



APPENDIX A: DAILY CARE LOG

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

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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:

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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: _____

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45 CFR 160.103

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