and training of front line staff is required to improve the quality of life of the residents in our care. Throughout the GSS, suggested practice will be that all cottage model sites (Alberta and British Columbia), require staff to complete the electronic Activation documentation form. Managers will be required to print off resulting resident engagement reports and bring them to resident care conferences.

DIRECTIONS FOR FURTHER RESEARCH

Further studies in evaluation of the reliability of the new Activation form would be useful.

In addition, it would be interesting to measure whether or not the health care aides increased their awareness of the importance of Engagement in Activities for the residents.

KNOWLEDGE DISSEMINATION AND TRANSLATION ACTIVITIES

The Best Practice Quality of Life Specialist plans to roll out this charting process across all GSS sites and work to change policy internally to encourage compliance to the process.

Since this project was completed, staff from two GSS sites in Southern Alberta has been trained to use this new documentation process and have been coached on the importance of “Engagement”.

The GSS revised Model of Care includes the Principles of “Activation” and “Meaningful Living.” The Best Practice Specialist has developed power point presentations on these 2 topics. The work done for this project has been incorporated into the training that is being rolled out across The Society.

PRINCIPAL APPLICANT (TEAM LEADER)

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<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Topics of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ellen Ayles</td>
<td>Best Practice, Quality of Life</td>
<td>Dementia Care</td>
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<tr>
<td></td>
<td>The Good Samaritan Society</td>
<td>Person Centred Models of Care</td>
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<td></td>
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<td>Engagement/Purposeful activity</td>
</tr>
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PROJECT PARTNERS (TEAM MEMBERS)

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<thead>
<tr>
<th>Name</th>
<th>Position Title</th>
<th>Role</th>
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<tbody>
<tr>
<td>Kaitlin Teeter</td>
<td>Occupational Therapy Graduate Student, University of Alberta</td>
<td>Data collection, data analysis, data synthesis, report writing</td>
</tr>
<tr>
<td>Dr. Lili Liu</td>
<td>Department Chair, Department of Occupational Therapy, University of Alberta (Student supervisor)</td>
<td>Supervisor and consultation to Occupational Therapy Graduate Student.</td>
</tr>
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PUBLICATIONS AND PRESENTATIONS

This project has been accepted for a Poster presentation at the Canadian Coalition for Seniors Mental Health Conference to be held in Banff, September, 2012.

APPENDICES

Appendix A: Activity Monitoring Form
Appendix B: Definitions
Appendix C: Interviews with Health care aides
Appendix D: Interviews with Managers
Appendix E: Revised Activity Monitoring Form
ABOUT THE ALBERTA ADDICTION AND MENTAL HEALTH RESEARCH PARTNERSHIP PROGRAM

The Alberta Addiction and Mental Health Research Partnership Program is comprised of a broad-based multi-sectoral group, representing service providers, academic researchers, policy-makers and consumer groups, working together to improve the coordination and implementation of practice-based addiction and mental health research in Alberta.

The mission of the Research Partnership Program is to improve addiction and mental health outcomes for Albertans along identified research priority themes, by generating evidence and expediting its transfer into addiction and mental health promotion, prevention of mental illness, and innovative service delivery.

The Research Partnership Program sets out to increase Alberta’s excellence and output of addiction and mental health research findings, and to better translate of these findings into practice improvements.
# APPENDIX A

**ACTIVITY MONITORING FORM** (Original Form from 2004, prior to revisions)

**ACTIVITY LEVEL**

<table>
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<tr>
<th>Resident</th>
<th>Cottage</th>
<th>Date</th>
</tr>
</thead>
</table>

Activities of Daily Living  (e.g. dressing, grooming, bathing, eating, self-care)

**Morning:**

- Active Participation
- Independent
- Verbal cues

- Passive Participation
- Needs assistance
- Physical Prompt

- Dependent

**Evening:**

- Active Participation
- Independent
- Verbal cues

- Passive Participation
- Needs assistance
- Physical Prompt

- Dependent

**Comments:**

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Household Activities  (e.g. Meal preparation, dishes, laundry, cleaning)

- Active Participation
- Independent
- Verbal cues

- Passive Participation
- Needs assistance
- Physical Prompt

- Non-engaged
- Dependent

**Comments:**

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Leisure  (e.g. exercise, walking, games, crafts, music, puzzles, bingo)

- Active Participation
- Independent
- Verbal cues

- Passive Participation
- Needs assistance
- Physical Prompt

- Non-engaged
- Dependent

**Comments:**

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## APPENDIX B

### DEFINITIONS

**ACTIVE PARTICIPATION:** Any motor or verbal behaviour exhibited in response to an activity that a resident was participating in. Examples include: nodding, smiling or laughing, communicating with another person regarding the activity, painting, reading, dancing, toe tapping, assisting with household tasks and ADL’s such as washing hands.

**PASSIVE PARTICIPATION:** Listening and/or looking behaviour exhibited in response to the activity that is taking place. Examples include: Watching or listening to others who are engaged, listening to a discussion group, appearing generally alert watching TV, listening to music with no motor response, leaning in while someone is talking or performing an activity.

