# Aide Activity Note

**Patient/Client Name:**

<table>
<thead>
<tr>
<th>DATE</th>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
</tr>
</thead>
</table>

| TIME IN | |
|---------|

| TIME OUT | |
|----------|

**CLIENT/PATIENT INITIALS:**

**NUTRITION**
- Prepare Meals
- Serve Meals
- Offer Fluids
- Assist with Eating

**TRANSFERRING**
- Wheelchair
- Chair
- Bedrest
- Other

**DRESSING**
- Self
- Assist
- Other

**PERSONAL CARE**
- Tub Bath/Shower
- Partial/Complete Bed Bath
- Oral Hygiene
- Shampoo
- Skin Care/Grooming
- Shaving

**TOILETING**
- Toilet
- Bedside Commode
- Bedpan/Urinal
- Empty Cath Drainage Bag
- Empty Ostomy Appliance
- Diapers/Depends

**AMBULATION**
- Ambulation
- Device
- Assist
- Walker

**OTHER**
- Medication Reminder

<table>
<thead>
<tr>
<th>DATE</th>
<th>CAREGIVER COMMENTS</th>
</tr>
</thead>
</table>

Caregiver Signature: ____________________________  Print Name: ____________________________

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*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.*

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Patient/Client Signature: ____________________________  Print Name: ____________________________