

Caregiver Daily Activity Log

Caregiving
Notes for: _____ Date: _____

Toileting Information							
Time							
Urinate							
BM							

Meal	
Breakfast	
Lunch	
Dinner	
Snacks	
Drinks	
Water	8oz ____ 8oz ____ 8oz ____ 8oz ____ 8oz ____ 8oz ____ 8oz ____

Sleeping & Grooming	
Wake up	
Nap	
Bed time	
Sleep (hrs)	
Shower/Washed	

General	
Appointments	
Health Concerns	
Plans for Tomorrow	
Pain Level	
Supplies Needed soon	
Medications taken	
Notes	