

RÉSO - Recreational v.1.4, july 2015
Évaluation des besoins en REinsertion Sociale

Tremblay, J., Blanchette-Martin, N., Sirois, M., Dorval, J., Drouin, M. & Leblanc, L.
 nadine.blanchette-martin@ssss.gouv.qc.ca

First Name (Please Print)

File Number

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Date of Evaluation

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Year					Month			Day	

Last Name (Please Print)

Evaluator ID Number

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1. How do you like to spend your free time?

- Entertainment :** Have fun, distract and enjoy myself (dancing, skating, etc.).
- Relaxation :** Take my time, daydream, decompress, take stock of my situation, be creative and take care of my mind and spirit (reading, watching movies, etc.).
- Skill development :** Be creative, develop certain abilities, feel successful through my accomplishments (playing a musical instrument, painting, modeling pottery etc.).
- Develop or improve my social network**

2. Within the last 6 months, how often have you practiced the following activities?

Never / *Sometimes* / *Monthly* / *Weekly* / *Daily*

3. Activities that you used to do?

4. Activities that you would like to start doing again?

	<i>Never</i>	<i>Sometimes</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily</i>		
a. Movies.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	a.	<input type="radio"/>
b. Television.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b.	<input type="radio"/>
c. Computer (games, internet, etc.).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c.	<input type="radio"/>
d. Concerts or other public performances..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d.	<input type="radio"/>
e. Tourist attractions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	e.	<input type="radio"/>
f. Individual sports.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	f.	<input type="radio"/>
g. Team sports.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	g.	<input type="radio"/>
h. Outdoor activities.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	h.	<input type="radio"/>
i. Restaurant.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	i.	<input type="radio"/>
j. Bar.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	j.	<input type="radio"/>
k. Volunteer work.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	k.	<input type="radio"/>
l. Play music.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	l.	<input type="radio"/>
m. Listen to music.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	m.	<input type="radio"/>
n. Read.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n.	<input type="radio"/>
o. Manual labour (wood crafts, carpentry, etc.)..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	o.	<input type="radio"/>
p. Groups / clubs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	p.	<input type="radio"/>
q. Groups / religious associations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	q.	<input type="radio"/>
r. Others, specify : _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	r.	<input type="radio"/>

s. Others, specify : _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	s.	<input type="radio"/>

5. Are you generally satisfied with your recreational activities?

- Not at all
- A little
- Partially
- Mostly
- Completely

6. What obstacles prevent you from practicing your recreational activities ?

- Financial difficulties
- Lack of motivation
- Problems getting about
- Children (babysitter)
- Lack of ideas
- Alone
- Lack of time
- Lack of perseverance
- Drug/alcohol consumption
- Gambling
- Others, specify : _____

7. Are you aware of recreational activities that are available in your neighbourhood?

- Yes
- No

8. How many hours per week do you spend in front of a computer, television, video game and portable game, screen (do not include money games or games of chance)?

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 hours

Comments