

# Orientation Log

3-spontaneous correct 2-cued correct 1-MC correct 0-no correct response

Date													

**Person Questions**

1. What is your name?																				
2. What is your _____'s name?																				
3. How many children do you have?																				
4. What are your children's names?																				
5. Have you had any visitors today?																				
6. Who is your doctor here?																				
7. Who works with you in OT?																				
8. Who works with you in PT?																				
9. Who works with you in ST?																				
10. Who works with you in TR?																				
11. Who am I?																				

**Situation Questions**

1. What is your birthday?																					
2. How old are you?																					
3. What happened to you?																					
4. What problems are you having from your injury?																					
5. What problems are you working on in OT?																					
6. What problems are you working on in PT?																					
7. What problems are you working on in ST?																					
8. What problems are you working on in TR?																					
9. Are you having any other health problems?																					
10. Do you think it would be safe for you to drive?																					

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## Time Questions

1.	What is the day of the week?																	
2.	What is the month?																	
3.	What is the date?																	
4.	What is the year?																	
5.	What time is it?																	
6.	What season are we in right now?																	
7.	What time does your morning therapy begin?																	
8.	What time does your afternoon therapy end?																	
9.	What part of the day is it?																	
10.	How many days until the weekend?																	
11.	How long have you been coming to _____ ?																	

## Place Questions

1.	What city do you live in?																	
2.	What state do you live in?																	
3.	What is your address?																	
4.	What is your phone number?																	
5.	What city are we in right now?																	
6.	What is the name of this place?																	
7.	What do we do here?																	
8.	Where were you when you woke up today?																	
9.	Where did you eat breakfast this morning?																	
10.	Where will you eat lunch today?																	