HOME HEALTH AIDE WEEKLY ACTIVITY REPORT

Month/Year: ________/________

Patient Name: (Last, First):	Address:

	Treatment / Care Provided:	Sunday / /	Monday / /	Tuesday / /	Wednesday / /	Thursday / /	Friday / /	Saturday / /
VITAL SIGNS	Record Temperature: ☐ Oral ☐ Axillary							
	Record Pulse: Record Respirations:							
	Record Blood Pressure:							
	Record Weight:							
PERSONAL CARE	Bath: ☐ Bed ☐ Tub ☐ Shower ☐ Sponge							
	Peri Care: Foley Care:							
	Hair: ☐ Shampoo ☐ Brush ☐ Comb							
	Oral Care: ☐ Mouth/Teeth ☐ Dentures							
	Shave: Nail Care: (File only, do not cut)							
	Apply Lotion/Powder to Skin:							
	Dress Patient: ☐ Assist ☐ Complete							
	Other:							
TOILETING	Assist with Toileting: ☐ Bedpan ☐ Commode ☐ Bathroom							
	Measure Urine Output: ☐ Record Color							
	Record Bowel Movement: ☐ Record Consistency							
	Incontinent Care: ☐ Bladder ☐ Bowel							
	Other:							
PATIENT ASSISTANCE	Meal: ☐ Prep ☐ Assist ☐ Feed ☐ Special Diet ☐ Record Appetite							
	Assist with Medications: (Pre-poured only)							
	Assist with Oxygen: ☐ Tubing & Cannula Care ☐ 1/min.							
	Assist Nurse with Patient Care							
	Other:							
MOBILITY	Turn & Reposition Q 2 hours: ☐ Bed ☐ Chair							
	Assist Exercises: ☐ PT ☐ OT ☐ ST ☐ ROM							
	Transfer Patient to: ☐ Bed ☐ Chair ☐ Commode ☐ Use Hoyer Lift ☐ Max ☐ Min ☐ Standby Assist							
	Ambulate Patient: ☐ Assistance ☐ Supervision ☐ Walker ☐ Cane ☐ Quad Cane ☐ Crutches ☐ Brace ☐ Cast							
	Other:							
HOUSEHOLD SERVICES	Change Bed: Clean Bathroom:							
	Keep Kitchen Clean & Workable:							
	Care of Patient Area:							
	Wash Patient's Laundry & Bed Linens:							
	Marketing: 1 Time Per Week							
	Other:							
Assist with Medication								
	Time In							
	Time Out							
	Time Total							

Please note that falsifying work hours or forging authorized signatures will result in immediate termination.

	Date	Patient Daily Authorized Signature	Daily Pertinent Observation
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Name of Aide: ______________________________ Aide's Signature: ______________________________