



CAREGIVER TIME AND ACTIVITY RECORD

Client name: _____ **MR#** _____

Caregiver signature: _____ **Title:** _____ **Date:** _____

Date	Sat/	Sun/	M/	T/	W/	T/	F/
Time in							
Time out							
Initials							

My initials above certifies that I received service on the date(s) and times as listed and the services documented below were provided to me.

Personal Care Tasks								Nutrition tasks							
Days to be performed	S	S	M	T	W	R	F	Days to be performed	S	S	M	T	W	R	F
1. Total bed bath								29. Prepare meal <input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> Snack							
2. Assist bed bath								30. Total feed							
3. Assist shower								31. Assist with feeding							
4. Assist tub								32. Restrict fluids: Amount for 24 hours:							
5. Sponge bath								Mobility tasks	S	S	M	T	W	R	F
6. Shampoo								33. Bedrest; Turn _____ hr							
7. Conditioner								34. Assist to transfer							
8. Comb/brush hair								35. Assist to ambulate							
9. Brush teeth								36. Wheelchair							
10. Clean dentures								37. Walker							
11. Apply lotion to skin								38. Cane							
12. Dress								39. Crutches							
13. Shave: <input type="checkbox"/> safety razor <input type="checkbox"/> electric								40. <input type="checkbox"/> Exercise <input type="checkbox"/> Range of motion							
14. Nail care: <input type="checkbox"/> clean <input type="checkbox"/> file								Precautions	S	S	M	T	W	R	F
15. Medications <input type="checkbox"/> remind <input type="checkbox"/> assist with self-administered meds								41. Infection control: Hand-washing; Standard Precautions							
16. Apply:								42. Choking							
17. Remove:								43. Bleeding							
Toilet/Elimination tasks	S	S	M	T	W	R	F	44. Oxygen safety							
18. Urinal								45. Fall prevention							
19. Bedpan								Support Service task	S	S	M	T	W	R	F
20. Commode								46. Clean client areas							
21. Toilet								47. Change bed linens							
22. Incontinence brief								48. Make client bed							
23. Incontinence care								49. Client laundry							
24. Empty urinary bag								50. Shopping for:							
25. <input type="checkbox"/> Empty ostomy bag <input type="checkbox"/> Rinse ostomy bag								51. Errands to:							
Special Instructions	S	S	M	T	W	R	F	52. Transportation to:							
26. Vitals signs <input type="checkbox"/> Temp <input type="checkbox"/> Pulse <input type="checkbox"/> Resp. <input type="checkbox"/> B/P								53. Other							
27. Weigh															
28. Other:															

Key: ϕ = task completed; R=refused; S=performed by self; O=reported to supervisor

Client Signature: _____ **Date:** _____