

### Daily Care Checklist

Date:

Daily Personal Care	Notes
<input type="checkbox"/> Brush/comb hair	
<input type="checkbox"/> Brush teeth	
<input type="checkbox"/> Change clothes	
<input type="checkbox"/> Shave (if needed)	
<input type="checkbox"/> Trim nails	
<input type="checkbox"/> Apply lotion	
<input type="checkbox"/> Complete regular exercises	
Toileting Assistance	Notes
<input type="checkbox"/> Assist with going to the bathroom	
<input type="checkbox"/> Change bedpan	
<input type="checkbox"/> Empty catheter and colostomy bag	
<input type="checkbox"/> Assist with incontinence care (adult diapers, absorbent sheets, etc.)	
Feeding and Nutrition	Notes
<input type="checkbox"/> Buy groceries	
<input type="checkbox"/> Plan out meals	
<input type="checkbox"/> Prepare breakfast, lunch, dinner, and/or snacks	
<input type="checkbox"/> Watch fluid intake	
<input type="checkbox"/> Buy vitamins and nutritional supplements if needed	
<input type="checkbox"/> Feeding assistance if needed	
Social Interaction	Notes
<input type="checkbox"/> Escort to appointments	
<input type="checkbox"/> Watch TV/read together	
<input type="checkbox"/> Play games	
<input type="checkbox"/> Go on planned outings (park, zoo, etc.)	
<input type="checkbox"/> Visit friends/family	



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Household Chores	Notes
<input type="checkbox"/> Check and replace household supplies	
<input type="checkbox"/> Clean and fold laundry	
<input type="checkbox"/> Clean kitchen	
<input type="checkbox"/> Clean bathroom	
<input type="checkbox"/> Clean bedroom	
<input type="checkbox"/> Make bed/change sheets	
<input type="checkbox"/> Clean living room/family room	
<input type="checkbox"/> Clean and put away dishes	
<input type="checkbox"/> Take out the trash	
<input type="checkbox"/> Adjust room temperature	
<input type="checkbox"/> Vacuum floors	
<input type="checkbox"/> Dust tables and general living area	
<input type="checkbox"/> Complete yardwork	
<input type="checkbox"/> Pick up mail	
<input type="checkbox"/> Make daily items accessible	
<input type="checkbox"/> Hire and schedule any contractors, cleaners, or other professional services when needed	
Financial	Notes
<input type="checkbox"/> Pay bills	
<input type="checkbox"/> Review/manage finances	
<input type="checkbox"/> Budget for future expenses	
<input type="checkbox"/> Set up auto-pay on regular expenses	



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Medical Care and Medication Management	Notes
<input type="checkbox"/> Watch for and document any signs of potential health problems <ul style="list-style-type: none"><li>• Fatigue</li><li>• Falls</li><li>• Memory issues</li><li>• Mood changes</li></ul>	
<input type="checkbox"/> Pick up prescriptions	
<input type="checkbox"/> Remind your loved one to take medications	
<input type="checkbox"/> Fill weekly pill organizer or automatic medication dispenser	
<input type="checkbox"/> Schedule medical appointments and physical exams	
<input type="checkbox"/> Check blood sugar and blood pressure	
<input type="checkbox"/> Manage heat sensitivity with cold packs, cooling scarves, etc.	
<input type="checkbox"/> Coordinate with doctors and insurance	