

| Assistance needed | yes/no | Time of day (a.m./p.m.) | How many minutes | How often: hourly, daily, weekly, etc. | Your comments |
|--------------------------|---------------|------------------------------------|-----------------------------|---|--------------------------|
| Domestic needs: | | | | | |
| Tea/Coffee making | | | | | |
| Preparing breakfast | | | | | |
| Preparing lunch | | | | | |
| Preparing tea | | | | | |
| Cooking meals | | | | | |
| Assistance with eating | | | | | |
| Accompanied shopping | | | | | |
| Getting prescriptions | | | | | |
| Storing food | | | | | |
| Laying tables | | | | | |
| Lighting fires | | | | | |
| Making/changing beds | | | | | |
| Washing dishes | | | | | |
| Washing laundry | | | | | |
| Ironing | | | | | |
| Mending clothes | | | | | |
| Hoovering & dusting | | | | | |
| General cleaning | | | | | |
| Managing heating | | | | | |
| Gardening | | | | | |
| House repairs | | | | | |
| Vehicle maintenance | | | | | |
| Wheelchair maintenance | | | | | |
| Upkeep of equipment | | | | | |
| Child care | | | | | |
| Pet care | | | | | |