HHA DAILY CARE LOG

Week Ending: _____

Patient Name:
Aide Name:

TASK DESCRIPTION	MON	TUE	WED	THU	FRI	SAT	SUN
HOUSEKEEPING							
Light Cleaning / Dusting							
Kitchen Sanitization / Dishes							
Laundry & Linens							
Trash Removal							
PERSONAL CARE							
Bathing / Shower Assist							
Dressing & Grooming							
NUTRITION & HEALTH							

TASK DESCRIPTION	MON	TUE	WED	THU	FRI	SAT	SUN
Meal Preparation							
Medication Reminder							

Observations & Notes

Aide Signature

Patient/Supervisor Signature