

Care Recipient Checkup

Date:

		*Check daily column if CR slept well; All other items add #0-3 based on level of assistance needed.						
		Mon.	Tues.	Wed.	Thurs.	Friday	Sat.	Sun.
Physical (IADLs and ADLs)	Sleeping							
	Bathing							
	Dressing							
	Eating							
	Transferring in & out of bed/chair							
	Meal Preparation							
	Toileting							
	Housework							
	Laundry							
	Shopping							
	Medications							
	Transportation							
	Money Management							
Challenges/ Concerns								
What's Working								

1. Note below which areas need attention:

2. Identify available resources:

3. Create a new plan to address areas of concern:

4. Implement new plan:

5. Evaluate the new plan by completing another checkup (weekly, monthly or quarterly):

- What improved?

- What areas still need attention?
