

# Caregiving Checklist

PRINTABLE PDF | A4/A5/LETTER SIZES

## CAREGIVING CHECKLIST

CAREGIVER NAME:

Mrs. Jane Jones

DATE:

PERSONAL CARE

☐ Bath

☐ Dry hair

☐ Comb hair

☐ Brush teeth

☐ Change clothes

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PHYSICAL THERAPY

☐ Cognitive exercises

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HOUSEKEEPING

☐ Tidy bedroom

☐ Sweep floor

☐ Clean kitchen

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ACTIVITIES AND EXERCISES

| TYPE                            | DURATION   |
|---------------------------------|------------|
| Warm up exercises               | 10 minutes |
| Walk up from near park and back | 30 minutes |
|                                 |            |
|                                 |            |

MEALS

| MEAL                              | TIME    | AMOUNT          |
|-----------------------------------|---------|-----------------|
| Orange, banana, water             | 8AM     | 1 each          |
| Omelette, tomato, cranberry juice | 12:30NN | 1 each, 1 glass |
|                                   |         |                 |
|                                   |         |                 |
|                                   |         |                 |
|                                   |         |                 |
|                                   |         |                 |
|                                   |         |                 |
|                                   |         |                 |
|                                   |         |                 |

MEDICATIONS

| MEDICATION | TIME TAKEN        | DOSAGE |
|------------|-------------------|--------|
| Lozartan   | 8:30AM after meal | 50mg   |
|            |                   |        |
|            |                   |        |
|            |                   |        |