

## WEEKLY TASKS

Client's Name: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Week Beginning: \_\_\_\_/\_\_\_\_/\_\_\_\_ Week Ending: \_\_\_\_/\_\_\_\_/\_\_\_\_

Frequency: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Total Hours Worked \_\_\_\_\_

SPECIFIC TASKS PERFORMED		S	M	T	W	T	F	S
Date at top of each column	Date							
<b>PERSONAL CARE TASKS:</b>								
• Mouth/Denture Care								
• Grooming/Shampooing Hair/Hair Care								
• Assisting with dressing/toileting								
• Other								
<b>MEDICALLY RELATED TASKS:</b>								
• Observing/reporting changes in client condition								
• Arranging medical trips / picking up prescriptions								
• Accompanying client on medical appointments								
• Reminding client to take medication								
• Other								
<b>HOUSEKEEPING TASKS:</b>								
• Vacuuming/sweeping/mopping/dusting								
• Changing linens/laundry								
• Other								
<b>RESPIRE CARE:</b>								
• Providing watchful supervision and temporary assistance								
<b>AMBULATION AND TRANSFER:</b>								
• Assisting with transfer								
• Assisting with walking								
• Encouraging Physical activity/assist with exercise								
• Other								
<b>HOME MANAGEMENT:</b>								
• Grocery shopping								
• Assisting with bill paying								
• Assisting with food stamp or other application								
• Other								
<b>PROPER NUTRITION:</b>								
• Preparing meals/ clean up								
• Encouraging proper nutrition								
• Assisting with eating								
• Other								
<b>TOILETING/ELIMINATION:</b>								
• Urinal/bedpan/commode								
• Incontinent care								
• Last bowl movement								
• Other								
<i>Time In:</i>								
<i>Time Out</i>								
<i>Hours worked</i>								
<i>Caregiver's Initials each day</i>								
<i>Client's Initials each day</i>								

<i>RN Signature</i>	<b>Date:</b>
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