



## Activity Daily Log

Client Name: \_\_\_\_\_ Caregiver Name: \_\_\_\_\_

Instructions: Please write in the date for each day of the week. Write in your specific shift time on the days you worked, write NA on days you did not work for this client. Use Key below for each task completed with your client. Write specific notes below task list to explain a change in condition or important note or concern. Sign and date from.

- S= Stand-by assistance as needed or caregiver supervision
- A= Assistance from caregiver required to complete task
- D= Dependent, performed by caregiver
- I= Independent, performed without any assistance from caregiver
- X= Not done on while on shift

Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift Time <small>NA=Did not work</small>							
Bathing							
Grooming							
Meal Preparation							
Medication Reminder							
Dressing							
Exercise							
Transferring							
Toileting							
Appointments, transportation							
Light Housekeeping							
Other:							

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cargiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_