

HOMEMAKER / COMPANION ACTIVITY SHEET

CLIENT NAME: _____

Period Ending: _____

Employee Name: _____

		SUN	MON	TUES	WED	THURS	FRI	SAT
HOMEMAKER DUTIES:	Time In							
	Time Out							
	Hours							
Vacuuming								
Dusting								
Wet mop Floors								
Care of Bathroom								
Making beds/change linens								
Clean kitchen								
Wash dishes								
Clean refrigerator								
Laundry								
Marketing / shopping								
Meal Planning & preparation								
Money Management (make deposit, pay bills)								
Other:								

COMPANION DUTIES:	Time In							
	Time Out							
	Hours							
Supervision / monitor of activities of daily living								
Reminder for self-administered medication								
Escort to recreational activity								
Accompany to appointment (medical/business)								
Assist with phone calls/communications								
Accompany on walk								
Conversation								
Read								
Other:								



Employee Signature: _____

Date: _____

Supervisor: _____