

- ☐ Waking
- ☐ Bathing/Showering
- ☐ Dressing
- ☐ Grooming
- ☐ Toileting
- ☐ Breakfast
- ☐ Medications
- ☐ Therapy/home activities

- ☐ Rest
- ☐ Lunch
- ☐ Appointments
- ☐ Physical activity as appropriate
- ☐ Social/recreational activity
- ☐ Dinner
- ☐ Evening medications
- ☐ Bedtime

Our Morning Routine

Time	Activity	Assistance Needed	Notes

Our Afternoon Routine

Time	Activity	Assistance Needed	Notes

Our Evening Routine

Time	Activity	Assistance Needed	Notes

Meals, Hydration & Rest

Meals or foods that work well

Professional diet or swallowing instructions to remember

Hydration reminders or routines that help

Sleep or rest patterns worth noting

Questions for the healthcare team

Personal Care

Activity	Full Help	Some Help	Supervision / Reminder	Independent

Who Is Responsible for Medications?

What I currently handle

What the person currently handles

Where reminders or supervision are used

What we need clarification about

Today's Activities

Recovery is important, but the day can also include ordinary and enjoyable life.

- | | |
|---|--|
| ☐ Therapy | ☐ Music |
| ☐ Appointments | ☐ Reading |
| ☐ Home activities | ☐ Hobby |
| ☐ Personal care | ☐ Visitors |
| ☐ Household activities | ☐ Phone calls |
| ☐ Outdoors | ☐ Rest |
| ☐ Conversation | ☐ Something enjoyable |
| ☐ TV/Movie | |

Something today that has nothing to do with stroke recovery:

Use the rest of this page for additional thoughts or notes.

Assistance Needed Today

Activity	Full Help	Some Help	Supervision	Independent

What Do You Need From Me Today?

Do you need more help with something?

Would you like LESS help with something?

Is there something you'd like to try yourself?

Is there something you'd like me to stop automatically doing?

Is there something you want me to understand today?

What Went Well • What Was Difficult

Something that went well today

Something that was difficult

What did the person say about it?

What might we try differently?

A Difficult Moment - Looking Back

What happened?

Were we tired, rushed, frustrated, or overwhelmed?

Was I helping when they wanted to try?

Did either of us need a break?

What could we try differently next time?

Daily Care Log 1

Important activities / appointments

Mental • Physical • Emotional

Assistance needed

Something that went well

Something difficult

Something to remember tomorrow

Daily Care Log 2

Important activities / appointments

Mental • Physical • Emotional

Assistance needed

Something that went well

Something difficult

Something to remember tomorrow

Daily Care Log 3

Important activities / appointments

Mental • Physical • Emotional

Assistance needed

Something that went well

Something difficult

Something to remember tomorrow

Our Week at a Glance

What went well?

What became easier?

What remained difficult?

What did the person tell me?

What required less assistance?

What needs attention next week?

Is Our Routine Working?

KEEP - what's working?

CHANGE - what should work differently?

REDUCE - what are we doing too much of?

ADD - what's missing?

ASK - what needs professional guidance?

What Could Someone Else Do?

Responsibility	Who Could Help?	When / How Often?

Daily Care & Routines Reflection

What works?

What creates stress?

Where is more independence possible?

What could someone else handle?

Are we making room for enjoyable activities?

What should change?
