

**PARKWOOD HOSPITAL
ACQUIRED BRAIN INJURY PROGRAM**

**PATIENT/FAMILY COMMUNITY OUTING
EVALUATION FORM**

Patient's Name: _____ **Date:** _____

Type of Involvement: Initial Therapeutic Recreation Outing _____
 Community Integration Group Outing _____
 Day Pass Outing _____

General Mobility: Wheelchair _____
 Ambulation _____
 Both _____

Please rate how helpful the outing was with respect to the following areas:

Applicable	Very Helpful	Helpful	Somewhat Helpful	Not Helpful	Not
a) Community Mobility (i.e. ambulation, wheelchair mobility, etc.)					
b) Car/Bus Transfers					
c) Money-Handling Skills					
d) Social Interaction (i.e. with group members, community, etc.)					
e) Route-Finding Skills (i.e. finding your way around)					
f) Problem-Solving Skills (i.e. decision-making)					
g) Safety Awareness (i.e. activity limitations, traffic awareness, etc.)					

**Overall, to what extent has this outing helped you feel more comfortable/confident in the community?
(please circle)**

7 6 5 4 3 2 1
 Very Helpful Helpful Somewhat Helpful Not Helpful

Please see over

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In which areas do you feel you could benefit from further education or facilitated assistance?

Additional comments/suggestions:

Form Completed By: _____ **Relationship to Patient:** _____

Thank you for completing this form.