DAILY CAREGIVING SCHEDULE

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

|  |  |
| --- | --- |
| 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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