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**HOME HEALTH AID TIME & ACTIVITY REPORT**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week Ending: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# \_\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Time In** | **Time Out** | **Hours** | **Employee Signature** | | | | **Client/Rep. Signature** | | | | |
| Saturday |  |  |  |  |  | | | |  | | | | |
| Sunday |  |  |  |  |  | | | |  | | | | |
| Monday |  |  |  |  |  | | | |  | | | | |
| Tuesday |  |  |  |  |  | | | |  | | | | |
| Wednesday |  |  |  |  |  | | | |  | | | | |
| Thursday |  |  |  |  |  | | | |  | | | | |
| Friday |  |  |  |  |  | | | |  | | | | |
| **TOTAL:** | | | |  |  | | | |  | | | | |
| **TASK** | | | | | | **SAT** | **SUN** | **MON** | | **TUES** | **WED** | **THUR** | **FRI** |
| BATH [ ] Tube 100 [ ] Shower 101 [ ] Bed 102 | | | | | |  |  |  | |  |  |  |  |
| MOUTH CARE/DENTURES 104 | | | | | |  |  |  | |  |  |  |  |
| HAIR CARE [ ] Comb 105 [ ] Shampoo 106 | | | | | |  |  |  | |  |  |  |  |
| NAIL CARE [ ] 108 | | | | | |  |  |  | |  |  |  |  |
| DRESSNIG [ ] 109 | | | | | |  |  |  | |  |  |  |  |
| SKIN CARE [ ] 110 | | | | | |  |  |  | |  |  |  |  |
| FOOT CARE [ ] 111 | | | | | |  |  |  | |  |  |  |  |
| TOILETING [ ]Incontinent(Diaper/pad) 112 [ ]Commode 113  [ ]Bedpan/Urinal 114 [ ]Bathroom 115 | | | | | |  |  |  | |  |  |  |  |
| PREPARE and SERVE MEAL [ ]Diet 200 [ ]Breakfast 201  [ ]Lunch 202 [ ]Dinner 203 [ ]Snack 204 | | | | | |  |  |  | |  |  |  |  |
| TRANSFER ASSISTANCE 300 | | | | | |  |  |  | |  |  |  |  |
| ASSIST WITH WALKING 301 | | | | | |  |  |  | |  |  |  |  |
| DEVICE IN USE 302 [ ]Cane [ ]Walker [ ]WC | | | | | |  |  |  | |  |  |  |  |
| ROM/HOME EXERCISE PROGRAM 303 | | | | | |  |  |  | |  |  |  |  |
| TURN and POSITION 305 | | | | | |  |  |  | |  |  |  |  |
| REMIND PATIENT TO TAKE MEDICATIONS 409 | | | | | |  |  |  | |  |  |  |  |
| CHANGE PATIENT’S LINEN 500 | | | | | |  |  |  | |  |  |  |  |
| LAUNDRY 501 | | | | | |  |  |  | |  |  |  |  |
| CLEAN BATHROOM 502 | | | | | |  |  |  | |  |  |  |  |
| CLEAN KITCHEN 502 | | | | | |  |  |  | |  |  |  |  |
| CLEAN PATIENT’S ROOM 502 | | | | | |  |  |  | |  |  |  |  |
| VACUUM/DUST 502 | | | | | |  |  |  | |  |  |  |  |
| MOP FLOOR 502 | | | | | |  |  |  | |  |  |  |  |
| SHOPPING/ERRANDS 504 | | | | | |  |  |  | |  |  |  |  |
| ACCOMPANY PATIENT TO MD 505 | | | | | |  |  |  | |  |  |  |  |
| PATIENT SUPPORT ACTIVITY [ ]Speak/Read 506 | | | | | |  |  |  | |  |  |  |  |
| MONITOR PATIENT SAFETY 507 | | | | | |  |  |  | |  |  |  |  |
| OTHER | | | | | |  |  |  | |  |  |  |  |