Client Activity Log Checklist

Home Instead SENIOR CARE® *To us, it's personal.*

Client: _____ CAREGiver: _____ Date: _____

Companionship Activities

☐ Conversation ☐ Crafts/Scrapbooking ☐ Read Mail/Write Letters
☐ Games/Cards ☐ Plan Activities ☐ Maintain Calendar/Appointments
☐ Reading/TV/Movies ☐ Tuck-In/Wake Up ☐ Monitor Food Expirations

Other Companionship Activities: _____

_____

Home Helper Activities

☐ Pet Care ☐ Laundry & Ironing ☐ Clean/Organize Storage
☐ Errands (shopping, meds) ☐ Accompany to Lunch or Dinner ☐ Transportation (Dr., events, church)
☐ Prepare Future Meals ☐ Plan, Prepare & Clean-Up Meals ☐ Clean Living Area
☐ Clean Kitchen ☐ Clean Bathroom (s) ☐ Clean Bedroom (s)

Other Home Helper Activities: _____

_____

Personal Care Activities

☐ Eating ☐ Grooming ☐ Toileting & Continence Care
☐ Dressing ☐ Bathing ☐ Mobility

Other Personal Care Activities: _____

_____

Meals

☐ Breakfast: _____ ☐ Fluids: _____ Time: _____AM
☐ Morning Snack: _____ ☐ Fluids: _____ Time: _____AM
☐ Lunch: _____ ☐ Fluids: _____ Time: _____PM
☐ Afternoon Snack: _____ ☐ Fluids: _____ Time: _____PM
☐ Dinner: _____ ☐ Fluids: _____ Time: _____PM
☐ Evening Snack: _____ ☐ Fluids: _____ Time: _____PM

Other

Medication Reminders: ☐ Morning _____ AM ☐ Noon_____ PM ☐ Evening _____PM ☐ Bedtime _____PM
Notes: _____
Bathroom Reminders: ☐ Morning _____ AM ☐ Noon_____ PM ☐ Evening _____PM ☐ Bedtime _____PM
Physical Activities: _____
Visitors (family, friends, medical, etc.): _____
Sleep/Naps: _____

Shift Start Time: _____ Shift End Time: _____ Total Hours: _____
Companionship Hours: _____ Home Helper Hours: _____ Personal Care Hours: _____
Overnight Hours: _____ Miles Driven: _____ Long Night: _____

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