

Daily Caregiver Log

KARE For Homes · Real life. Real homes. Real care.

Date: _____

Caregiver: _____

Resident: _____

■ MORNING (approx 6am–12pm)

WAKE TIME: _____

MOOD / ALERTNESS

Alert Calm Drowsy Confused Agitated

MEDICATIONS

Given ✓ Not Due Refused

BREAKFAST — % Eaten:

25% 50% 75% 100% Refused N/A

WHERE:

Chair Bed Table

ACTIVITY (circle all that apply)

TV/Media Visiting PT/OT/ST Chaplain Music Outdoors Other

TOILETING

Independent Assist Dependent Incontinent Cath

REST

None Nap <1hr Nap 1-2hr Nap 2hr+ Slept well

NOTES

■ AFTERNOON (approx 12pm–5pm)

CHECK-IN TIME: _____

MOOD / ALERTNESS

Alert Calm Drowsy Confused Agitated

MEDICATIONS

Given ✓ Not Due Refused

LUNCH — % Eaten:

25% 50% 75% 100% Refused N/A

WHERE:

Chair Bed Table

ACTIVITY (circle all that apply)

TV/Media Visiting PT/OT/ST Chaplain Music Outdoors Other

TOILETING

Independent Assist Dependent Incontinent Cath

REST

None Nap <1hr Nap 1-2hr Nap 2hr+ Slept well

NOTES

■ EVENING (approx 5pm–10pm)

BED TIME: _____

MOOD / ALERTNESS

Alert Calm Drowsy Confused Agitated

MEDICATIONS

Given ✓ Not Due Refused

DINNER — % Eaten:

25% 50% 75% 100% Refused N/A

WHERE:

Chair Bed Table

ACTIVITY (circle all that apply)

TV/Media Visiting PT/OT/ST Chaplain Music Outdoors Other

TOILETING

Independent Assist Dependent Incontinent Cath

REST

None Nap <1hr Nap 1-2hr Nap 2hr+ Slept well

NOTES

★ OVERNIGHT (approx 10pm–6am)

TOILETING NEEDS

Independent Assist Dependent Incontinent

MEDICATIONS

Given ✓ Not Due Refused

OBSERVATIONS / NOTES

■ CONCERNS / CHANGES TO REPORT — Circle any that apply:

Fall / Near Fall Pain Skin Change Behavior Change Refused Care Appetite Change Other
