



APPENDIX A: DAILY CARE LOG

Use this log to track daily care activities, medications, meals, symptoms, and any changes in condition.

COPYRIGHTS RESERVE
Aging Happily

DAILY CARE LOG

Date: _____

MORNING: Time awake: _____

Mood/responsiveness: _____

Morning medications given: **Yes** **Time:** _____

Breakfast: **All** **Half** **A few bites** **Refused**

Fluids (type and amount): _____

Bowel movement: **Yes** **No** **Urination:** **Normal** **Decreased** **Incontinent**

Personal care completed: **Bathing** **Dressing** **Oral care** **Grooming**

Skin check: **Normal** **Redness/concerns (describe):** _____

Activity: _____

Notes/concerns:

Appendix A

MIDDAY: Lunch: All Half A few bites Refused

Fluids (type and amount): _____

Midday medications given: Yes N/A **Time:** _____ **Bowel movement:** Yes No

Activity/rest:

Notes/concerns:

EVENING: Dinner: All Half A few bites Refused

Fluids (type and amount): _____

Evening medications given: Yes **Time:** _____ **Bowel movement:** Yes No

Personal care completed: Evening hygiene Oral care Skin care

Bedtime: _____

Notes/concerns:

COPYRIGHTS RESERVE

Aging Happily

www.aginghappily.com

Appendix A

OVERALL DAY: Pain level (0-10): _____ Location: _____

Sleep quality (last night): Good Fair Poor

(describe): _____

Mood: Pleasant Anxious Sad Agitated Other:_____

Any falls or near-falls: No Yes (describe): _____

Reported: Yes ___ No ___ Whom: _____

Any new symptoms or concerns: _____

Total fluid intake for the day (estimate): _____ cups/ounces

Caregiver Signature/Initials: _____

Emergency Contact Name and Number: _____

COPYRIGHTS RESERVE
Aging Happily
www.aginghappily.com



Follow the Laws of Protected Health Information (PHI)

45 CFR 160.103

“Protected health information means individually identifiable health information transmitted or maintained in any form or medium.”