



# Daily Activity Record



<b>CARE WORKER:</b>			
<b>DATE:</b>			
<b>TIME IN:</b>			
<b>TIME OUT:</b>			
<b>PATIENT ID:</b>			
<b>PATIENT NAME:</b>			
<b>NUTRITION</b>			
<b>PREPARE MEALS</b>		<b>SERVE MEALS</b>	
<b>OFFER FLUIDS</b>		<b>ASSIST WITH EATING</b>	
<b>TRANSFERRING</b>			
<b>WHEELCHAIR</b>		<b>CHAIR</b>	
<b>BEDREST</b>		<b>OTHER</b>	
<b>DRESSING</b>			
<b>SELF</b>		<b>ASSISTED</b>	
<b>OTHER</b>			
<b>PERSONAL CARE</b>			
<b>BATH/SHOWER</b>		<b>BED BATH</b>	
<b>ORAL HYGIENE</b>		<b>SHAMPOO</b>	
<b>SKIN CARE/GROOMING</b>		<b>SHAVING</b>	
<b>TOLIETTING</b>			
<b>TOLIET</b>		<b>BEDSIDE COMMUNE</b>	
<b>BEDPAN/URINAL</b>		<b>EMPTY CATH DRAINAGE BAG</b>	
<b>EMPTY OSTOMY APPLIANCE</b>		<b>DIAPERS/DEPENDS</b>	
<b>AMBULATION</b>			
<b>AMBULATION</b>		<b>DEVICE</b>	
<b>ASSIST</b>		<b>WALKER</b>	
<b>OTHER</b>			
<b>MEDICATION REMINDER</b>			

Patient/Designee: I certify that the employee listed on this time slip worked the times indicated and the work was performed in a satisfactory manner. I agree to the times regarding this time slip

Care Worker Signature	Patient Signature
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SUPPORTING IMAGES (IF REQUIRED)	