

TASK LIST CAP C

Task	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Cardio – Respiratory (nebulizer, inhaler, oxygen)							
Elimination (diaper changes)							
Neurological (sleep disorder treatment)							
Sensory and Communications (assist with devices)							
Activities of Daily Living							
-Bathing							
-Personal Hygiene (wash hair, nail care, skin care, dental care)							
-Dressing							
-Mobility (bed, ambulation, locomotion)							
-Eating							
-Meal prep							
-Toileting							
-Transfer (to and from bed, to and from chair)							
Instrumental Activities of Daily Living							
-Laundry							
-Change Linen							
-Clean floors/Dust							
Nutrition (feeding tube site cleaning)							
Skin (non-sterile dressing support)							
Musculo – Skeletal (range of motion)							
Monitoring/Measurement							
Medications/Pain Management							
Precautions (falls)							
Other							
Other							

Week of _____

Employee Signature

Date

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Directions: The employee is required to keep a weekly list of tasks performed. The tasks must be consistent with the ISP (Individual Service Plan).

This task list is in WORD format so the employer can adjust it accordingly to individualize to approved tasks on the ISP.

TO DELETE: Simply move your mouse to the row that does not apply and right click. Select “delete row”.

TO ADD: Either delete text in a row and change to new text OR select a row, right click and select “add row above” or “add row below”.

The employee can check mark in the box on the day of the week that the task was performed. The employee should put multiple check marks in a box if the task was performed more than once.

Please keep the Task List with the employee’s time sheets. Your Care Advisor may want to view at the next visit.