

# HHA TIME AND ACTIVITY RECORD

Print Client Name: \_\_\_\_\_ Office Use: \_\_\_\_\_

Print Caregiver Name: \_\_\_\_\_ Week of: \_\_\_\_\_ to \_\_\_\_\_

Date	M/	T/	W/	Th/	F/	Sat/	Sun/	Total
Time In								
Time Out								
Total Hours								
Time In								
Time Out								
Total Hours								

*Please make sure that your time sheet is filled out correctly. Incorrect Time Sheets or incomplete Time sheets can result in Delayed Pay*

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

Personal Care Tasks								Nutrition Tasks							
Days to be performed	M	T	W	Th	F	Sat	Sun	Days to be performed	M	T	W	Th	F	Sat	Sun
1. Total bed bath								29. Prepare meal B L D 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	M	T	W	Th	F	Sat	Sun
6. Shampoo								33. Bedrest; Turn q 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: ___ safety razor ___ electric								40. ___ Exercise ___ Range of motion							
13. 14. Nail care: ___ clean ___ file								Precautions	M	T	W	Th	F	Sat	Sun
14. 15. Medications ___ remind ___ assist with self-administered meds								41. Infection control: Hand washing; Standard Precautions							
16. Apply:								42. Choking							
17. Remove:								43. Bleeding							
<b>Toilet/Elimination tasks</b>	M	T	W	Th	F	Sat	Sun	44. Oxygen safety							
18. Urinal								45. Fall prevention							
19. Bedpan								Support Service task	M	T	W	Th	F	Sat	Sun
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. ___ Empty ostomy bag ___ Rinse ostomy bag								51. Errands to:							
<b>Special Instructions</b>	M	T	W	Th	F	Sat	Sun	52. Transportation to:							
26. Vitals signs ___ Temp ___ Pulse ___ Resp. ___ B/P								53. Other							
27. Weigh															
28. Other:															

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_