



Home Health Aide Self-Assessment / Skill Inventory Checklist & Goal Setting

.....Please use a check mark below.....

	<i>Clinical Skills</i>	<i>Able to do Without Help</i>	<i>Unable to do</i>	<i>Plan of Action</i>	<i>RN Initial</i>
1	Move patient up in bed				
2	Move patient toward you				
3	Move patient away from you				
4	Transfer patient to a wheelchair				
5	Transfer techniques				
6	Transport patient on wheelchair				
7	Make an occupied bed				
8	Mane an unoccupied bed				
9	Brush and clean patient mouth				
10	Soak denture				
11	Bed bath / sponge bath				
12	Tub bath				
13	Shower bath				
14	Brush & comb patient hair				
15	Shampoo patient hair				
16	Give a bedpan				
17	Foley catheter care				
18	Change an ostomy bag				
19	Assist patient with feeding				
20	Perform Range- of- Motion – R.O.M.				
21	Assist patient to walk				
22	Take oral temperature (mouth)				
23	Take axillary temperature (armpit)				
24	Count number f breath per minute				
25	Blood Pressure: Read & Record				
26	Skin care				
27	Understand emergency procedures				
28	Record daily duties performed for patient				
29	Maintenance of clean & safe environment				

** Note: Other skills will be added as needed by the delegating Nurse

Aide Name: _____ Signature: _____ Date: _____