

# ***TREND HOME HEALTH SERVICES***

## ***SELF EVALUATION HHA/CNA***

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

*CIRCLE ONE A NUMBER TO BEST DESCRIBE YOR EXPERIENCE WITH EACH PROCEDURE*

**1 – VERY EXPERIENCED      2 – SOME EXPERIENCE      3 – NOT EXPERIENCED**

PROCEDURE		AIDES RATING			COMMENTS
		1	2	3	
	<b>VITAL SIGNS</b>				
1.	ORAL TEMPERATURE				
2.	RECTAL TEMPERATURE				
3.	AUXILIARY TEMPERATURE				
4.	DIGITAL THERMOMETER				
5.	PULSE (RADIAL)				
6.	RESPIRATION				
	<b>BATHING</b>				
7.	BATHING				
8.	BED BATH				
9.	TUB/SHOWER				
10.	SPONGE				
	<b>NAIL CARE</b>				
11.	FINGERNAILS				
12.	TOENAILS				
	<b>SKIN CARE</b>				
13.	BACKRUB				
14.	INCONTINENT CARE				
15.	FOOT SOAK				
16.	PERICARE				
17.	TED HOSE				
18.	SHAVE				
19.	DRESSING REINFORCEMENT				
	<b>ORAL CARE</b>				
20.	BRUSH TEETH				
21.	DENTAL CARE				
22.	TOOTHLESS				
	<b>TOILETING / ELIMINATION</b>				
23.	URINAL PLACEMENT				
24.	BEDPAN PLACEMENT				
25.	URINARY CATHETER CARE & CHANGE BAD				
26.	GASTROSTOMY SITE CARE (OPTIONAL)				
27.	OBSERVE & RECORD INTAKE & OUTPUT (OPTIONAL)				
28.	ENEMA (OPTIONAL)				
	<b>TRANSFER TECHNIQUE</b>				
29.	BED TO CHAIR				
30.	CHAIR TO STANDING				
31.	ASSIST WITH AMBULATION				
32.	TRANSFER BELT				
33.	HOYER LIFT (OPTIONAL)				
34.	TRAPEZE (OPTIONAL)				

<b>EXERCISE PROGRAM</b>					
35.	PASSIVE ROM EXERCISES				
36.	ACTIVE ROM EXERCISES				
<b>ASSISTIVE DEVICES</b>					
37.	WALKER				
38.	WALKER WITH WHEELS				
39.	CANE				
40.	CRUTCHES				
41.	QUAD CANE				
<b>POSITIONING</b>					
42.	TURN SIDE TO SIDE				
43.	ASSIST				
<b>OTHER SKILLS</b>					
44.	INFECTION CONTROL-STANDARD PRECAUTION				
45.	OBSERVING & REPORTING PT'S STATUS & CARE FURNISHED				
46.	DOCUMENTING PT'S STATUS & CARE FURNISHED				
47.	ELEMENTS OF BODY FUNCTION & CHANGE TO REPORT				
48.	RECOGNITION OF EMERGENCIES				
49.	KNOWLEDGE OF EMERGENCY PROCEDURES				
50.	MEDICATION REMINDER				
51.	MENU PLANNING				
52.	MEALS PREPARATION				
53.	LIGHT HOUSEKEEPING				
54.	MAINTENANCE OF CLEAN, SAFE & HEALTHY ENVIRONMENT				
55.	CHANGE LINEN				
56.	MAKE REGULAR BED				
57.	MAKE HOSPITAL BED				
58.	RESPECT PATIENT'S PRIVACY				
59.	RESPECT PATIENT'S PROPERTY				

DATE OF COMPLETION: \_\_\_\_\_

\_\_\_\_\_  
Name & Title of Designated Representative of the Agency (Employer)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contractor/Employee Name & Title

\_\_\_\_\_  
Signature