

Caregiver Daily Log

Easy-to-Use Daily Record of Medications, Vital Signs, Meals, Sleep, Mood and Appointments

Kind Hands Journals

Medication List

Medication	Dose	Time(s)	Purpose	Prescribed by	Started	Stopped

Daily Log

#1

Date: _____ **Caregiver(s):** _____

MEDICATIONS GIVEN

Time	Medication	Dose	Given	Refused	Initials
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

VITAL SIGNS

Blood pressure: _____ **Pulse:** _____ **Temp (°F/°C):** _____ **Oxygen %:** _____

Blood sugar: _____ **Weight:** _____

MEALS & DRINKS

Breakfast: _____ ☐ all ☐ half ☐ little ☐ none

Lunch: _____ ☐ all ☐ half ☐ little ☐ none

Dinner: _____ ☐ all ☐ half ☐ little ☐ none

Snacks: _____ **Fluids (cups):** _____

BATHROOM / SLEEP

Bowel movement: ☐ normal ☐ concern times: _____ **Hours slept:** _____

Urination: ☐ normal ☐ concern times: _____ **Night waking:** _____

Naps: _____

MOOD

☐ happy ☐ calm ☐ sad ☐ anxious ☐ confused ☐ agitated

Pain (0–10): (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) **Where:** _____

CARE & ACTIVITIES

☐ bath / shower ☐ skin check ☐ exercise / walk ☐ outing ☐ visitors ☐ therapy

☐ phone / video call

Fall / incident: ☐ no ☐ yes **Skin / pressure areas:** _____

SYMPTOMS, CHANGES & HANDOVER NOTES