1302 Kings Hwy, 3rd floor, Brooklyn, NY 11229, Tel 347 5424150; Fax 347 5424152; E-mail: bighearthc@hotmail.com

**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 |  |  |  |  |  |  |  |