

APPENDIX A: DAILY CARE LOG

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

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:

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:

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): _____

Any new symptoms or concerns: _____

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

Caregiver signature/initials: _____
