



# Your Daily Care Diary

Write down any observations you make during care activities.

Date:     /     /	Time:



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Use this diary to help you keep record of information about the person you care for in the home. Use a new sheet each day or list the date and time whenever you make a new entry.

Take this with you if you go with the person to their doctor.

## Problems?

For example: fever, pain, change in bowel habits, change in sleep.

Type of problem: \_\_\_\_\_

Location: \_\_\_\_\_

When did it start? \_\_\_\_\_

How severe is it (scale of 0 to 10): \_\_\_\_\_

What makes the problem worse: \_\_\_\_\_

Does anything relieve the problem? If so, what?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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