# PRINTABLE CAREGIVER DAILY CHECKLIST

| CAREGIVER NAME | LOCATION |
| --- | --- |
| NAME OF PERSON BEING CARED FOR | DAY/DATE |

| TASK CATEGORY | TASK DESCRIPTION | ✓ | NOTES |
| --- | --- | --- | --- |
| **Personal Care** | Bathing/Showering | ☐ | |
| | Oral Hygiene | ☐ | |
| | Dressing/Grooming | ☐ | |
| | | ☐ | |
| **Medication Management** | Morning Medications | ☐ | |
| | Afternoon Medications | ☐ | |
| | Evening Medications | ☐ | |
| | | ☐ | |
| **Mobility/Exercise** | Morning Walk | ☐ | |
| | Physical Therapy Exercises | ☐ | |
| | | ☐ | |
| **Medical Care** | Blood Pressure Check | ☐ | |
| | Glucose Level Check | ☐ | |
| | | ☐ | |
| **Household Management** | Clean Living Area | ☐ | |
| | Laundry | ☐ | |
| | Grocery Shopping | ☐ | |
| | | ☐ | |
| **Mental/Emotional** | Social Interaction | ☐ | |
| | Recreational Activities | ☐ | |
| | | ☐ | |
| **Safety** | Check for Hazards | ☐ | |
| | Update Emergency Contacts | ☐ | |
| | | ☐ | |
| | | ☐ | |