

## AdvantagePlusCaregivers.com®

We're all about the Care!

## **Mental Exercise Report**

CR Name:			
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Areas of Focus/ Work: 1-Reading, 2-Writing, 3-Arithmetic, 4-Conceptualization, 5-Concentration, 6-Communication, 7-Memorization, 8-Thinking Effort Given: 0 – no effort, 1 – slight effort, 2 – moderate effort, 3 – strong effort, 4 – excellent effort

Ability: 0 – cannot do, 1 – slight ability, 2 – moderate ability, 3 – good ability, 4 – excellent ability

	Time	Mins.	Mental Exercise Activity	Areas of Focus / Work								Effort			
Date				1	2	3	4	5	6	7	8	Given	Ability	Caregiver	Notes / Comments

What Could Improve Mental Health and Condition?										

## **INSTRUCTIONS:**

- CR = Care Recipient, CG = Caregiver
- Mins: How many minutes was the exercise performed?
- Mental Exercise Activity: Describe the exercise or activity.
- Area of Focus / Work: check the columns for the appropriate area(s) of focus with this exercise.
- Effort Given: Enter a number to represent the effort the CR puts into the exercise.
- Ability: Enter a number to represent the CR's ability with this exercise.
- Caregiver Name: Caregiver name goes here.
- Note: Write any notes or observations about the CR's performance of this exercise
- Maintain a file with blank forms and completed forms. When the current form is full, file it in the file and replace with a new blank form.
   The Care Agent or doctor may request to see these forms at any time.