



24-Hour Daily Activities Log

Day/Date: _____ 1st Shift Caregiver: _____ 2nd Shift Caregiver: _____ 3rd Shift Caregiver: _____

Wake up Time: _____ Nap Time/Duration: _____ Bedtime: _____
Mood at Waking: **H / S / I / M** Mood in Afternoon: **H / S / I / M** Mood at Bedtime: **H / S / I / M** (Mood Key: **H**appy, **S**ad, **I**rritable, **M**ad)

Meals: Breakfast Circle one – Ate ALL Ate SOME Ate NONE

List foods eaten: _____ Was coaching required? Yes No

Washed hands before and after meals? Yes No Was coaching required? Yes No

Lunch Circle one – Ate ALL Ate SOME Ate NONE

List foods eaten: _____ Was coaching required? Yes No

Washed hands before and after meals? Yes No Was coaching required? Yes No

Supper Circle one – Ate ALL Ate SOME Ate NONE

List foods eaten: _____ Was coaching required? Yes No

Washed hands before and after meals? Yes No Was coaching required? Yes No

Snack Circle one – Ate ALL Ate SOME Ate NONE

List foods eaten: _____ Was coaching required? Yes No

Washed hands before and after snacks? Yes No Was coaching required? Yes No

Personal Care:

____ Shower/Bath (daily unless otherwise determined) _____ Shampoo Hair (Select daily or weekly schedule)

____ Brushed Teeth or Cleaned Dentures _____ Brushed Hair

____ Inserted Hearing Aids

____ Toileting Frequency of Urination _____ Dry or Wet at Waking? (Circle) Washed hands each time after toileting? Yes No

Frequency of Bowel Movement _____ Soiled or Clean at Waking? (Circle) Washed hands each time after toileting? Yes No

____ Bruises: Specify location on body _____

____ Falls: Time of Day: _____ Reason for fall: _____ Other Injuries: Cuts _____ / Swelling _____ / Headache _____ / Other _____

Day/Date: _____
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24 Hour Daily Shift Communication Log

1st Shift Notes _____

Social Activities
___ Reading ___ Television ___ Music Listening or Playing ___ Craft Project ___ Puzzle ___ Outdoors Activity

Behavioral Concerns:
___ Fidgeting ___ Wandering ___ Rummaging ___ Outbursts

2nd Shift Notes _____

Social Activities
___ Reading ___ Television ___ Music Listening or Playing ___ Craft Project ___ Puzzle ___ Outdoors Activity

Behavioral Concerns:
___ Fidgeting ___ Wandering ___ Rummaging ___ Outbursts

3rd Shift Notes _____

Social Activities:
___ Reading ___ Television ___ Music Listening or Playing ___ Craft Project ___ Puzzle ___ Outdoors Activity

Behavioral Concerns: ___ Fidgeting ___ Wandering ___ Rummaging ___ Outbursts