



Caregiver Daily Health Log:

Date: _____

Food & Hydration

Meal	What I Ate/Drank	Notes (Skipped? Rushed?)
Breakfast		
Snack #1		
Lunch		
Snack #2		
Dinner		
Water Intake	___ cups/liters	Adequate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Exercise & Movement

Type of Movement	Duration (min)	Notes (energy, mood, etc.)
Walking / Steps		
Stretching / Yoga		
Strength or Cardio		
Other (specify)		

Work & Caregiving Schedule

Time Block	Activity	Notes
Morning		
Midday		
Afternoon		
Evening		
Overnight (if any)		

Respite & Personal Time

Activity	Duration	Notes (was it restorative?)
Time alone / Quiet time		
Social time / Check-in		
Hobbies / Fun		

Medical & Health Maintenance

Task	Completed?	Notes
Took my medications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Doctor/health appointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Monitored vital signs (if needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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This is not legal or medical advice. Please seek a professional consultation for your specific circumstances.

 **Travel Time (for errands, caregiving, etc.)**

Reason for Travel	Duration	Was it stressful? (Y/N)	Notes

Any new symptoms or pain for me today? _____

 **Reflections**

1. How did I feel today (emotionally)? _____

2. How did I feel today (physically)? _____

3. What helped me cope or feel better today? _____

4. What might I change tomorrow? _____

5. What are three things I am grateful for today? _____

6. My next day off is _____ and I am looking forward to _____



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