

Meaningful activities and activities of **daily living**

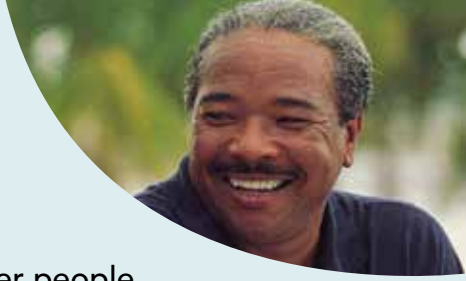


Foreword

Having recognised the importance of meaningful activity for older people who use services, this document is the product of work undertaken by the Meaningful Activity Working Group which comprised a range of stakeholders including service users and carers from across South Lanarkshire.

It is important that we know the interests and preferences of older people in order to support them to maintain meaning and purpose in their lives and this document provides a working tool for staff and services users to discuss and record this vital aspect of providing high quality care.

The combined design and ideas which created this tool were developed by South Lanarkshire Council. Should you wish to use any of these elements in your own work, please email strategic_services@southlanarkshire.gov.uk to discuss.



Contents

Entertainment

Television

Interests and hobbies

Food

Drinks

Clothes

Footwear

Bathing/personal care

Skin care

Hair

Hair removal

Spirituality/religious beliefs

Additional information

Activity ideas

Entertainment

Music I enjoy:

Music which holds special meaning:

Artists I like to listen to:

Artists I do not like to listen to:

How would I enjoy listening to my music:

Music which makes me sad:

I play a musical instrument?

Yes No

Instruments I play?

I would enjoy entertainers

I would not enjoy entertainers



Television



I enjoy television

I do not enjoy television

Preferred TV programmes:

Soaps

History

Documentaries

Period Dramas

Reality TV

Wildlife

Sport

Drama

Gardening

Comedy

Other

Reading:

I enjoy reading: Yes No

Newspaper

Magazine

Books

The paper/papers I enjoy reading:

The magazine/s I enjoy are:

The books I enjoy:

Authors I like:



Interests and hobbies



Indoor interests:

Quizzes	<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Games	<input type="checkbox"/>
Sports	<input type="checkbox"/>	Bingo	<input type="checkbox"/>	Knitting	<input type="checkbox"/>
Ball games	<input type="checkbox"/>	Sewing	<input type="checkbox"/>	Other	<input type="checkbox"/>

Anything else?

Outdoor interests:

Gardening	<input type="checkbox"/>	Days-out	<input type="checkbox"/>	Bowling	<input type="checkbox"/>
Football	<input type="checkbox"/>	Cinema	<input type="checkbox"/>	Other outdoor activities	<input type="checkbox"/>

Hobbies I enjoy:

Day trips: Yes No

Places I would like to visit:

What do you feel would make things meaningful for you:



Food

Preferences:

Breakfast:

Lunch:

Dinner:

Preferred time for meals:

Preferred place(s) for eating:

I prefer to:

Eat alone

No preference

Group eating

Cultural/Religious food preferences:
(kosher, halal, etc.)

My health issues:
(diabetic, gluten free)

Personal likes and dislikes:
Food

Eating aids:
(plate guards, coloured plate,
assistance required)



Drinks



Drinks I like:

Tea Coffee Milk Juice Water

What I like in my drink:

Sugar Milk Sweetener

When I prefer my drink:

AM PM Throughout the day

What drink I like before bed-time:

Hot chocolate Tea Warm milk Coffee
Horlicks Juice Ovaltine Alcohol

Alcohol preferences:

Difficulties in relation to alcohol:
(if any)

No issues with alcohol:

Likes:

Preferences for pub drinking:

Preferred local pub:

Clothes



My preferences:

Skirt Trousers Dress Blouse Shirt Jumper

Underwear preferences:

Bra Vest Pants Boxers Other
Tights Stockings Socks Other

What I like to wear in bed:-

Nightdress Pyjamas Underwear Dressing gown Other

Clothes size:

Favourite colour of clothing:

Colour preferences:

Likes:

Dislikes:



Footwear



Shoe size:

Slipper size:

Shoe preference:

Female:

Flat shoe Boots Sandal Slip on shoe
Small heel Lacing shoe High heel Velcro fastening

