

## **Time Tables**

This activity is will help you review how much time it takes to do certain tasks related to personal care during the day. Please look at the list below and assign the correct amount of time (e.g., 30 minutes) to each task. **Only mark the items that apply to you.** 

This may be helpful to you when you are working in your Build-A-day Scheduler. (See Assignments 1 & 2 in this Module.)

# **Daily Care**

| Shower management | Shave                          |
|-------------------|--------------------------------|
| Bath              | Apply make up                  |
| Medicine          | Transfers (if in a wheelchair) |
| Brush teeth       | Dressing                       |

## **Bladder Care**

| Toileting time (per time) | IC (per time) |
|---------------------------|---------------|
| Ostomy care               |               |

### **Bowel Care**

| Suppository/Dil            | Dil (no suppository)          |
|----------------------------|-------------------------------|
| Ostomy care                | Suppository/Manual evacuation |
| Suppository/Toileting time |                               |

### **Skin Care**

| Skin checks | Wound care |
|-------------|------------|