

**National
Homemaker-Home Health Aide
Certification Program**

Checklist for Skills Demonstration

Summary Documentation for Skills Demonstrations Checklists

Name _____ ID Number _____

Checklist Number	Personal Care Skill	Where Observed		Observer Signature/ Classification	Date
		home	lab		
----- <i>check one</i> -----					
1A	Temperature	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
1B	Pulse and Respiration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2	Bed Bath	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3	Sponge, Tub or Shower Bath	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4A	Shampoo in Bed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4B	Shampoo-Sink or Tub	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5A	Nail Care	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5B	Skin Care	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5C	Backrub	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6	Oral Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7A	Urinal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7B	Bedpan	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8A	Transfer Techniques	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8B	Ambulation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9A	Range of Motion Exercises	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
9B	Positioning	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
10	Make Occupied Bed	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Supervisor/Observer Name (*please print clearly*) Vicki Maanum

RN License Number R0567378 Signature _____

Title Adult Foster Care Coordinator Agency/Organization SCMC Home Care

Address 409 East 1st St.
Morris, MN 56267

Checklist for Skills Demonstration

**A Component of the
Homemaker-Home Health Aide
Certification Program**

Checklist for Skills Demonstration

Nail Care

Personal Care Skill

Performance Objective

Give toenail and fingernail care, noting any rough nail edges, skin breaks or irritations.

Homemaker-Home Health Aide (or trainee): _____

I.D. Number _____

Date Observed _____

Observed in client home in class/lab

Performance Behavior

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Soaks client's hands or feet in warm soapy water for 2-3 minutes (temp. 95-105° F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Cleans nails and under nails.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Thoroughly dries hands/feet.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Files nails straight across, if needed, to a length to allow white to show under the entire nail, leaving no rough edges.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Applies lotion to skin if needed.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Skin Care

Personal Care Skill

Performance Objective

Provide skin care to areas prone to redness, discoloration and skin breakdown.

Homemaker-Home Health Aide (or trainee): _____ I.D. Number _____ Date Observed _____ Observed in client home <input type="checkbox"/> in class/lab <input type="checkbox"/>

<i>Performance Behavior</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Inspects skin for redness, discoloration and evidence of beginning skin breakdown.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Washes skin as needed, including but not limited to back, hips, sacrum and other bony areas.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Messages with lotion any reddened or discolored areas, including but not limited to sacrum, back, hips and other bony areas.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Smooths clothes and/or bed linen under client to avoid bunching and wrinkling and to allow for free movement.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Positions client to rotate pressure points.	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Essential Behaviors</i>			
	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: <u>Vicki Maanum, RN</u>
Signature _____

Checklist for Skills Demonstration

Shampoo in Bed

Personal Care Skill

Performance Objective

Shampoo the hair of a bed-bound client.

Homemaker-Home Health Aide (or trainee): _____

I.D. Number _____

Date Observed _____

Observed in client home in class/lab

Performance Behavior

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Positions client with head and shoulders moved to edge or head of bed.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Removes or protects clothing that may become wet during shampoo.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Places plastic or improvised water trough under client's head so water constantly drains away from client.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Uses water at safe and comfortably warm temperature (95-105°Fahrenheit).	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Washes client's hair using shampoo and water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Rinses hair thoroughly using clean water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Dries and combs client's hair.	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Protects client from exposure and chilling.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Sponge, Tub, or Shower Bath

Personal Care Skill

Performance Objective

Assist client in shower, or with sponge or tub bath, encouraging self-care as much as possible.

Homemaker-Home Health Aide (or trainee): _____

I.D. Number _____

Date Observed _____

Observed in client home in class/lab

Performance Behavior

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Assists client to bathroom or positions at bedside for sponge bath.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Assists client to remove clothes.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Uses water at a safe and comfortably warm temperature (95-105° Fahrenheit).	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. If shower or tub bath, assists client into shower or tub.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Washes body parts client cannot wash, using soap and water, face first, then upper body; after changing water (if sponge bath using basin), lower body, then genital area last.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Protects client from unnecessary exposure and chilling.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Dries skin surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Applies lotion to skin with special attention to reddened, discolored, dry and boney areas.	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Assists client to put on clothes following bath.	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Assists client out of bathroom, or repositions in bed.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

• Checklist for Skills Demonstration

Range of Motion Exercises

Personal Care Skill

Performance Objective

Conduct passive range of motion exercises and assist client to exercise joints with active range of motion exercises.

Homemaker-Home Health Aide (or trainee): _____
 I.D. Number _____
 Date Observed _____
 Observed in client home in class/lab

Performance Behavior

Yes No

Comments

Passive

1. Moves affected joint(s) through prescribed range of motion to extent possible, while providing support above and below the joint(s), without client's assistance.

Active

2. Assists client to move affected joint(s) through prescribed range of motion to extent possible, while providing support above and below the joint(s).

