senior care INC
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AIDE TIME AND ACTIVITY REPORT

PATIENT: Week Ending:

EMPLOYEE: Social Security No:

	DATE	TIME IN	TIME OUT	HOURS	EMPLOYEE SIGNATURE	CLIENT/REPRESENTATIVE SIGNATURE
Sun						
Mon						
Tue						
Wed						
Th						
Fri						
Sat						
			TOTAL			

TASK / ACTIVITY	Sun	M	T	W	Th	F	Sat
PERSONAL CARE : ☐ Bed ☐ Tub ☐ Shower							
Hair Care ☐ Shampoo ☐ Comb/Brush							
☐ Shave ☐ Nail care (DO NOT CUT NAILS)							
☐ Oral Hygiene/Mouth Care ☐ Denture Care							
☐ Skin Care: ☐ Lotion ☐ Other							
☐ Foot Care							
☐ Dressing: ☐ Total ☐ Assist							
☐ Meals DBF ☐ Lunch ☐ Dinner ☐ Snack							
☐ Assist/Feed Patient							
☐ Ambulation ☐ Assist ☐ Cane ☐ Walker ☐ W/C							
☐ Transfer ☐ Bed ☐ Chair							
☐ ROM ☐ Turn Q2hours							
☐ Ostomy/Catheter Care							
☐ Non-Sterile Dressing (HHA ONLY)							
☐ Medications ☐ Assist ☐ Remind							
☐ Observe/Report Physical/Mental Changes							
☐ Record ☐ Intake ☐ Output (HHA ONLY)							
☐ Record Temperature ☐ Record Wt (HHA ONLY)							
☐ Toileting ☐ Toilet ☐ Commode ☐ Urinal/Bedpan							
☐ Incontinent ☐ Bowel ☐ Bladder ☐ Diapers							
☐ Bladder Training ☐ Bowel Training							
☐ Aide received proper sleep and meal time							
HOUSEHOLD							
☐ Light Dusting ☐ Light Vaccuming ☐ Wet Mop							
☐ Bathroom ☐ Patient Area							
☐ Kitchen ☐ Clean Stove ☐ Clean Refrigerator							
☐ Linen Change ☐ Laundry							
☐ Shopping/Errands ☐ Escort to Appointments							