



**Caregiver  
Support  
Worksheets**

# 1. Caregiver Stress Check-In

Use this worksheet to help  
caregivers identify stress levels and  
needs.

Date: \_\_\_\_\_

**How am I feeling today?**

• **Emotionally:**

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• **Physically:**

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• **Mentally:**

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**Stress Level (Circle one)**

**0 1 2 3 4 5 6 7 8 9 10** 0 = No stress,  
**10 = Overwhelmed**

# 1: What has been most challenging this week?

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## 2: What has been going well?

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## 3: Support I feel I need right now:

- More rest
- Emotional support
- Help with caregiving tasks
- Education/resources
- Time alone
- Other:





## 2. CAREGIVER SELF-CARE PLANNER



Week of: \_\_\_\_\_

### My Self-Care Goals for the Week

1: \_\_\_\_\_



2: \_\_\_\_\_



3: \_\_\_\_\_



# Daily Self-Care Tracker

## (Check off as you complete each item)

| Day | Rested Well              | Moved My Body            | Ate Regular Meals        | Took a Break  | Connected With Someone   | Something Just for Me    |
|-----|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Mon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Tue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Wed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Thu | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Fri | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sun | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |

# End-of-Week Reflection



**Something I'm proud of:**

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**Something I want to improve:**

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**What I need more support  
with:**

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# Weekly Activity Schedule

| Day       | Physical Activity | Cognitive Activity | Sensory Activity | Social Engagement |
|-----------|-------------------|--------------------|------------------|-------------------|
| Monday    | _____             | _____              | _____            | _____             |
| Tuesday   | _____             | _____              | _____            | _____             |
| Wednesday | _____             | _____              | _____            | _____             |
| Thursday  | _____             | _____              | _____            | _____             |
| Friday    | _____             | _____              | _____            | _____             |
| Saturday  | _____             | _____              | _____            | _____             |
| Sunday    | _____             | _____              | _____            | _____             |



# **Diet & Nutrition Worksheets**

**Supportive worksheets to help  
caregivers plan meals,  
hydration, and safe food  
textures.**



# 1. DAILY MEAL & HYDRATION TRACKER

## USE THIS TO TRACK MEALS, SNACKS, FLUIDS, AND APPETITE CHANGES.

Date:.....

### Meal and Snacks

| Time | Meal / Snack | What Was Eaten | Portion (Full / Half / Few Bites) | Notes (Mood, Appetite, Issues) |
|------|--------------|----------------|-----------------------------------|--------------------------------|
|      | Breakfast    |                |                                   |                                |
|      | Morning      |                |                                   |                                |
|      | Snack        |                |                                   |                                |
|      | Lunch        |                |                                   |                                |
|      | Afternoon    |                |                                   |                                |
|      | Snack        |                |                                   |                                |
|      | Dinner       |                |                                   |                                |
|      | Evening      |                |                                   |                                |
|      | Snack        |                |                                   |                                |

# Hydration Tracking

(Check each time they drink)

- Water:
- Juice:
- Tea/Coffee:
- Broth/Soup:
- Other fluids:

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# Healthy Food Suggestions

## Checklist

Helps caregivers choose balanced meals that support brain and body health.

### Daily Healthy Choices (Check what was included today)

#### Fruits & Vegetables

- Berries
- Leafy greens (spinach, kale)
- Colorful vegetables (carrots, peppers)
- Fresh fruit





# Healthy Food Suggestions

## Checklist

### Whole Grains

- Oats
- Whole-wheat bread
- Brown rice / quinoa

### Healthy Proteins

- Fish (e.g., salmon)
- Eggs
- Beans/lentils
- Lean poultry



# Healthy Food Suggestions Checklist

## Healthy Fats

- Avocado
- Olive oil
- Nuts/seeds (if safe)

## Hydration

- Adequate water
- Electrolyte drink if needed
- Soup/broth



# Healthy Food Suggestions

## Checklist

### Foods to Limit

- High-salt foods
- Fried foods
- Sugary snacks
- Processed meats

### Notes

- Preferences:

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- Foods that cause discomfort:

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# Signs Observed During Eating

- Coughing while eating
- Difficulty chewing
- Pocketing food
- Watery eyes / runny nose
- Fatigue during meals
- Decreased appetite
- **Notes:**  

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# Strategies That Help

- Slow eating pace
- Smaller bites
- Upright posture
- Calm environment
- Verbal cues / gentle reminders
- Other:

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