

RESIDENT'S NAME _____

ASSESSOR'S INITIALS _____

DATE _____

NAME OF IPPI ACTIVITY _____

START TIME _____

END TIME _____

RESIDENT DECLINED DETAILS _____



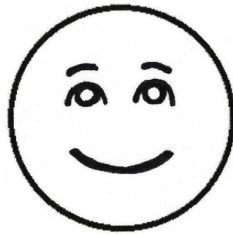
FEELING FACES EMOTION ASSESSMENT TOOL

1. BEFORE Ask the resident, *"Which face shows how you feel right now?"* and ask them to point to the face.

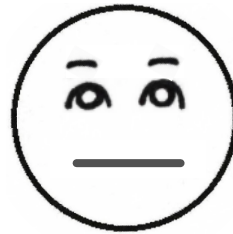
If the resident does not understand or is unable to select their mood, rate their mood based on your observation.



Pleasure



Interest



Neutral



Anxiety/Fear



Sadness



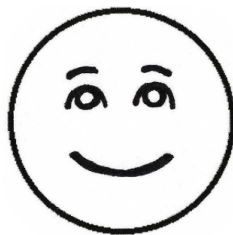
Anger

2. AFTER Ask the resident, *"Which face shows how you feel right now?"* and ask them to point to the face.

If the resident does not understand or is unable to select their mood, rate their mood based on your observation.



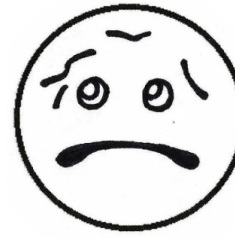
Pleasure



Interest



Neutral



Anxiety/Fear



Sadness



Anger

3. Ask the resident, *"Would you like to do this activity again?"* Yes No Unable to answer

If they said no, ask why. _____

Directions: This section is to be filled out by the person who facilitated the IPPI activity.

How would you rate the resident's overall mood during the activity (see tip at the bottom):

Pleasure *Anger *Anxiety/Fear *Sadness Fear

Did you or the resident select the emotion rating? Me Resident
If resident, does the emotion rating seem accurate? Yes Somewhat No

If you said no, why? _____

Was this a meaningful use of your time together? Yes Somewhat No
If you said no, why? _____

Was the IPPI appropriate for the resident, based on their ability? Yes Somewhat No
If you said no, why? _____

Were cues and/or prompts used? **Verbal:** Reminders Re-phrasing Re-directing
Physical: Hand-over-hand Modeling Gestures

*****If the resident's overall mood during the activity was mostly angry, anxious, or sad:**
A mood that is mostly negative could mean the IPPI does not fit the resident's ability level; consult with a supervisor about potential modifications to the activity.