**NON-ENGAGED:** Staring off onto space or another direction away from the activity, sleeping, or any motor and/or verbal activity in response to another activity the client was not currently participating in (e.g. wandering while baking group is occurring).
APPENDIX C

INTERVIEWS WITH HEALTH CARE AIDES

Questions related to face validity
*questions will also be supplemented by “please explain” if interviewee answers with closed answers.
1. Tell me what this activation form is used for.
2. What kind of information does this activation form give us?
3. Do you understand why we want to gather this information? Do you agree with this? Why or why not?
4. Are you aware of what the information gathered from this form is used for?
5. Do you think this form is gathering the information that is it supposed to?
6. Do you feel motivated in your work by this tool?
7. What part of this tool do you find most meaningful?
8. Do you think this is useful for others you work with?
    - Other HCA’s?
    - Managers?
    - Families?

Questions related to content validity
1. What parts of this activation form do you think are useful to you? Why?
2. What parts of this activation form do you think fit with its purpose?
3. If you could change this form, how would you do this?
4. What would you keep the same?
5. Do you think changing this activation form would make you more or less likely to use it (or no difference)?
6. Do you think each of the sections in the form is capturing the levels of participation in residents?
   - Do you think these sections are specific enough?
   - Would you change these sections in any way?
7. Do you understand the definitions of levels of activation?
8. What are your thoughts about the way the form is set up on the computer?
   - Would you change this form in any way (in terms of technical and appearance)?
   - How would you change it?

Questions related to usability
1. Is this form easy to fill out? Explain.
2. Do you think you have enough time in your shift to fill out the form? Is this a good use of your time? Do you feel motivated to complete this tool?
Appendix D

Interviews with Managers

Questions related to face validity
*questions will also be supplemented by “please explain” if interviewee answers with closed answers.

Tell me what this activation form is used for.
1. What kind of information does this activation form give us?
2. Do you understand why we want to gather this information? Do you agree with this? Why or why not?
3. Do you think this form is gathering the information that it is supposed to?
4. Are you aware that reports regarding individual resident's level of engagement can be produced from the data collected from this form? If so, do you utilize these reports?
5. Do you think the information collected is useful for others you work with?
   - HCA's?
   - Other members of the care team?
   - Families?

Questions related to content validity
1. What parts of this activation form do you think are useful to you? Why?
2. What parts of this activation form do you think fit with its purpose?
3. If you could change this form, how would you do this?
4. What would you keep the same?
5. Do you think changing this activation form would make your staff more or less likely to use it (or no difference)?
6. Do you think each of the sections in the form is capturing the levels of participation in residents?
   - Do you think these sections are specific enough?
   - Would you change these sections in any way?
7. Do you understand the definitions of levels of activation?
8. What are your thoughts about the way the form is set up on the computer?
   - Would you change this form in any way (in terms of technical and appearance)?
   - How would you change it?

Questions related to usability
1. Is this form easy for your staff to fill out? Explain.
2. Do you think your staff has enough time in their shift to fill out the form? Is this a good use of their time?
3. Do you feel that there is compliance by staff in completing this documentation process? Why or why not?
APPENDIX E

REVISED ACTIVITY MONITORING FORM

Activity Level Monitoring for Cottages [V.1]

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>May 04, 2012</td>
<td>May 04, 2012</td>
</tr>
<tr>
<td></td>
<td>PAULS, REEM</td>
<td></td>
</tr>
</tbody>
</table>

Activities of Daily Living (ADL)

ADL - Dresses Upper Body

- Active Participation
- Passive Participation
- Independent
- Needs Assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

ADL - Dresses Lower Body

- Active Participation
- Passive Participation
- Independent
- Needs Assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

ADL - Brushes Hair

- Active Participation
- Passive Participation
- Independent
- Needs Assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

ADL - Brushes Teeth

- Active Participation
- Passive Participation
- Independent
- Needs Assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

ADL - Washes Face

- Active Participation
- Passive Participation
- Independent
- Needs Assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged
# Activity Level Monitoring for Cottages [V.1]

<table>
<thead>
<tr>
<th>Name text</th>
<th>Date May 04, 2012</th>
<th>Date Enterd May 04, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID text</td>
<td></td>
<td>Approved By PAULS REEM</td>
</tr>
</tbody>
</table>

**ADL - Washes upper Body**
- Active Participation
- Passive Participation
- Independent
- Needs Assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**ADL - Washes lower Body**
- Active Participation
- Passive Participation
- Independent
- Needs Assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**ADL - Washes hair**
- Active Participation
- Passive Participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**ADL - Chooses when to get up**
- Active Participation
- Passive Participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**ADL - Chooses when to go to bed**
- Active Participation
- Passive Participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**ADL - Chooses clothes**
### Activity Level Monitoring for Cottages [V.1]

<table>
<thead>
<tr>
<th>Name</th>
<th>May 04, 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>May 04, 2012</td>
</tr>
<tr>
<td>ID</td>
<td>PAULS, REEM</td>
</tr>
</tbody>
</table>

