

# ACTIVITY SHEET / TIME SHEET

PO Box 1982, Toms River, , NJ 08754  
Tel.: 732-505-0080  
Fax : 732-505-0083



Client : \_\_\_\_\_  
(Last) (First)

CHHA \_\_\_\_\_  
(Please Print Name)

	Sun	Mon	Tue	Wed	Thu.	Fri.	Sat.
Date							
Time Started							
Time Ended							
Time Started							
Time Ended							
Client Signature Each Day							

**R-Client Refused**

Daily Activities	Sun	Mon	Tue	Wed	Thu.	Fri.	Sat.
1. Positioning : A. Up as tolerated B. T & P every 2 hours							
2. Bathing : A. Shower B. Sponge C. Bed D. Chair E. Supervise							
3. Hair Care : A. Shampoo B. Shower C. Bed D. Groom							
4. Mouth Care : A. Denture Care B. Brush Teeth C. Rinse							
5. Skin Care : A. Lotion B. Nail / foot care - do not cut C. Shave (electric)							
6. Dressing : A. assist B. Complete C. Day D. Evening							
7. Ambulation : A. Walking (guard while ambulatory) B. Cane C. Walker D. Wheel Chair							
8. ROM : A. Active B. Passive C. Elevate lower extremities							
9. Transfer : A. Bed to Chair B. Hoyer lift C. Pivot							
10. Diet : A. Fluids B. Encourage C. Restrict D. Regular E. Low Salt F Low Fat G. Diabetic H. Other							
11. Meal Prep : A. Breakfast B. Lunch C. Dinner D. Feed E. Cut F Supervise							
12. Medications : Remind Medications							
13. Elimination : A. Toilet B. Commode C. Bed Pan D. Measure I/O E. Catheter F Ostomy							
14. Light Housekeeping : A. Bedroom B. Bathroom C. Kitchen D. Living Room							
15. A. Make Bed B. Linen Change C. Laundry							
16. Shopping							
17. Other Duties :							
18. Other Duties :							
CHHA Signature :							

Any Change in Patient Status : Contact RN Immediately  
 Date \_\_\_\_\_ Time of Call \_\_\_\_\_ Name of RN \_\_\_\_\_  
 Report given to  
 RN, Supervisor : \_\_\_\_\_

My signature certifies that I provided services to the client on the dates and times listed above. I understand that I will be paid based on the verified time on this time slip and that my pay includes compensation for time spent providing client care, documentation, and travel between cases. I did not receive any injuries during this assignment.

X \_\_\_\_\_ X \_\_\_\_\_  
 EMPLOYEE SIGNATURE CLIENT SIGNATURE

The client should not under any circumstances pay the employee.

Discrepancy  NO  Yes (RN to document follow-up)

RN  
 Signature \_\_\_\_\_

Date \_\_\_\_\_