

## 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:  |          |      |   |   |   |         |   |   |   |    |
| Food  | Amount   | Time |   |   |   | Comment |   |   |   |    |
|   |          |      |   |   |   |         |   |   |   |    |
| Activities  | Duration | Time |   |   |   | Comment |   |   |   |    |
|   |          |      |   |   |   |         |   |   |   |    |
| Medication  | Dose     | Time |   |   |   | Comment |   |   |   |    |
|   |          |      |   |   |   |         |   |   |   |    |
| <b>Rate the following from 1 to 10, with 1 being the lowest and 10 being the highest.</b> |          |      |   |   |   |         |   |   |   |    |
| 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 |
| Miscellaneous:  |          |      |   |   |   |         |   |   |   |    |
|   |          |      |   |   |   |         |   |   |   |    |

## Notes