

Life Enrichment Assessment

Resident Name: _____ Nickname/Preferred Name: _____

Assessment Date: _____ Date of Birth: _____

Primary language spoken: _____ Other spoken languages: _____

Preferred spoken and written language: _____

Demographics:

Marital Status: ☐ Married ☐ Widow ☐ Divorced ☐ Single

Spouse name: _____ Anniversary date: _____

Children: _____

Previous occupation(s): _____

Are you a registered voter? ☐ Yes ☐ No

Would you like assistance with registering to vote or vote in upcoming elections?

☐ Yes ☐ No

Military Service ☐ Yes ☐ No

If yes, which branch? ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard

☐ Other _____

Religious Preference:

Do you have any religious or spiritual preferences or practices? (worship/devotions, bible study, meditation, mindfulness) _____

Do you wish to attend religious services? ☐ Yes ☐ No

Denomination: _____

Home Church: _____

Daily Routines:

What times of the day do you prefer to:

Wake up: _____ Go to bed: _____ Naps: ☐ Yes ☐ No Time: _____

Hobbies and interests: P = past C = current

	P	C		P	C		P	C
Walk/Hike			Knit/Crochet			Documentaries		
Yoga			Quilt/Sew			Podcasts		
Tai Chi			Painting			Read/Audiobook		
Tennis/Table tennis			Photography			Spectator sports		
Pickleball			Play an instrument			Pets		
Cycling			Live music/concerts			Wine & dine clubs		
Dance			Singing			Theater		
Swim			Journaling			Museums		
Golf			Playing card			Shopping		
Fishing			Billiards			Online learning		
Gardening			Video games			Teaching		
Cook/Bake			Social media			Volunteering		
Travel			Board games					

Are there any past hobbies or interests you would like to explore again? ☐ no

☐ yes, list _____

How do you prefer to spend your free time?

☐ Socializing with others ☐ Enjoying quiet time alone ☐ Engaging in creative hobbies

☐ Participating in group activities ☐ Other: _____

Are there specific times of day when you prefer social activities? _____

Special Considerations

Do you require any assistance or adaptive equipment for activities (e.g., mobility aids, hearing/visual aids)? _____

Are there any specific modifications we should consider to help you participate fully in activities? _____

Are there any medical or safety considerations that should be kept in mind when planning your activities? _____

Please share any other information about your interests, routines, or preferences that will help us enhance your experience: _____

Information obtained from ☐ Resident ☐ Family ☐ Friend ☐ IDT ☐ Medical Record