Male:

Brogue Lace up shoe Boots Velcro fastening
Slip on Trainers

My favourite shoes are:

I like to buy my shoes at:

Foot issues:

Foot care:

Podiatrist required Feet to be bathed

Other:

Bathing/personal care



I enjoy having a:

Bath Shower

When I enjoy my bath is

Morning Afternoon Night time Before bed

I like to have a bath/shower:

Every day Once a week Twice a week Other

Preferred assistance:

Bathe/shower alone Some assistance Full assistance

Who I would like to assist:

Female Male Relation

Bathing experience:

(My preferences)

Bubble bath Sponge Flannel Music Candles

Products I like to use:

Body lotion Perfume Other Deodorant

Any anxieties related to bathing:

Skin care



Skin products required for (allergies, rash etc)

1.

2.

3.

I like to use:

Face cream Hand cream Body lotion

I like to use these products:

Daily Twice daily Weekly

I like to have my make up on:

Yes No

Teeth

I have my own teeth I wear false teeth

Products I use:

Tooth paste Toothbrush Denture cup

Nails:

I like my nails to be:

Painted Short Long Other



Hair



Hair products required (allergies, scalp condition etc)

1.

2.

3.

None

I have my hair cut/styled:

I like my hair washed:

Every day Once a week Twice a week Other

Personal preferences:

Shampoo Conditioner Dye

How I like my hair set:

Hairdryer Tongs Rollers Naturally dried Straightened

My preferred hair style: (female)

Short Long Tied back Curly Straight

My preferred hair style: (male)

Short Long Shaved Other

I like my hair done:

Morning Afternoon Night

Hair removal



Method of removal (female)

Shaving Waxing Depilatory cream No removal

Method of removal (male)

Shaving No shaving Beard

What I like to use:

Electric razor Wet shave Open razor

I like to shave:

Once a day Twice a day Every second day Other

Any other preferences:

Spirituality/religious beliefs

Religion:

Favourite place to worship:

Important ceremonies:

Preferred style of worship/service:

Associated food preferences:

Favourite hymns:

Favourite prayers:

Time to observe religious beliefs:

Morning Afternoon Night

Attend in house services:

Morning Afternoon Night

Attend in house services:

Yes No Unsure

Any other related information:

Important birthdates:

Additional information

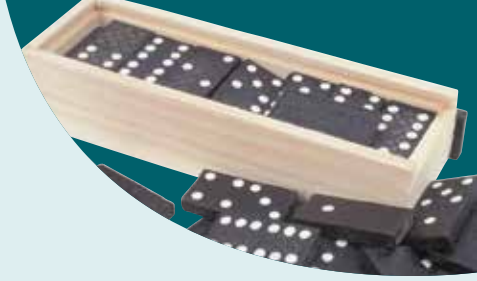


Write in here anything that is important to you in your life:

A large, empty rectangular box with a thin black border, intended for writing additional information.



Activity ideas



Physical activities

Walking
Dancing
Bowling
Exercises
Games
Swimming
Golf
Keep fit
Exercise machines
Etc

Sensory activities

Aromatherapy
Snoezlan (texture/light)
Relaxation
Massage
Reflexology
Manicure
Ball games
Balloon games
Facials

Hobbies

Knitting
Dressmaking
Embroidery
Metal work
Patchwork
Crochet
Soft toy making
Lace making
Woodwork
Carving
Model making
Jewellery

Domestic

Shopping
Laundry
Housework
Brass cleaning
Cooking
Baking
Jam making
Sweet and biscuits
Wine making
House plant care

Conversational/intellectual

Discussions
Debates
Reminiscence
Quizzes
News Topics
Current affairs



Identify areas of needs and why?

Physical

Creative

Social

Intellectual

Spiritual

Emotional

Sensory

Self esteem

Educational

Cultural

Samples of ideas / suggestions within the 10 areas of needs:

Provide detailed summary of activities and what the benefits are:

Resources - what do we need to undertake this activity?

How can we overcome these barriers?



Is there an acceptable risk in relation to the activity?

How can we minimise the risk?

