

# In-Home Caregiver Task Checklist

Date	Client Name
Caregiver Name	Shift Time

## Personal Care

<input type="checkbox"/>	Bathing/Showering
<input type="checkbox"/>	Dressing/Undressing
<input type="checkbox"/>	Toileting/Incontinence Care
<input type="checkbox"/>	Oral Hygiene

## Mobility

<input type="checkbox"/>	Transferring (bed/chair)
<input type="checkbox"/>	Assisting with walking
<input type="checkbox"/>	Exercises

## Medication

<input type="checkbox"/>	Medication Reminders
<input type="checkbox"/>	Medication Administration

## Meals & Nutrition

<input type="checkbox"/>	Meal Preparation
<input type="checkbox"/>	Feeding Assistance
<input type="checkbox"/>	Hydration

## Household Tasks

<input type="checkbox"/>	Laundry
<input type="checkbox"/>	Light Housekeeping
<input type="checkbox"/>	Grocery Shopping/Errands

## Companionship



Conversation



Activities/Games



Outings

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## Notes

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