DAILY CAREGIVING SCHEDULE

|  |  |
| --- | --- |
| Name: | [Name] |
| Day of the Week | [Day] | Date:  | [Date] |

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| --- |
| Nutrition |
| Breakfast |  |
| Snack |  |
| Lunch |  |
| Snack |  |
| Dinner |  |
| Liquids |  |

|  |  |  |
| --- | --- | --- |
| Health |  | Hygiene |
| Sleep |[ ]   | Shower/Bath |[ ]
| Exercise/Activity |[ ]   | Brushed Teeth |[ ]
| AM Medications |[ ]   | Combed Hair |[ ]
| PM Medications |[ ]   | Clothes Changed |[ ]
| Urine/Bowel Movement |[ ]   | Other: [Other] |[ ]

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| Notes |
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