

Daily Care Log

One page for today.
What happened, when, and who was there.

Caring for _____ Date _____ Logged by _____

MEDICATIONS

Time	Medication	Dose	Given
			☐
			☐
			☐
			☐
			☐

VITALS

Blood pressure	Pulse	Temperature	Oxygen	Blood sugar	Weight

MEALS AND FLUIDS

Note what, and about how much

Breakfast _____	Lunch _____
Dinner _____	Snacks _____

Fluids, check one box per glass ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

DAILY CARE

☐ Bathing _____	☐ Dressing, grooming _____
☐ Toileting _____	☐ Mobility _____
☐ Sleep _____	☐ Skin, wound care _____
☐ Social time _____	☐ Household _____
☐ Errands, transport _____	

MOOD, THINKING AND PAIN

Mood _____ Thinking ☐ Clear ☐ Some confusion ☐ Very confused

Pain, circle one ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 Where _____

CONCERNS AND NOTES

Anything different from usual today?

☐ **Fall or near fall** When and what happened _____



Did you know you can log care on your phone?

The Carespondence app keeps a record of care in one place. Tap to record care as it happens, then share an update with family or the care team.

Scan to try it free for 7 days, or visit carespondence.com/log



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[illegible]

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[illegible]

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[illegible]

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Memory and Behavior Log

An extra page for your Daily Care Log.
Cognitive observations through the day.

Caring for _____ Date _____ Logged by _____

Check one box in each group for each part of the day you observe. For mood, check all that apply.

	Morning	Afternoon	Evening	Night
Memory and orientation Recalls recent events, knows date and time, recognizes familiar people				
Good Remembers well, oriented	☐	☐	☐	☐
Some difficulty Occasional confusion	☐	☐	☐	☐
Significant difficulty Frequent confusion	☐	☐	☐	☐
Communication and understanding Follows conversations, finds words, expresses needs clearly				
Normal Clear communication	☐	☐	☐	☐
Some struggle Occasional word-finding issues	☐	☐	☐	☐
Very difficult Significant challenges	☐	☐	☐	☐
Daily task ability Completes familiar tasks, makes decisions, follows instructions				
Independent Handles tasks alone	☐	☐	☐	☐
Needs prompting Requires reminders	☐	☐	☐	☐
Needs full assistance Requires help	☐	☐	☐	☐
Mood and behavior Check all that apply				
Calm Settled, at ease	☐	☐	☐	☐
Engaged Interested, taking part	☐	☐	☐	☐
Anxious Worried, uneasy	☐	☐	☐	☐
Withdrawn Quiet, not taking part	☐	☐	☐	☐
Agitated Restless, upset	☐	☐	☐	☐
Safety awareness Recognizes dangers, stays oriented, appropriate judgment				
Safe awareness Good judgment	☐	☐	☐	☐
Minor concerns Watch closely	☐	☐	☐	☐
Safety risk Requires intervention	☐	☐	☐	☐
Compared to usual How does this compare to a typical day for them?				
Better than usual	☐	☐	☐	☐
Typical for them	☐	☐	☐	☐
Worse than usual	☐	☐	☐	☐

NOTES What you saw or heard, and what was happening before

A sudden change in thinking or alertness is a reason to call the doctor right away.



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Caring for _____ Date _____ Logged by _____

Time	Notes
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Doctor Appointment Prep Sheet

Name _____ Date of birth _____ Last updated _____

ALLERGIES

Medications, foods, and anything else. Note the reaction.

HEALTH CONDITIONS**MEDICATIONS**

Include vitamins, supplements, and anything bought without a prescription.

Medication	Dose	How often	What it is for	Prescribed by

PHARMACY

Name _____ Phone _____ Address _____

DOCTORS

Name _____ Specialty _____ Phone _____

Name _____ Specialty _____ Phone _____

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

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Doctor Visit Notes

Write your questions before you go.
Write the answers while you are there.

Caring for _____ Date _____ Logged by _____

Doctor _____ Specialty _____ Time _____

Bring with you ☐ Appointment prep sheet with current medication list ☐ Recent care logs
☐ Insurance card ☐ Photo ID

QUESTIONS TO ASK

Put the most important one first. Check each off as you ask it.

- ☐ **1** _____
Answer _____
- ☐ **2** _____
Answer _____
- ☐ **3** _____
Answer _____
- ☐ **4** _____
Answer _____
- ☐ **5** _____
Answer _____

AFTER THE VISIT

Fill this in before you leave, while it is fresh.

Any medication changes? _____

Tests or referrals ordered? _____

What the doctor said _____

Follow-ups to do

- ☐ _____
☐ _____

Next appointment

Date _____ Time _____
With _____



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