



# Activity Log

Resident Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

MCAR 023-080-905: Operator, Resident Manager and caregivers shall make available at least six hours of activities to each resident each week, not including television, movies, adult day care, vocational programs. Visits from family or friends can count for only two hours of the required activities per week. The activities shall be of interest to the residents and should be appropriate to the resident's interests and abilities. Residents may choose whether or not to participate in any activity.

Resident Interests and Preferences: \_\_\_\_\_

Dates:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activities (list all activities offered)							
Duration							
Participated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activities (list all activities offered)							
Duration							
Participated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activities (list all activities offered)							
Duration							
Participated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Activities (list all activities offered)							
Duration							
Participated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No