SENIOR WELLNESS CHECK

Date: _____

TIME	ACTIVITY / WELLNESS TASK	OBSERVATIONS / SYMPTOMS	DONE
Morning	Medication, Hydration, Mobility Stretch		
Mid-Day	Nutritious Meal, Cognitive Activity		
Afternoon	Physical Activity (Walk), Social Contact		
Evening	Evening Meds, Skin Integrity Check		

Blood Pressure / Pulse
Blood Sugar (if applicable)
Sleep Quality (1-10)
Appetite / Fluid Intake
Mood / Mental Alertness
Pain Level (Location/Scale)

Record any changes in behavior, falls, or concerns to discuss with medical professionals...