

24 –Hour Calendar

Name: _____ Date: _____

In order to better understand the daily routines that are familiar and comfortable for your loved one, this accounting of a typical day will help the staff at Mertens House to learn important information. With the details you provide, we can achieve our goal of creating pleasant days for each resident.

Knowing the familiar and comfortable routines of your loved one will help our caregivers meet her/his needs. The more we know prior to moving in, the easier the adjustment should be. We appreciate your assistance.

MORNING—6:00am to 12:00pm

Please describe a typical morning's routine and activities. Include information such as regular waking time, bathing routine, dressing, time of breakfast and favorite breakfast foods, general mood, periods of anxiety or restlessness, naps, preferred snacks, regular activities, etc.

AFTERNOON—12:00pm to 6:00pm

- Please describe a typical afternoon's routine and activities. Include information such as meal time(s), naps, preferred snacks, favorite foods for lunch and dinner, general mood, periods of anxiety or restlessness, regular activities, etc.
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EVENING—6:00pm to 12:00am

- Please describe a typical evening’s routine and activities. Include favorite snacks, bathing routine and preferences, time they get undressed for the evening, time they go to bed for the night, general mood, periods of anxiety or restlessness, regular activities and routines, etc.

NIGHT—12:00am to 6:00am

- Please describe a typical night’s routine. Include any sleep disturbances, possible reasons for the disturbances, snacks, etc. Please be time specific whenever possible.

ADDITIONAL COMMENTS

- Please include any other information that may help us with your loved one’s daily routine.

Person completing above section _____ Date _____

2. Social Groups / Organizations:

- Please list any memberships or participation in social organizations (women's clubs, Rotary, Elks VFW, religious, etc.)

- Please list any community, volunteer or charitable organizations in which she / he participated:

3. Close Friends and Family:

- List the names of any close friends, where they live, shared activities, current involvement:

4. Leisure Time:

- What activities / hobbies bring out the most pleasure and / or relaxation during leisure time?

Past: _____

Present: _____

5. List any preferences to being involved in group settings (alone, small groups, large groups):

6. Interests (Please check "C" for "Current" interest or "P" for "Past" interest):

Life Skills	Group Interaction	Physical
<input type="checkbox"/> Sewing/Folding (C/P)	<input type="checkbox"/> Music/Singing (C/P)	<input type="checkbox"/> Group exercise (C/P)
<input type="checkbox"/> Cooking/Baking (C/P)	<input type="checkbox"/> Trivia (C/P)	<input type="checkbox"/> Individual exercise (C/P)
<input type="checkbox"/> Sweeping/Cleaning (C/P)	<input type="checkbox"/> Reminiscing (C/P)	<input type="checkbox"/> Dancing (C/P)
<input type="checkbox"/> Gardening (C/P)	<input type="checkbox"/> Visiting others (C/P)	<input type="checkbox"/> Walks (C/P)
<input type="checkbox"/> Floral Arranging (C/P)	<input type="checkbox"/> Children (C/P)	<input type="checkbox"/> Ping Pong (C/P)
<input type="checkbox"/> Collections (C/P)	<input type="checkbox"/> Play Instrument (C/P)	<input type="checkbox"/> Swimming (C/P)
_____	_____	<input type="checkbox"/> Golf/Bowling (C/P)
<input type="checkbox"/> Office (C/P)	<input type="checkbox"/> Books/Newspaper (C/P)	<input type="checkbox"/> Tennis (C/P)
<input type="checkbox"/> Carpentry/Fixing things (C/P)	<input type="checkbox"/> Pets- What kind? (C/P)	<input type="checkbox"/> Badminton
<input type="checkbox"/> Painting/Arts (C/P)	_____	<input type="checkbox"/> Basketball (C/P)
<input type="checkbox"/> Mechanical (C/P)	<input type="checkbox"/> Other (C/P)	<input type="checkbox"/> Other (C/P)
<input type="checkbox"/> Working on cars (C/P)	_____	_____
<input type="checkbox"/> Plumbing/Woodworking (C/P)	<input type="checkbox"/> Other (C/P)	<input type="checkbox"/> Other (C/P)
	_____	_____

Community Work	Outings	Entertainment/Games
<input type="checkbox"/> Hospital (C/P)	<input type="checkbox"/> Shopping (C/P)	<input type="checkbox"/> Movie/ Slides (C/P)
<input type="checkbox"/> Library (C/P)	<input type="checkbox"/> Movies (C/P)	<input type="checkbox"/> TV (favorite programs)
<input type="checkbox"/> Voter Registration (C/P)	<input type="checkbox"/> Plays/Theater (C/P)	_____
<input type="checkbox"/> Fund Raisers (C/P)	<input type="checkbox"/> Music (C/P)	_____
<input type="checkbox"/> Youth (C/P)	<input type="checkbox"/> Van rides (C/P)	<input type="checkbox"/> Presentations (C/P)
_____	<input type="checkbox"/> Parks (C/P)	<input type="checkbox"/> Bridge/Cards (C/P)
<input type="checkbox"/> Sunday School (C/P)	<input type="checkbox"/> Restaurants (C/P)	<input type="checkbox"/> Bingo (C/P)
<input type="checkbox"/> Charities (C/P)	_____	<input type="checkbox"/> Checkers /Chess (C/P)
<input type="checkbox"/> Church (C/P)	<input type="checkbox"/> Other (C/P)	<input type="checkbox"/> Other (C/P)
<input type="checkbox"/> Other (C/P)	<input type="checkbox"/> Other (C/P)	_____
_____	_____	_____

7. Additional Comments:

- Please include which activity brings the most enjoyment, list of suggested reading materials, movies and any activity that would *not* be enjoyable, etc.

Person completing above section: _____ Date ____/____/____

DAILY ROUTINE

1. Sleeping Routine:

- Please give preferred morning "wake-up" time _____
- List any "napping" preferences (time and location—such as in bed, chair, front of TV, etc.) _____
- Please give preferred "bedtime": _____
- Describe her/his nighttime sleeping pattern (i.e. sleeps through the night, waking at specific times—please list possible causes such as toileting needs, fears, hunger, etc.) _____

- Please list any sleeping "comforts" (i.e. night light, 2 pillows, favorite blanket, pajamas, etc.) _____

2. Bathing Routine:

- Please give bathing preference (i.e. shower, bath, sponge bath, soaps, etc.) _____
- Provide preferred time (i.e morning—before breakfast, evening—before bed, etc.) _____
- Please give preferred frequency (i.e), daily, every other day, weekly, specific days, etc. _____

Person completing above section _____ Date ____/____/____