

## Caregiver's Log

*Use copies of this form to monitor daily changes and help with communication among care providers working in shifts.*

Caregiver Name:	
Title/Association:	
Phone:	
Day and Date:	

### Changes Noted

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Food	Amount	Time	Comment
Activities	Duration	Time	Comment
Medication	Dose	Time	Comment

**Rate the following from 1 to 10, with 1 being the lowest and 10 being the highest.**

Pain & Discomfort:                    1   2   3   4   5   6   7   8   9   10

Energy Level:                            1   2   3   4   5   6   7   8   9   10

Sleep Pattern:                            1   2   3   4   5   6   7   8   9   10

Nausea/Constipation:

1 2 3 4 5 6 7 8 9 10

**Miscellaneous**

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For additional tools for caregiving or aging, visit [www.CaregiversLibrary.org](http://www.CaregiversLibrary.org)