

HOME CARE TASKS CHECKLIST

Directions: This checklist is to help identify the tasks requiring a home care worker. For each question, answer if help is needed and indicate how often. This will help in determining who to hire for work in the home.

| BEDROOM | YES | NO | FREQUENCY AND COMMENTS |
|-----------------------------------|--------------------------|--------------------------|------------------------|
| Assist with getting in/out of bed | <input type="checkbox"/> | <input type="checkbox"/> | |
| Make bed | <input type="checkbox"/> | <input type="checkbox"/> | |
| Change bed linen | <input type="checkbox"/> | <input type="checkbox"/> | |

| BATHROOM | YES | NO | FREQUENCY AND COMMENTS |
|---------------------------------------|--------------------------|--------------------------|------------------------|
| Help with bathing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Help with toileting | <input type="checkbox"/> | <input type="checkbox"/> | |
| Help with grooming | <input type="checkbox"/> | <input type="checkbox"/> | |
| Clean sink, tub, toilet, and surfaces | <input type="checkbox"/> | <input type="checkbox"/> | |

| PERSONAL CARE | YES | NO | FREQUENCY AND COMMENTS |
|------------------------|--------------------------|--------------------------|------------------------|
| Help with dressing | <input type="checkbox"/> | <input type="checkbox"/> | |
| Help with transferring | <input type="checkbox"/> | <input type="checkbox"/> | |
| Help with walking | <input type="checkbox"/> | <input type="checkbox"/> | |

| HEALTH | YES | NO | FREQUENCY AND COMMENTS |
|----------------------|--------------------------|--------------------------|------------------------|
| Manage medications | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nursing care | <input type="checkbox"/> | <input type="checkbox"/> | |
| Occupational therapy | <input type="checkbox"/> | <input type="checkbox"/> | |
| Physical therapy | <input type="checkbox"/> | <input type="checkbox"/> | |
| Speech therapy | <input type="checkbox"/> | <input type="checkbox"/> | |

| MEALS | YES | NO | FREQUENCY AND COMMENTS |
|--|--------------------------|--------------------------|------------------------|
| Plan menus | <input type="checkbox"/> | <input type="checkbox"/> | |
| Prepare and serve meals | <input type="checkbox"/> | <input type="checkbox"/> | |
| Help with feeding | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wash, dry and store dishes and utensils | <input type="checkbox"/> | <input type="checkbox"/> | |
| Clean sink, stove, counters, refrigerators | <input type="checkbox"/> | <input type="checkbox"/> | |

| HOUSEHOLD | YES | NO | FREQUENCY AND COMMENTS |
|--|--------------------------|--------------------------|------------------------|
| Wash, dry and fold clothing and linens | <input type="checkbox"/> | <input type="checkbox"/> | |
| Empty and take out trash | <input type="checkbox"/> | <input type="checkbox"/> | |
| Clear, dust and organize surfaces | <input type="checkbox"/> | <input type="checkbox"/> | |
| Vacuum carpets | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sweep floors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wet or dry mop floors | <input type="checkbox"/> | <input type="checkbox"/> | |
| Complete yard work | <input type="checkbox"/> | <input type="checkbox"/> | |

| SHOPPING | YES | NO | FREQUENCY AND COMMENTS |
|--------------------------------------|--------------------------|--------------------------|------------------------|
| Prepare list | <input type="checkbox"/> | <input type="checkbox"/> | |
| Run errands | <input type="checkbox"/> | <input type="checkbox"/> | |
| Buy food and supplies | <input type="checkbox"/> | <input type="checkbox"/> | |
| Store items in the home as requested | <input type="checkbox"/> | <input type="checkbox"/> | |

| TRANSPORTATION | YES | NO | FREQUENCY AND COMMENTS |
|--|--------------------------|--------------------------|------------------------|
| Transport to and from social activities | <input type="checkbox"/> | <input type="checkbox"/> | |
| Transport to and from doctor's appointments | <input type="checkbox"/> | <input type="checkbox"/> | |
| Transport to and from other activities (religious, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | |

| SOCIAL ACTIVITIES | YES | NO | FREQUENCY AND COMMENTS |
|--|--------------------------|--------------------------|------------------------|
| Reading to your loved one | <input type="checkbox"/> | <input type="checkbox"/> | |
| Playing games with your loved one | <input type="checkbox"/> | <input type="checkbox"/> | |
| Visit with your loved one (conversation) | <input type="checkbox"/> | <input type="checkbox"/> | |

| OTHER TASKS | YES | NO | FREQUENCY AND COMMENTS |
|-------------|--------------------------|--------------------------|------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |