

# Daily Activity Log

Consumer Name: \_\_\_\_\_

Week: \_\_\_\_\_ Year: \_\_\_\_\_

Tool: √ if completed, ® if offered but didn't want to participate, © if chose something different. The staff person documenting shall include his/her initials in the box marked.

Activities	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Bingo							
Cards							
Puzzle							
Ball/Sports							
Board Game							
Video							
Walk							
Make Dinner							
Dine Out							
Sporting Evt.							
Hair Appt.							
Shopping							
Zoo							
Bowling							
Other: _____							
Other: _____							

Notes: \_\_\_\_\_

\*\*\* This is not an all-inclusive list of activities. Activities can be changed or added to from this list to fit the consumers served in your facility.

Staff Signature: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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