DAILY ASSISTANCE CHART

Date: _____

TIME	CARE TASK / ACTIVITY	DONE	NOTES / OBSERVATIONS
Morning	Medication, Breakfast, Grooming		
Late AM	Hydration, Light Mobility/Walk		
Noon	Lunch, Mid-day Medication		
Afternoon	Rest, Social/Mental Engagement		
Evening	Dinner, Evening Medication		
Night	Bedtime Routine, Safety Check		

Daily Observations:

Appetite: â–¡ Low â–¡ Med â–¡ High

Mood: _____

Fluid Intake (oz): _____

Emergency Contacts:

Primary: 555-0123

Doctor: 555-0199

Pharmacy: 555-0150