

CLIENT: _____

Address: _____ Town: _____

CHHA NAME: _____

CERTIFIED HOMEMAKER-HOME HEALTH AIDE DAILY ACTIVITY RECORD

*Client/Employee please certify hours stated are correct and aide performed all duties required.

DAY	DATE - 2021	TIME IN	TIME OUT	TOTAL HOURS	CLIENT SIGNATURE
MON					
TUES					
WED					
THURS					
FRI					
SAT					
SUN					

TOTAL: _____

CARE PROVIDED	MON	TUES	WED	THURS	FRI	SAT	SUN
Bath-bed							
Bath- sponge							
Bath- tub							
Shower							
Oral Hygiene/Brush Teeth/Denture Care							
Skin Care: Lotion							
Shave (<i>electric razor only</i>)							
Nail Care: File Clean (<i>do not cut</i>)							
Shampoo: Sink Tub Bed							
Grooming/Comb/Brush Hair/Dressing							
Foot care (<i>do not cut toenails</i>)							
Incontinence care							
Personal Hygiene Related to Elimination							
Assist bedpan/urinal/commode/bathroom							
Assist with ambulation							
Transfer							
Turn and position							
Range of motion exercises							
Remind/assist medications							
Vital signs: Temp. Pulse Respirations							
Catheter Care							
Assist with ostomy care							
Meal preparation Breakfast/Lunch/Dinner							
Feed client							
Serve meal/ set-up meal							
Fluids: Encourage Restrict							
Record intake and output							
Record bowel movement							
Bed: Make bed/Change linens							
Shopping							
Laundry							
Light housekeeping							
Accompany to appointments							
Other:							

*If care not given, indicate why:

Changes in client's condition reported to the RN Supervisor (continue on back, if necessary):

CHHA SIGNATURE & TITLE:

DATE: