

QN EVV Backup Daily Timesheet CNA/HHA

Day: _____ Date: _____ Client Name _____

Personal Care: Time In am/pm _____: _____ Time Out am/pm _____: _____

 Time In am/pm _____: _____ Time Out am/pm _____: _____

 Time In am/pm _____: _____ Time Out am/pm _____: _____

Respite/Companion Time In am/pm _____: _____ Time Out am/pm _____: _____

 Time In am/pm _____: _____ Time Out am/pm _____: _____

 Time In am/pm _____: _____ Time Out am/pm _____: _____

Homemaking Time In am/pm _____: _____ Time Out am/pm _____: _____

 Time In am/pm _____: _____ Time Out am/pm _____: _____

 Time In am/pm _____: _____ Time Out am/pm _____: _____

Progress Notes and Observations

Total Hrs:

Has the patient's condition changed? Yes/No

QN CNA/HHA EVV DBUTS rev 27Jan2020

Why were you unable to use EVV? _____

CG First/Last Name _____ CG Signature _____

Client Signature _____ Date _____

*****Please Turn Page Over and Circle what Duties You Did*****

Client Name: _____

Date of Service: _____

101 BathShower 102 BathBed

104 MouthCare 105 HairCare 107 GroomingShave

108 GroomingNails 109 Dressing 110 SkinCare

111 FootCare 113 ToiletingCommode

115 MealPrep 116 HouseWork 119 Shopping

128 Bed Mobility 129 HelpEating

138 Laundry 304 Range-of-Motion

301 AssistWalking 409 RemindTakeMeds 500ChangeLinen

408 AssistOstomyCare 507 MonitorPatientSafety

RN<>LPN

118 MedManaging 142 CatheterCare 143 WoundCare

144 G-TubeFeed 400 TakeTemp 401 TakePulse

402 Take BloodPressure 403 WeighPatient

404 TakeRespirations 405 RecordOutput

406 AssistCatheterCare