- Active Participation
- Passive Participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**ADL - Other activities (provide details in ADL - Comment box)**

- Active Participation
- Passive Participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**ADL - Comments**

---

**Household Activities (HOU)**

**HOU - Folds laundry**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**HOU - Sweeps floor**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**HOU - Makes bed**
## Activity Level Monitoring for Cottages [V.1]

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Date Entered</th>
<th>Approved By</th>
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<td>May 04, 2012</td>
<td>May 04, 2012</td>
<td>PAULS, REEM</td>
</tr>
</tbody>
</table>

**HOU - Peels potatoes/vegetables**

- [ ] Active participation
- [ ] Passive participation
- [ ] Independent
- [ ] Needs assistance
- [ ] Needs Encouragement
- [ ] Provide Verbal Cues
- [ ] Provide Physical Prompts
- [ ] Non-Engaged

**HOU - Other meal preparation**

- [ ] Active participation
- [ ] Passive participation
- [ ] Independent
- [ ] Needs assistance
- [ ] Needs Encouragement
- [ ] Provide Verbal Cues
- [ ] Provide Physical Prompts
- [ ] Non-Engaged

**HOU - Washes counters/tables**

- [ ] Active participation
- [ ] Passive participation
- [ ] Independent
- [ ] Needs assistance
- [ ] Needs Encouragement
- [ ] Provide Verbal Cues
- [ ] Provide Physical Prompts
- [ ] Non-Engaged

**HOU - Cleans windows**

- [ ] Active participation
- [ ] Passive participation
- [ ] Independent
- [ ] Needs assistance
- [ ] Needs Encouragement
- [ ] Provide Verbal Cues
- [ ] Provide Physical Prompts
- [ ] Non-Engaged

**HOU - Sets table**
# Activity Level Monitoring for Cottages [V.1]

<table>
<thead>
<tr>
<th>Name</th>
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<th>Date of Birth</th>
<th>Date Entered</th>
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<td>text</td>
<td>May 04, 2012</td>
<td>text</td>
<td>PAULS, REEM</td>
</tr>
</tbody>
</table>

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**HOU - Clears dishes from table**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**HOU - Washes dishes**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**HOU - Butters toast**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**HOU - Unpacks groceries**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**HOU - Other household activities (provide details in HOU - Comment box)**
### Activity Level Monitoring for Cottages [V.1]

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>ID</th>
<th>Activity</th>
<th>Date</th>
<th>Date Entered</th>
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<td>Active participation</td>
<td>May 04, 2012</td>
<td>May 04, 2012</td>
<td>PAULS, REEM</td>
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</tbody>
</table>

#### Leisure (LEI)

**LEI - Bible Study**
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**LEI - Hymn Sing**
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**LEI - Church**
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**LEI - Outings**
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged
## Activity Level Monitoring for Cottages [V.1]

### Name: text

### Date of Birth: text

### ID: text

<table>
<thead>
<tr>
<th>Activity</th>
<th>Level of Engagement</th>
<th>Notes</th>
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<tr>
<td>Active participation</td>
<td>Needs assistance</td>
<td>Needs encouragement</td>
</tr>
<tr>
<td>Passive participation</td>
<td>Independent</td>
<td>Provide verbal cues</td>
</tr>
<tr>
<td>Independent</td>
<td>Provide physical prompts</td>
<td>Non-Engaged</td>
</tr>
</tbody>
</table>

**LEI - Shopping**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs encouragement
- Provide verbal cues
- Provide physical prompts
- Non-Engaged

**LEI - Exercise class**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs encouragement
- Provide verbal cues
- Provide physical prompts
- Non-Engaged

**LEI - Active games (horse shoes, balls)**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs encouragement
- Provide verbal cues
- Provide physical prompts
- Non-Engaged

**LEI - Walking**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs encouragement
- Provide verbal cues
- Provide physical prompts
- Non-Engaged

**LEI - Gardening**
Activity Level Monitoring for Cottages [V.1]

Name: text
Date of Birth: text
ID: text

Date: May 04, 2012
Date Entered: May 04, 2012
Approved By: PAULS, REEM

LEI - Music Programs
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

LEI - Social Functions
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

LEI - Reminiscing
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

LEI - Coloring
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

LEI - Crafts
### Activity Level Monitoring for Cottages [V.1]

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<tr>
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<th>Approved By</th>
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<td>May 04, 2012</td>
<td>PAULS, REEM</td>
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</tbody>
</table>

#### LEI - Dolls/stuffed animals
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

#### LEI - Manicures
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

#### LEI - Hair Dresser
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

#### LEI - Puzzles
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

#### LEI - Bingo
- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged
## Activity Level Monitoring for Cottages [V.1]

<table>
<thead>
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</tbody>
</table>

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**LEI - Baking**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**LEI - Other leisure opportunities (provide details in LEI - Comment box)**

- Active participation
- Passive participation
- Independent
- Needs assistance
- Needs Encouragement
- Provide Verbal Cues
- Provide Physical Prompts
- Non-Engaged

**LEI - Comments**

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Type: History

Name: Activity_Level_01b

Page 10 of 10