

APPENDIXG: Work Activity Survey

Please keep track of the time (recorded in minutes/hours) that you spend on each of these activities on a daily basis. Please include any other work related activities (e.g., injury assessment, professional development) in the “other” spaces allotted.

Week of: January 14, 2002____ Or January 21, 2002____ (Check one)

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend	Total
Admission Physicals							
Annual Physicals							
Psychogeriatric Assessments							
Chronic Illness Assessments (e.g., diabetes, CHF, COPD)							
Episodic Illness Assessments							
Wound Care (including rashes)							
Follow-up visits							
Consults - within facility (e.g. MDs, OT, PT, etc)							
Consults/liaison - with community agencies or groups (e.g.. CCAC)							
Resident/family education or support							
Documentation (charting, letters)							
Staff Education							
NP Education							
Meetings (community, in-facility)							
Other: Specify							
<i>How many residents did you have direct contact with today?</i>							

Does this week represent a typical _____, or atypical _____ work week for you? If atypical, please explain why.