

CAREGIVER DAILY PROGRESS REPORT

Date: _____
Client Name: _____
Caregiver Name: _____
Shift Start: _____ AM/PM
Shift End: _____ AM/PM

Health & Vital Signs

Time	Blood Pressure	Temp	Blood Sugar	Oxygen %	Pulse
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Activities of Daily Living (ADLs)

Bathing/Sponge Bath
Dressing Assistance
Grooming/Hair/Teeth
Incontinence Care
Walking/Mobility
Transfer (Bed/Chair)
Light Housekeeping
Laundry
Exercise/PT

Nutrition & Hydration

Meal	Description of Food Consumed	Fluid Intake (oz)
Breakfast		
Lunch		
Dinner		
Snacks		

Medication Log

Medication Name	Dosage	Time Given	Refused?
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Caregiver Observations & Notes

(Mood, pain levels, bowel movements, skin condition, or unusual behavior)

Caregiver Signature: _____

Date: _____