

Weekly Care Log

Track Care and Changes Week by Week

This Week

Week of: _____ Name: _____

Caregiver(s): _____

Daily Check-In

Use a check mark, a short word, or a number in each box.

	Mon ___/___/___	Tue ___/___/___	Wed ___/___/___	Thu ___/___/___	Fri ___/___/___	Sat ___/___/___	Sun ___/___/___
Medications taken as scheduled							
Meals and fluids							
Bathroom (urine / bowel movement)							
Sleep and rest							
Activity and mobility							
Mood and behavior							
Pain level (0-10)							
Skin check (redness, sores, bruising)							
Blood pressure							
Blood sugar							
Weight							

Changes or Concerns to Report

Questions for the Care Team
