ACTIVITIES OF DAILY LIVING FLOWSHEET

RESIDENT NAME: _____ **MONTH:** _____ **YEAR:** _____

ACTIVITY/TASK	TIME	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Diet:	Brkfst																															
	Lunch																															
	Dinner																															
	Snack1																															
Nutritional suppl.	Snack2																															
	Snack3																															
Fluid Intake:	10 pm																															
Full Bath:																																
Partial Bath:																																
Shampoo:																																
Shave:																																
Assist w/clothing:	qd																															
Comb Hair:	qd																															
Oral Care:	qd																															
Hand Nail Care:	qd																															
Foot Nail Care:	qd																															
Incontinence Care:																																
Catheter Care:	bid																															
Apply Skin Barrier:																																
Skin Condition OK:	qd																															
Bowel Movement:																																
Urine Output:	10 pm																															
Linen Change:																																
Ambulate:																																
Elevate feet w/sitting																																
Recreation/Activities																																
Group Exercise:																																
Night Checks:	10 pm																															
Turn in Bed:																																