3. Instructs client to exercise unaffected joints, using full range of motion for each particular joint exercised (as described in instructional material).

Essential Behaviors

Yes No

Comments

- I. Follows all rules of asepsis.
- II. Protects client and self against physical harm.
- III. Takes actions to prevent or minimize emotional stress to client or significant others.
- IV. Explains procedure to client before initiating it.
- V. Reports abnormalities or changes.

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Positioning

Personal Care Skill

Performance Objective

Assist client to be repositioned by moving up in bed or turning to side.

Homemaker-Home Health Aide (or trainee):

I.D. Number _____

Date Observed _____

Observed in client home in class/lab

<i>Performance Behavior</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Removes pillows and bedcovers that might restrict movement.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Repositions client (to move up in bed or turn to side), assuring correct body alignment to extent possible.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Supports shoulders and hips while moving client.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Encourages client to assist in repositioning.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Supports arms and legs with pillows or other supportive devices.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Adjusts pillows and covers to client's comfort.	<input type="checkbox"/>	<input type="checkbox"/>	_____

<i>Essential Behaviors</i>			
	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Make Occupied Bed

Personal Care Skill

Performance Objective

Change linen on an occupied bed.

Homemaker-Home Health Aide (or trainee):

 I.D. Number _____
 Date Observed _____
 Observed in client home in class/lab

Performance Behavior

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Positions client in preparation for changing bed linen; repositions client as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Replaces soiled bottom sheet with clean one, while maintaining comfort, warmth and privacy of client.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Secures sheet to remove and prevent wrinkles as much as possible.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Replaces top sheet, allowing for freedom movement of toes.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Replaces pillowcases.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Positions or assists client into position of comfort and correct body alignment.	<input type="checkbox"/>	<input type="checkbox"/>	

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Ambulation

Personal Care Skill

Performance Objective

Assist client(s) to walk independently and with at least two assistive devices.

Homemaker-Home Health Aide (or trainee):

 I.D. Number _____
 Date Observed _____
 Observed in client home in class/lab

<i>Performance Behavior</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Assists client to put on proper shoes and to stand.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Walks with client for prescribed time and distance, providing as much physical support as needed.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Assists client in the use of at least two assistive devices such as walker, cane, crutches, quad cane, and Canadian crutches; <i>depending on device used, including the following:</i>			
a. places device within easy reach,	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. positions walker with open side toward client,	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. encourages client to bear weight on hands not axilla while using crutches.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Asks client to describe physical and emotional responses to ambulation (discomfort, anxiety, uncertainty, etc.).			

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Bedpan

Personal Care Skill

Performance Objective

Assist bed-ridden client in use of bedpan.

Homemaker-Home Health Aide (or trainee): _____

I.D. Number _____

Date Observed _____

Observed in client home in class/lab

Performance Behavior

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Positions client on the bedpan so that the body is aligned and supported for comfort and so that spills are avoided. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Places tissue within each reach of client. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Provides privacy but remains nearby of safety or assistance as needed. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Removes and covers bedpan; disposes of waste. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Assists client, if necessary, to clean (wipe and/or wash) perineal and/or anal area from front to back. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Assists client to wash hands. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Urinal

Personal Care Skill

Performance Objective

Assist client to use urinal.

Homemaker-Home Health Aide (or trainee): _____

I.D. Number _____

Date Observed _____

Observed in client home in class/lab

Performance Behavior

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Assists client to place urinal (as needed).	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Provides privacy but remains nearby to assist as needed.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Removes urinal and disposes of contents.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Assists client to wash hands.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Backrub

Personal Care Skill

Performance Objective

Give a backrub to a client.

Homemaker-Home Health Aide (or trainee):

I.D. Number _____

Date Observed _____

Observed in client home in class/lab

Performance Behavior

Yes No

Comments

- | | | | | |
|----|---|--------------------------|--------------------------|-------|
| 1. | Positions client on side or abdomen to expose entire back. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. | Rubs entire back for at least four minutes by applying circular motions and long smooth strokes using a lubricating lotion or powder. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. | Provides extra rubbing stimulation to reddened or discolored areas without causing physical discomfort or harm to client. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. | Records observations of redness, discoloration or breaks in skin. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Essential Behaviors

Yes

No

Comments

- | | | | | |
|------|--|--------------------------|--------------------------|-------|
| I. | Follows all rules of asepsis. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| II. | Protects client and self against physical harm. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| III. | Takes actions to prevent or minimize emotional stress to client or significant others. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| IV. | Explains procedure to client before initiating it. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| V. | Reports abnormalities or changes. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Oral Hygiene

Personal Care Skill

Performance Objective

Give complete mouth care to the client or assist with mouth care.

