**ANNEXE 8**

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| LOGO**SOINS INVASIFS ET NON INVASIFS D’ASSISTANCE AUX ACTIVITÉS DE LA VIE QUOTIDIENNE (AVQ)** OBSERVATIONS DES AIDES-SOIGNANTS | **Nom : Prénom : Date de naissance :**  |
| **DATE** | **HEURE** | **ACTIVITÉS DE SOINS** | **OBSERVATIONS** |
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| **Nom de l’usager : Date de naissance :** |
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