

DAILY ACTIVITY CHART

Resident: _____

Date: _____

TIME	ACTIVITY / TASK	OBSERVATIONS / NOTES	DONE
07:00 AM	Morning Care & Grooming		
08:30 AM	Breakfast / Medication		
10:30 AM	Hydration / Physical Therapy		
12:30 PM	Lunch Social		
02:30 PM	Rest / Quiet Activity		
04:00 PM	Afternoon Recreation		

TIME	ACTIVITY / TASK	OBSERVATIONS / NOTES	DONE
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06:00 PM	Dinner / Medication		
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08:30 PM	Evening Routine / Sleep Prep		
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Staff Summary & Additional Remarks:

Caregiver Signature: