QAPI Data Collection Toolkit

Practical Resource Handout & Ready-to-Use Forms for Activity Professionals

Use these tools to move beyond attendance counts and collect information about resident engagement, choice, barriers, changes in participation, social connection, program effectiveness, and improvement outcomes.

Five questions every data plan should answer:

☐ What are we measuring?

☐ Who is collecting it?

☐ When are they collecting it?

☐ Where is it recorded?

☐ How will we know improvement occurred?

Important: These sample tools are educational resources. Facilities should adapt them to their own policies, electronic record systems, QAPI plan, and interdisciplinary processes.

FORM 1 | Resident Engagement Observation Tool

Use for: measuring participation quality, not simply physical attendance.

Resident: _____ **Date:** _____

Program / intervention: _____ **Observer:** _____

Location: _____ **Duration:** _____

☐ Attended ☐ Declined ☐ Observed only ☐ Left early

Score	Engagement definition
0	Declined / did not participate
1	Present but disengaged
2	Observed with occasional response
3	Participated with prompting
4	Participated independently
5	Highly engaged; initiated, assisted, or led

☐ Mood before: 1 2 3 4 5 ☐ Mood after: 1 2 3 4 5

☐ Prompting: None / Minimal / Frequent ☐ Social interaction: None / Some / Frequent

Resident response, meaningful statements, and follow-up

_____

_____

_____

FORM 2 | Activity Refusal & Barrier Tracker

Use for: identifying why residents decline, leave early, or cannot access activities.

Resident: _____ **Date / time:** _____

Activity offered: _____ **Staff:** _____

Alternative offered: _____ **Response:** _____

☐ Accepted ☐ Declined ☐ Attended then left ☐ Unable to attend

Reason / barrier — check all that apply

☐ Not interested

☐ Preferred another activity

☐ Fatigue / sleeping

☐ Pain / discomfort

☐ Toileting / personal care

☐ Therapy / appointment conflict

☐ Meal conflict

☐ Transportation / escort unavailable

☐ Hearing / vision barrier

☐ Too loud / crowded

☐ Cognitive difficulty

☐ Emotional distress / withdrawal

☐ Wanted to remain in room

☐ Family / visitor present

☐ Timing not preferred

☐ Other: _____

Resident's own words / alternative offered / action taken

_____

_____

_____

FORM 3 | Change in Engagement Alert

Use for: flagging a meaningful change from a resident's usual activity or social pattern for IDT review.

Resident: _____ **Date identified:** _____

Observed by: _____ **Usual pattern:** _____

Current pattern: _____ **Timeframe:** _____

☐ Stopped preferred groups ☐ More time alone / in room

☐ Reduced social interaction ☐ Mood change

☐ More sleeping / fatigue ☐ Meals increasingly in room

☐ Family contact changed ☐ Pain / discomfort reported

☐ Hearing / vision concern ☐ Fear of falling / mobility concern

☐ Recent loss / grief statement ☐ Other: _____

Measure	Usual / baseline	Current	Change noted

☐ Nursing notified ☐ Social Services notified

☐ Care plan review requested ☐ Family / representative contacted as appropriate

Objective observations and resident statements

_____

_____

_____

FORM 4 | ABC Behavior Observation Form

Use for: collecting objective information about distress before selecting an intervention.

Resident: _____ **Date:** _____

Program / setting: _____ **Observer:** _____

Time	A — What happened before?	B — Observable behavior	C — Response / what happened after?

☐ Noise / stimulation

☐ Large group

☐ Complex instructions

☐ Fatigue

☐ Hunger / thirst

☐ Toileting need

☐ Pain / discomfort

☐ Unfamiliar staff

☐ Seating / environment

☐ Transition / waiting

☐ Other: _____

Pattern identified / intervention to test

_____

_____

_____

FORM 5 | One-to-One Engagement Outcome Log

Use for: showing the impact of individualized engagement for residents who prefer or require one-to-one approaches.

Resident: _____ **Date:** _____

Staff: _____ **Intervention:** _____

Start time: _____ **Duration:** _____

☐ Music ☐ Reminiscence

☐ Reading ☐ Sensory

☐ Spiritual ☐ Conversation

☐ Family / technology ☐ Creative / hands-on

☐ Outdoor / nature ☐ Other: _____

Measure	Before	After	Comments
Mood (1–5)			
Engagement (0–5)			
Verbal interaction			
Eye contact / response			
Distress / withdrawal			

Preference learned / resident response / follow-up

_____

_____

_____

FORM 6 | Activity Preference Audit

Use for: checking whether assessed preferences are reflected in actual programming.

Resident: _____ **Audit date:** _____

Reviewer: _____ **Assessment date:** _____

Preference / interest	Documented?	Currently offered?	Participates?	Action needed

☐ Preferred time honored ☐ Preferred group size honored

☐ Cultural / spiritual preferences addressed ☐ Adaptive needs addressed

☐ Alternatives offered ☐ Care plan reflects current preferences

Audit findings / care plan or calendar changes

_____

_____

_____

FORM 7 | Activity Opportunity Audit

Use for: distinguishing resident choice from lack of opportunity, access, or appropriate timing.

Resident / unit: _____ **Audit period:** _____

Reviewer: _____

Date	Opportunity offered	Time	Accepted?	Conflict / barrier	Alternative offered

Total opportunities: _____

Accepted: _____ **Declined:** _____

Conflicts: _____

Alternatives offered: _____

Follow-up needed: _____

FORM 8 | Program Effectiveness Evaluation

Use for: deciding whether a program should continue, change, expand, or be replaced.

