# **Caregiver Daily Checklist**

 $\checkmark$ 

| Patient:                               |   |
|--|---|
| Hygiene                                | ✓ |
| Showering/bathing                      |   |
| Washing hair                           |   |
| Shaving                                |   |
| Morning toothbrushing/denture cleaning |   |
| Evening toothbrushing/denture cleaning |   |
| Deodorant application                  |   |
| Fingernail clipping                    |   |
| Toenail clipping                       |   |
| Ear cleaning                           |   |
|  |   |

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### Groomina

| Grooming                    | $\checkmark$ |
|-----------------------------|--------------|
| Choosing outfit             |              |
| Assisting getting dressed   |              |
| Hair brushing/styling       |              |
| Lotion application          |              |
| Perfume/cologne application |              |
| Makeup application          |              |
| Jewelry application         |              |
|                             |              |

#### Meals

| Meal planning□Grocery Shopping□Preparing breakfast□Assisting with eating breakfast□Preparing lunch□Assisting with eating lunch□Preparing snacks□Assisting with eating snacks□Preparing dinner□ |
|--|
| Preparing breakfast□Assisting with eating breakfast□Preparing lunch□Assisting with eating lunch□Preparing snacks□Assisting with eating snacks□   |
| Assisting with eating breakfast□Preparing lunch□Assisting with eating lunch□Preparing snacks□Assisting with eating snacks□   |
| Preparing lunchIAssisting with eating lunchIPreparing snacksIAssisting with eating snacksI   |
| Assisting with eating lunchIPreparing snacksIAssisting with eating snacksI   |
| Preparing snacks     Assisting with eating snacks  |
| Assisting with eating snacks   |
|  |
| Preparing dinner   |
|  |
| Assisting with eating dinner   |
| □  |

Date:

| Health                                   |
|--|
| Setting out medications for the day      |
| Assisting with taking medications        |
| Sorting and refilling medications        |
| Logging medication administration        |
| Assisting with physical therapy/exercise |
| Attending medical check-ups/appointments |

#### Contact

Filling out daily report Updating family/friends of patient's condition Assisting with phone/video calls, emails, etc.

#### Housework

| Making bed                                  |  |
|---|--|
| Wiping down bathroom after use              |  |
| Cleaning up food prep/doing dishes          |  |
| Sweeping/mopping                            |  |
| Taking out trash/recycling                  |  |
| Doing laundry                               |  |
| Getting mail/organizing bills and documents |  |

## Throughout the Day

| Assisting with bathroom use             |  |
|---|--|
| Ensuring sufficient fluid intake        |  |
| Monitoring vitals/symptoms as necessary |  |
| Driving to events/functions             |  |
| Ensuring light movement/exercise        |  |
| Participating in games/activities       |  |
| Participating in conversation/listening |  |
|   |  |
|   |  |

 $\checkmark$