



Home Health Care

Task List and Time Record

PATIENT NAME: _____

DATES OF SERVICE: _____ through _____

ATTENDED BY: _____

| | SUN | MON | TUE | WED | THU | FRI | SAT |
|--|-----|-----|-----|-----|-----|-----|-----|
| Hygiene: bath (bed, chair, tub) or shower | | | | | | | |
| hair (shampoo, blow dry, comb, style) | | | | | | | |
| teeth (oral hygiene/ denture care) | | | | | | | |
| nails (trim, clean, condition) | | | | | | | |
| skin (lotion, massage) | | | | | | | |
| facial hair (shave, trim, condition) | | | | | | | |
| foot care (wash, inspect, moisturize) | | | | | | | |
| toilet (bowel/bladder management) | | | | | | | |
| Nutrition: meal preparation | | | | | | | |
| eating/drinking | | | | | | | |
| dose medicines | | | | | | | |
| Chores: change linens | | | | | | | |
| do laundry | | | | | | | |
| light housekeeping | | | | | | | |
| take out trash | | | | | | | |
| Outings: supervised walks | | | | | | | |
| range of motion exercises/physical therapy | | | | | | | |
| shopping/errands | | | | | | | |
| transportation | | | | | | | |
| Social: schedule appointments | | | | | | | |
| reading/writing | | | | | | | |
| telephone/devices | | | | | | | |
| Other: | | | | | | | |
| | | | | | | | |

| | | | |
|------|------------------------------|--------------------------------|-----------------------------------|
| Sun. | Start Time ____:____ AM PM | Finish Time: ____:____ AM PM | Total Time: _____ hrs. _____ min. |
| Mon. | Start Time ____:____ AM PM | Finish Time: ____:____ AM PM | Total Time: _____ hrs. _____ min. |
| Tue. | Start Time ____:____ AM PM | Finish Time: ____:____ AM PM | Total Time: _____ hrs. _____ min. |
| Wed. | Start Time ____:____ AM PM | Finish Time: ____:____ AM PM | Total Time: _____ hrs. _____ min. |
| Thu. | Start Time ____:____ AM PM | Finish Time: ____:____ AM PM | Total Time: _____ hrs. _____ min. |
| Fri. | Start Time ____:____ AM PM | Finish Time: ____:____ AM PM | Total Time: _____ hrs. _____ min. |
| Sat. | Start Time ____:____ AM PM | Finish Time: ____:____ AM PM | Total Time: _____ hrs. _____ min. |