Program: _____ **Date:** _____

Facilitator: _____ **Location:** _____

Residents invited: _____ **Residents attending:** _____

Measure	Result / rating	Notes
Participation rate		
Average engagement (0–5)		
Early departures		
Resident requests to repeat		
Mood / affect change		
Accessibility barriers		
Staff observations		

☐ Continue as is ☐ Modify

☐ Change time / location ☐ Change group size

☐ Add adaptations ☐ Discontinue / replace

☐ Collect more data

What worked / what will change next time

_____

_____

_____

FORM 9 | Social Isolation Observation Tool

Use for: identifying changes that may signal reduced social connection and need for additional assessment.

Resident: _____ **Date:** _____

Observer: _____ **Review period:** _____

☐ Increased time alone

☐ Reduced conversation / initiation

☐ Reduced family / friend contact

☐ Tearful / withdrawn

☐ Hearing / vision barrier

☐ Expresses loneliness

☐ Declines preferred activities

☐ Meals increasingly alone

☐ Recent loss / transition

☐ Reduced interest in hobbies

☐ Mobility / access barrier

☐ Other: _____

Observation / indicator	Frequency	Change from baseline?	Action / referral

Resident statements / strengths / preferred connections

_____

_____

_____

FORM 10 | Activity Transportation & Access Audit

Use for: identifying escort, mobility, timing, environmental, and transition barriers.

Unit / area: _____ **Date:** _____

Auditor: _____ **Program:** _____

Resident / area	Escort needed?	Provided?	Device available?	On time?	Barrier / near miss

☐ Reminder too late

☐ Escort unavailable

☐ Toileting delay

☐ Hallway congestion

☐ Mobility device out of reach

☐ Inaccessible seating

☐ Lighting / clutter

☐ Program location too far

☐ Other: _____

Corrective action / responsible person / follow-up date

_____

_____

_____

FORM 11 | Resident Choice & Preference Interview

Use for: capturing the resident's own preferences about what, when, where, and how engagement occurs.

Resident: _____ **Date:** _____

Interviewer: _____ **Representative involved, if applicable:**

What activities or hobbies are most important to you?

_____

What would you like to continue doing here?

_____

What time of day do you prefer activities?

_____

Do you prefer groups, small groups, one-to-one, independent activities, or a mix?

_____

Are there activities you do not want offered?

_____

What helps you feel connected to other people?

_____

Are spiritual, cultural, community, family, or lifelong routines important to you?

_____

What makes it hard for you to participate?

_____

What is one thing we could add or change?

_____

Care plan / calendar follow-up

_____

FORM 12 | Family Engagement & Feedback Form

Use for: gathering observations and suggestions that support person-centered activity planning.

Resident: _____ **Family / representative:** _____

Date: _____ **Relationship:** _____

Staff receiving feedback: _____

Question	Response / comments
What activities have always been meaningful?	
Have you noticed changes in interests, mood, or social interaction?	
Important routines, traditions, music, hobbies, or roles?	
What helps the resident feel connected?	
Any barriers to participation you have noticed?	
What would you like us to try?	

☐ Follow-up needed ☐ Care plan review

☐ Activity assessment update ☐ IDT communication

☐ No action needed

Action / responsible person / target date

_____

_____

_____

FORM 13 | Monthly Activity QAPI Dashboard

Use for: bringing one page of meaningful Activity Department information to QAPI.

Facility / unit: _____ **Month:** _____

Prepared by: _____

Indicator	Goal	Current month	Prior month	Trend / action
Group participation rate				
Average engagement score				
One-to-one contacts				
Residents with decreased engagement				
Preference reviews completed				
Top refusal / barrier trend				
Social isolation concerns				
Activity-related falls / near misses				
Resident / family satisfaction				
Current PIP measure				

Top success this month

_____

_____

Top concern / recommendation for QAPI

_____

_____

FORM 14 | PIP Data Collection Worksheet

Use for: planning a measurable Performance Improvement Project from baseline through follow-up.

PIP title: _____ **Team lead:** _____

Start date: _____ **Review date:** _____

Problem statement — What is happening?

_____

Baseline — What do the current numbers show?

_____

Aim statement — What measurable improvement do we want, and by when?

_____

Measure	Operational definition	Who collects?	How often?	Where recorded?	Goal

Interventions to test

Intervention	Owner	Start date	Status / notes

Results / next decision

_____

_____

_____

FORM 15 | PDSA Worksheet

Use for: testing a small change before wider implementation.

PLAN

What change will we test? What do we predict? Who will do it? When and where? What data will we collect?

DO

What happened during the test? What problems or unexpected observations occurred?

STUDY

What did the data show? Did the result match the prediction? What did residents and staff report?

ACT

Adopt, adapt, or abandon? What is the next test or implementation step?

Quick Guide: Turning Activity Data Into QAPI

Step	Ask	Example
1. Identify	What changed or needs improvement?	Afternoon participation fell from 68% to 47%.
2. Define	Exactly what will we measure?	Invitations, attendance, engagement, refusals, barriers.
3. Collect	Who, when, where, and for how long?	Activity staff; every afternoon program; 2 weeks.
4. Analyze	What pattern or root cause appears?	Therapy conflicts and toileting delays are common.
5. Intervene	What small change will we test?	Move program time and coordinate assistance.
6. Re-measure	Did the numbers improve?	Participation rises and barrier-related refusals fall.
7. Sustain	How will we keep monitoring?	Monthly dashboard and periodic audit.

Documentation reminder: Use objective observations and the resident's own words when possible. Avoid diagnosing causes outside your scope. Communicate significant changes through the facility's established interdisciplinary and clinical processes.