CAREGIVER WEEKLY DUTY LOG

Patient Name: _____

Week Of: _____

ROUTINE / DUTY	MON	TUE	WED	THU	FRI	SAT	SUN
Personal Care							
Bathing / Showering							
Oral Hygiene / Grooming							
Health & Medication							
Morning Meds (8:00 AM)							
Vitals Check (BP/Sugar)							
Nutrition							
Breakfast & Hydration							
Lunch & Hydration							

ROUTINE / DUTY	MON	TUE	WED	THU	FRI	SAT	SUN
Dinner & Hydration							
Mobility & Household							
Light Exercise / Walk							
Laundry / Linen Change							

WEEKLY OBSERVATIONS & MOOD

SUPPLY NEEDS / SHOPPING LIST

Caregiver Signature: _____ Date: _____