I have expressed my views and informed staff of my preferences in relation to Meaningful Activities

Service users signature:

Date:

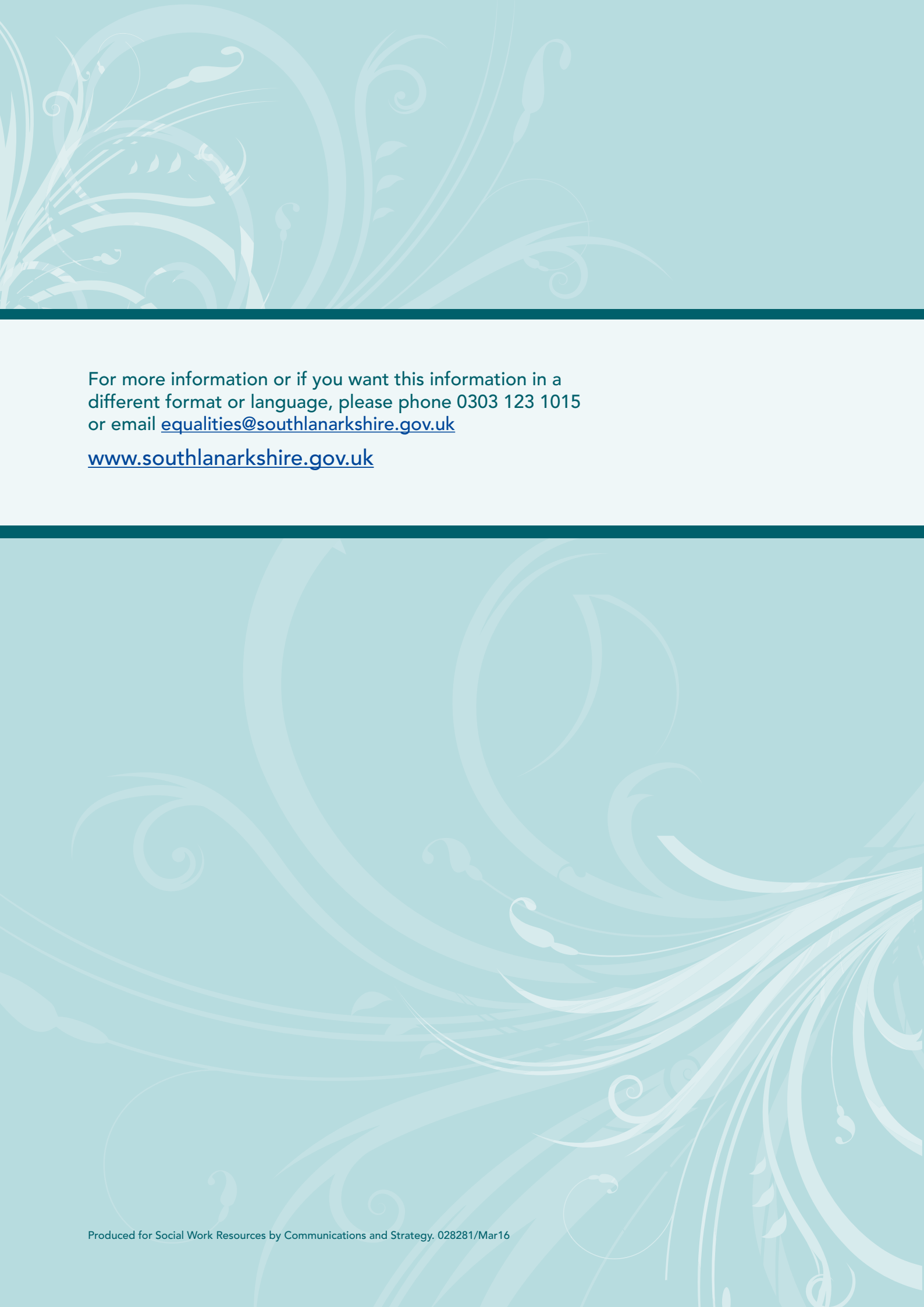
Service users representative signature:

Date:

Compiled by

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South Lanarkshire Council
2009





For more information or if you want this information in a different format or language, please phone 0303 123 1015 or email equalities@southlanarkshire.gov.uk

www.southlanarkshire.gov.uk