DAILY CARE & ACTIVITIES LOG

Resident: _____ Date: ____ / ____ / 20____

TIME	ACTIVITY / ROUTINE	OBSERVATIONS / INTAKE	DONE
Morning	Wake up, Personal Hygiene, Dressing		
8:00 AM	Breakfast & Morning Medications		
10:00 AM	Hydration & Cognitive Activity		
12:00 PM	Lunch & Social Interaction		
2:00 PM	Physical Movement / Walk		
4:00 PM	Quiet Time / Therapeutic Music		
6:00 PM	Dinner & Evening Medications		
8:00 PM	Wind-down Routine / Bedtime		

Mood & Behavior Notes:

Physical Health / Concerns:

Caregiver Signature: ____ Time: __________