

Caregiver Daily Checklist

Caregiver: _____

Date: _____

| Task | Assistance (Yes or No) | | Frequency | Notes |
|-------------------------|------------------------|----|-----------|-------|
| Personal Care | | | | |
| Bathing | Yes | No | | |
| Going to the Bathroom | Yes | No | | |
| Grooming | Yes | No | | |
| Dressing | Yes | No | | |
| Eating | Yes | No | | |
| | Yes | No | | |
| Health | | | | |
| Medication Management | Yes | No | | |
| Transportation | Yes | No | | |
| Nursing Care | Yes | No | | |
| Physical therapy | Yes | No | | |
| Occupational therapy | Yes | No | | |
| Monitoring vitals | Yes | No | | |
| Scheduling Appointments | Yes | No | | |
| | Yes | No | | |
| Housework | | | | |
| Making the bed | Yes | No | | |
| Changing bed linens | Yes | No | | |
| Cleaning bathroom | Yes | No | | |
| Cleaning kitchen | Yes | No | | |
| Taking out the trash | Yes | No | | |
| Doing Laundry | Yes | No | | |
| Vacuuming/Cleaning | Yes | No | | |
| Yardwork | Yes | No | | |
| | Yes | No | | |
| Shopping | | | | |
| Prepare list | Yes | No | | |
| Running errands | Yes | No | | |
| Buying supplies | Yes | No | | |
| Storing food | Yes | No | | |
| | Yes | No | | |
| Meal Preparation | | | | |
| Planning a menu | Yes | No | | |
| Preparing meals | Yes | No | | |
| | Yes | No | | |
| Companionship | | | | |
| Transportation | Yes | No | | |
| Games | Yes | No | | |
| Outdoor activity | Yes | No | | |
| Reading aloud | Yes | No | | |
| Communication | Yes | No | | |
| | Yes | No | | |
| Financial | | | | |
| Pay bills | Yes | No | | |
| Managing finances | Yes | No | | |
| Meetings | Yes | No | | |
| | Yes | No | | |
| Other | | | | |
| | Yes | No | | |
| | Yes | No | | |
| | Yes | No | | |

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