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Daily care checklist

Color-coded by area so you can see at a glance what is done. Print one per day, or per shift if several people help.

DATE _____ HELPER _____

TIME IN _____ TIME OUT _____

AREA	TASK	DONE	TIME	NOTES
PERSONAL CARE	Bath or shower			
	Mouth and teeth			
	Hair and grooming			
	Dressed for the day			
	Skin check (heels, back, hips)			
MEALS AND FLUIDS	Breakfast			
	Lunch			
	Dinner			
	Snack			
	Drinks through the day			
MEDICATION AND HEALTH	Morning medications			
	Evening medications			
	Readings, if prescribed			
	Symptoms or changes noticed			
HOME AND SAFETY	Floors and walkways clear			
	Kitchen tidy			
	Laundry and bed linens			
	Trash out			
	Doors and stove checked			
MOVEMENT AND MOOD	Walk or gentle exercise			
	Time with another person			
	Something they enjoy			
	Mood today (one word)			

Tip. If a task does not apply, strike it through. A blank box means it was not done, not that it was forgotten.

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Daily log

A short record of the day, for the next helper, the family and the doctor. Facts first: what, when and how much.

DATE

WRITTEN BY

TIME	WHAT HAPPENED

FOOD AND DRINK (WHAT, AND ROUGHLY HOW MUCH)

MEDICATIONS GIVEN (NAME AND TIME)

MOOD AND BEHAVIOR

BATHROOM (ANYTHING UNUSUAL)

CHANGES OR CONCERNS TO TELL THE DOCTOR

FOR THE NEXT PERSON

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