

ELITE NURSING SERVICES, INC.

Home Health Aide Time and Activity Documentation

FAX: (763) 374-5451

Days of the Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date of the Month							
Time In							
Time Out							

Activities

Wash Dishes							
Clean Counters /Sinks							
Clean Stove/Oven							
Clean Bathroom							
Make Bed							
Vacuum							
Dust							
Laundry							
Mop Floors							
Meal Preparation (B L D)							
Appetite: (Good Fair Poor)							
Social & Recreation							
Errands							
Transportation							
Grocery Shopping							
HOURS							

HOURS TOTAL _____

Name of Aide: _____ Signature: _____ Date: _____

SIGNATURE: Client/Responsible Party _____ Date: _____