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|  | Caregivers Daily Log |

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| **Caregiver:** |  | **Date:** |  |
| **Phone No.** |  | **Patient:** |  |

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| **Changes from Yesterday** |
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| **Medication Intake** | | | | |
| **Medication** | **Frequency** | **Dosage** | **Purpose** | **Taken** |
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| **Food Intake** | | | |
| **Meal** | **Time** | **Food** | **Amount Eaten** |
| Breakfast |  |  |  |
| Lunch |  |  |  |
| Dinner |  |  |  |
| Other |  |  |  |

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| **Sleep** | | |
| **Time Asleep** | **Time Awake** | **Notes** |
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|  | Very Poor Average Very Good |
| Energy Levels: | 1  2  3  4  5  6  7  8  9  10 |
| Pain Levels: | 1  2  3  4  5  6  7  8  9  10 |
| Sleep Quality: | 1  2  3  4  5  6  7  8  9  10 |
| Appetite: | 1  2  3  4  5  6  7  8  9  10 |

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| Additional Notes: |  |
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