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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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