Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Aide Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Month \_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_Week start\_\_\_\_\_\_\_\_\_\_\_\_ week end\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Day**  | **Time in** | **Time Out** | **Time In** | **Time Out** | **Total** | **Client Sign** |
|  | **Sun** |  |  |  |  |  |  |
|  | **Mon** |  |  |  |  |  |  |
|  | **Tues** |  |  |  |  |  |  |
|  | **Wed** |  |  |  |  |  |  |
|  | **Thurs** |  |  |  |  |  |  |
|  | **Fri** |  |  |  |  |  |  |
|  | **Sat** |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Care** | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| Shower/Bath |  |  |  |  |  |  |  |
| Bed Bath |  |  |  |  |  |  |  |
| Dressing Assistance |  |  |  |  |  |  |  |
| Oral Care |  |  |  |  |  |  |  |
| Shampoo |  |  |  |  |  |  |  |
| Shave |  |  |  |  |  |  |  |
| Perineal Care |  |  |  |  |  |  |  |
| Skin Care/ lotion/power |  |  |  |  |  |  |  |
| Companionship |  |  |  |  |  |  |  |
| Remove elastic Hose |  |  |  |  |  |  |  |
| Deodorant |  |  |  |  |  |  |  |
| Hair Care |  |  |  |  |  |  |  |
| **Homemaking** |  |  |  |  |  |  |  |
| Vacuumed |  |  |  |  |  |  |  |
| Clean Bedroom |  |  |  |  |  |  |  |
| Clean Kitchen |  |  |  |  |  |  |  |
| Mopped Floors |  |  |  |  |  |  |  |
| Laundry |  |  |  |  |  |  |  |
| Changed Linens |  |  |  |  |  |  |  |
| Made Bed |  |  |  |  |  |  |  |
| Grocery shopping |  |  |  |  |  |  |  |
| Errands |  |  |  |  |  |  |  |
| Med Reminder |  |  |  |  |  |  |  |
| **Transfers**  |  |  |  |  |  |  |  |
| Wheel Chair Assist |  |  |  |  |  |  |  |
| Hoyer Lift |  |  |  |  |  |  |  |
| Meal Preparation  |  |  |  |  |  |  |  |
| Feeding Assistance |  |  |  |  |  |  |  |
| Appetite Good Fair Poor |  |  |  |  |  |  |  |
| **Bathroom** |  |  |  |  |  |  |  |
| Toileting /Urinal/Cath |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |