# Daily Care Schedule

Put fixed times first, like medications. Fit flexible tasks, like walks and rest, around them.

**Date:** _____ **Caring for:** _____ **Caregiver:** _____

| Time | Care task or activity | Who | Done |
|---|---|---|---|
| 6 AM | | | |
| 7 AM | | | |
| 8 AM | | | |
| 9 AM | | | |
| 10 AM | | | |
| 11 AM | | | |
| 12 PM | | | |
| 1 PM | | | |
| 2 PM | | | |
| 3 PM | | | |
| 4 PM | | | |
| 5 PM | | | |
| 6 PM | | | |
| 7 PM | | | |
| 8 PM | | | |
| 9 PM | | | |
| 10 PM | | | |
| Overnight | | | |

# Trackers and Health Notes

Keep this page with the daily schedule and bring it to doctor visits.

## Medication tracker

| Medication | Dose as prescribed | Time | Given by | Done |
|---|---|---|---|---|
| | | | | |
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| | | | | |
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## Hydration tracker

Check one box for each drink. Ask the doctor about any fluid limits.

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## Daily health notes

**Mood:** ☐ Calm ☐ Happy ☐ Confused ☐ Irritated ☐ Other

**Appetite:** ☐ Good ☐ Fair ☐ Poor

**Sleep:** ☐ Good ☐ Fair ☐ Poor

**Changes to tell the doctor:** _____

_____

_____

## Emergency contacts

| Name | Role | Phone |
|---|---|---|
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