Homemaker-Home Health Aide (or trainee): _____
 I.D. Number _____
 Date Observed _____
 Observed in client home in class/lab

<i>Performance Behavior</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Removes and cleans dentures as needed.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Cleanses teeth and mouth with toothbrush or swabs.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Turns client's head to side and rinses mouth with small amounts of cool water, and with mouthwash upon request.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Applies petroleum jelly or other appropriate lubricant to mouth and lips as needed.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Replaces dentures as needed.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

• Checklist for Skills Demonstration

Transfer Techniques

Personal Care Skill

Performance Objective

Transfer client from bed to chair/wheelchair or from chair to bed.

Homemaker-Home Health Aide (or trainee): _____

I.D. Number _____

Date Observed _____

Observed in client home in class/lab

Performance Behavior

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Positions and secures the chair/wheelchair parallel to bed.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Moves client to side of bed next to the chair/wheelchair.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Assists client to sitting position.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Assists client to standing position maintaining proper body mechanics and using assistive devices.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Assists client to pivot into the chair.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Assists client back to bed, reversing the procedure.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Urinal

Personal Care Skill

Performance Objective

Assist client to use urinal.

Homemaker-Home Health Aide (or trainee): _____

I.D. Number _____

Date Observed _____

Observed in client home in class/lab

<i>Performance Behavior</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Assists client to place urinal (as needed).	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Provides privacy but remains nearby to assist as needed.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Removes urinal and disposes of contents.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Assists client to wash hands.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN _____

Signature _____

• Checklist for Skills Demonstration

Shampoo, Sink or Tub

Personal Care Skill

Performance Objective

Assist client with shampoo at sink or in tub.

Homemaker-Home Health Aide (or trainee): _____
 I.D. Number _____
 Date Observed _____
 Observed in client home in class/lab

Performance Behavior

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Removes or protects client's clothes that may become wet during shampoo.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Positions client in comfortable position at sink or tub.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Uses water that is at a safe and comfortably warm temperature (95-105° Fahrenheit).	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Assists client to wash hair using shampoo and water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Rinses hair thoroughly using clean water.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Dries and combs hair.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Assists client to put on clothes following shampoo.	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Protects client from exposure and chilling.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Bed Bath

Personal Care Skill

Performance Objective

Administer a complete bed bath to a client, conserving client's energy as much as possible.

Homemaker-Home Health Aide (or trainee): _____
 I.D. Number _____
 Date Observed _____
 Observed in client home in class/lab

<i>Performance Behavior</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Removes client's clothing.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Uses soap, and water that is safe and comfortably warm (95-105° Fahrenheit).	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Washes client's body parts: face first, then upper body; after changing water, lower body, then genital area last.	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Rinses skin using clean water to remove all soap.	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Dries skin surfaces.	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Protects client from unnecessary exposure and chilling.	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Applies lotion to skin with special attention to reddened; discolored, dry and boney areas.	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Dresses client.	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Combs or brushes client's hair.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Temperature

Personal Care Skill

Performance Objective

Take and record client's body temperature at three locations: mouth, rectum, and underarm.

Homemaker-Home Health Aide (or trainee): _____

I.D. Number _____

Date Observed _____

Observed in client home in class/lab

<i>Performance Behavior</i>	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Prepares thermometer for taking temperature. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Waits to take oral temperature for at least ten minutes after client has consumed hot or cold fluids or has smoked. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Inserts correct thermometer into designated location and leaves it in place as follows:			
a. time digital thermometers according to manufacturer's instructions. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. oral 2-4 minutes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. rectal 3-5 minutes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. axilla 7-10 minutes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Obtains temperature within 2/10 of degree F or 1/10 of degree C., plus or minus, of examiner's reading of client's actual temperature. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____

Checklist for Skills Demonstration

Pulse and Respiration

Personal Care Skill

Performance Objective

Measure and record client's pulse and respiration rates.

Homemaker-Home Health Aide (or trainee): _____ I.D. Number _____ Date Observed _____ Observed in client home <input type="checkbox"/> in class/lab <input type="checkbox"/>

Performance Behavior

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
1. Obtains correct pulse rate within 4 beats, plus or minus, of examiner's count for a radial pulse.	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Obtains correct respiration rate within 2, plus or minus, of examiner's count.	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Records pulse and respiration accurately on designated form.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Essential Behaviors

	<i>Yes</i>	<i>No</i>	<i>Comments</i>
I. Follows all rules of asepsis.	<input type="checkbox"/>	<input type="checkbox"/>	_____
II. Protects client and self against physical harm.	<input type="checkbox"/>	<input type="checkbox"/>	_____
III. Takes actions to prevent or minimize emotional stress to client or significant others.	<input type="checkbox"/>	<input type="checkbox"/>	_____
IV. Explains procedure to client before initiating it.	<input type="checkbox"/>	<input type="checkbox"/>	_____
V. Reports abnormalities or changes.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Supervisor/Observer Name: Vicki Maanum, RN

Signature _____