

CNA/HHA Skills Checklist

Date: Caregiver Name: CNA/HHA

Please mark an X in the appropriate box next to each entry based on your experiences in patient care.

Skill	Experienced	Needs Review	Not Capable	Skill	Experienced	Needs Review	Not Capable
SPECIALTY CARE				PERSONAL CARE			
Infant 0-2 yr.				Tub Bath/Shower			
Pediatric 2-13 yr.				Bed Bath/Sponge Bath			
Adolescent 13-18 yr.				Hair Care			
Adult				Oral/Mouth Care			
Geriatric				Denture Care			
Alzheimer's/Dementia				Hearing Aids			
Parkinson's Disease				Skin Care/Grooming			
Hospice Care				Shaving			
Spinal Cord Injury				Nail Care			
Brain/Head Injury				Foot Care			
Stroke				Pressure Sore Precautions			
Amputee				NUTRITION			
Diabetes				Prepare/Serve Meals			
Cardiac/Heart				Fluid Restrictions			
Pulmonary/Respiratory				Assist with Feeding			
HOMEMAKING				Intake/Output Readings			
Laundry/Washer/Dryer				PEG Site Care			
Dishes/Dishwasher				Swallow Precautions			
Linens/Making Beds				UNIVERSAL PRECAUTIONS			
Vacuum/Mop				Use of Protective Equipment			
Garbage Disposal				Masks			
Blender				Gloves			
TRANSFERRING				Gowns/Aprons			
Wheelchair				CPR Shields			
Pivot				VITAL SIGNS			
Repositioning				Temperature			
Hoyer				Pulse			
Slide Board				Respirations			
DRESSING				Blood Pressure			
Upper Body				TOILETING			
Lower Body				Toilet Transfers			
Sock Aids				Use of Bedside Commode			
Shoe Horn				Use of Bedpan/Urinal			

Immobilizers				Foley Catheter Care			
TED Hose/Elastic Stockings				Empty Ostomy			
Orthopedic Devices				Use of Diapers/Depends			
Prosthesis				AMBULATION			
OTHER				Use of Gait Belt			
Medication Reminders				Range of Motion			
Weight/Scale				Weight-bearing Restrictions			
Languages Spoken				Ambulation with Devices (Cane, Walker, Crutches)			
Languages Read/Write __							