Home Care
NY GUIDE

Daily Caregiver Log

DAILY CARE

DATE _____ CARE RECIPIENT _____ CAREGIVER _____

MEALS & FLUIDS

MEAL	TIME	WHAT WAS EATEN	AMOUNT EATEN all · ¾ · ½ · ¼ · none	FLUIDS cups / oz
Breakfast				
Morning snack				
Lunch				
Afternoon snack				
Dinner				
Evening snack				

APPETITE TODAY ☐ Good ☐ Fair ☐ Poor TOTAL FLUIDS TODAY _____

MEDICATIONS GIVEN

Always follow the pharmacy label and prescriber's instructions.

TIME	MEDICATION	DOSE	ROUTE (mouth, eye, skin…)	GIVEN BY	INITIALS	NOTES / REACTION

VITAL SIGNS

TIME	BLOOD PRESSURE	PULSE	TEMP	OXYGEN SpO2 %	BLOOD SUGAR	WEIGHT	INITIALS

PAIN & COMFORT

PAIN LEVEL ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 WHERE _____

WHAT HELPED / OTHER COMFORT NOTES

For personal record-keeping. Not medical advice.

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DATE _____ CARE RECIPIENT _____

MOOD & BEHAVIOR

Check all that apply.

MORNING	☐ Calm	☐ Happy	☐ Talkative	☐ Anxious	☐ Sad	☐ Confused	☐ Agitated	☐ Tired / sleepy
AFTERNOON	☐ Calm	☐ Happy	☐ Talkative	☐ Anxious	☐ Sad	☐ Confused	☐ Agitated	☐ Tired / sleepy
EVENING	☐ Calm	☐ Happy	☐ Talkative	☐ Anxious	☐ Sad	☐ Confused	☐ Agitated	☐ Tired / sleepy

BEHAVIOR NOTES _____

BATHROOM & PERSONAL CARE

TIME	URINE	BOWEL movement	ACCIDENT / incontinence	NOTES (COLOR, CONSISTENCY, DISCOMFORT, SKIN)
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	
	☐	☐	☐	

PERSONAL CARE ☐ Bath / shower ☐ Sponge bath ☐ Oral care ☐ Hair care ☐ Shave ☐ Skin check ☐ Dressed ☐ Repositioned

ACTIVITIES & SLEEP

☐ Walk / exercise ☐ Range of motion
☐ Social visit ☐ Phone / video call
☐ Music / TV / reading ☐ Outing / errand
☐ Game / hobby ☐ Rest / quiet time

OTHER _____

BEDTIME _____ WAKE TIME _____

NAPS _____ NIGHT WAKING _____

SLEEP QUALITY ☐ Good ☐ Fair ☐ Poor

NOTES & SHIFT HANDOFF

CHANGES, CONCERNS, OR ANYTHING THE NEXT CAREGIVER OR FAMILY SHOULD KNOW

CAREGIVER SIGNATURE _____ TIME _____

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Weekly Care Summary

DAILY CARE

WEEK OF _____ CARE RECIPIENT _____

WEEK AT A GLANCE

DAY	APPETITE	FLUIDS	ALL MEDS given	BOWEL movement	SLEEP	MOOD	NOTES
Monday			☐				
Tuesday			☐				
Wednesday			☐				
Thursday			☐				
Friday			☐				
Saturday			☐				
Sunday			☐				

THIS WEEK

CHANGES NOTICED (HEALTH, MOOD, MOBILITY, MEMORY)

QUESTIONS FOR THE DOCTOR OR NURSE

SUPPLIES & REFILLS NEEDED

- ☐ Prescription refills
- ☐ Gloves
- ☐ Wipes
- ☐ Incontinence briefs
- ☐ Bed pads
- ☐ Skin cream / barrier
- ☐ Nutrition drinks
- ☐ Pill organizer
- ☐ Batteries (hearing aid)
- ☐ Groceries

OTHER _____

UPCOMING APPOINTMENTS & REMINDERS