DAILY CARE CHECKLIST

PERSONAL CARE

- .....
- .....
- .....
- .....
- .....
- .....

PHYSICAL THERAPY

- .....
- .....
- .....
- .....

HOUSEKEEPING

- .....
- .....
- .....
- .....
- .....
- .....

EXERCISE / ACTIVITY

ACTIVITY	✓

MEALS / SNACKS

MEAL / SNACK	✓

MEDICATION

MEDICATION	TIME	DOSAGE	✓

BATHROOM

BATHROOM	TIME	BATHROOM	TIME