

Assistance needed	yes/no	Time of day (a.m./p.m.)	How many minutes	How often: hourly, daily, weekly, etc.	Your comments
Personal needs:					
Getting up					
Medication					
Washing face					
Washing upper body					
Washing lower body					
Washing hair					
Menstrual hygiene					
Shaving					
Body hair removed					
Nails clipped					
Feet care					
Skin care					
Eye care					
Ear care					
Combing/brushing hair					
Dressing for day					
Positioning in wheelchair					
Medication during day					
Moved to rest position					
Assist with exercise					
Physiotherapy					
Assist in or out of car					
Toileting					
Undressing for bed					
Washing					
Teeth cleaning					
Night medication					
Dressing for bed					
Settling down					
Moving in night					