Quality In-Home Care Specialists

Bringing Quality to Your Home

Home Care Aide Skills Checklist

Home Care Aide Name: _____

Date: _____

Check below, the following care situations you have experience in:

- ☐ Hospice
- ☐ Death & Dying
- ☐ Alzheimer's
- ☐ Dementia
- ☐ Cancer
- ☐ Traumatic Brain injuries
- ☐ Multiple Sclerosis
- ☐ Parkinson's
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Mental Illness
- ☐ Cerebral Palsy
- ☐ Paraplegic
- ☐ Quadriplegic
- ☐ Strokes
- ☐ Assisting the Blind
- ☐ Vision Impaired
- ☐ Hearing Impaired
- ☐ ALS
- ☐ High Energy

Homemaker Services:

- ☐ Housekeeping
- ☐ Clean Kitchen
- ☐ Bathroom
- ☐ Vacuum
- ☐ Dust
- ☐ Laundry
- ☐ Bed Linen
- ☐ Pet Care
- ☐ Companionship
- ☐ Errands
- ☐ Outings
- ☐ Appointments
- ☐ Heavy Cleaning
- ☐ Plant Care
- ☐ Trash
- ☐ Sports/Park Activities
- ☐ Exercise

Nutrition

☐ Meal Prep ☐ Balanced Diet ☐ Vegetarian Diet ☐ Diabetic Diet ☐ Salt-Free Diet ☐ Ketogenetic Diet

Please list some food you can cook: _____

_____

Please describe a nutritious ***lunch*** you would prepare: _____

_____

Please describe a nutritious ***dinner*** you would prepare: _____

_____

Personal Care:

Bathing

- ☐ Bed bath
- ☐ Shower
- ☐ Shower Seat
- ☐ Shave Face
- ☐ Shave legs
- ☐ Nail Care
- ☐ Haircuts
- ☐ Skin Care

- ☐ Make occupied bed
- ☐ Med Assist
- ☐ Med Box
- ☐ Oxygen
- ☐ Bedside Care
- ☐ Massage
- ☐ Suppositories

Catheter

- ☐ Foley Catheter

Incontinent Care

- ☐ Adult Diapers
- ☐ Bed pan
- ☐ Commode
- ☐ Colostomy Bag
- ☐ Toileting

Peri Care

- ☐ Men ☐ Women

Oral Care

- ☐ Denture Care

Vitals

- ☐ Blood Pressure
- ☐ Pulse
- ☐ Temperature

Mobility Assistance:

- ☐ Car Transfer
- ☐ Wheelchair
- ☐ Chair
- ☐ Partial Weight-bearing
- ☐ Full weight-bearing
- ☐ Slide board
- ☐ Pivot Disc
- ☐ Ambulation
- ☐ Repositioning
- ☐ Range of Motion
- ☐ Exercise
- ☐ Walking with Cane
- ☐ Walking with Walker
- ☐ Placing Wheelchair in car
- ☐ Placing Walker in car
- ☐ Constraints
- ☐ Gait Belt
- ☐ Hoyer Lift
- ☐ ADL's

Fall Risk Supervision

- ☐ Hands on
- ☐ Hands off