FROM THE SITTING ROOM SERIES
GETTING MORE HELP

8

Care Partner's Log

A Daily Record for the Person Giving Care



Stephen Deason

LARGE PRINT

Worksheets

from

Care Partner's Log

A Daily Record for the Person Giving Care

Book 8 of The Sitting Room Series



Alder Creek
EDITIONS

About these worksheets

These are the pages from Care Partner's Log that you can fill in again, one copy of each. Print as many copies as you need.

The whole journal is free to download and print at aldercreekeditions.com.

Copyright © 2026 Stephen Deason. Free to print and give away. Not to be sold or changed. Alder Creek Editions, LLC, aldercreekeditions.com

General information, not medical, legal, or financial advice. In an emergency, call 911. In a crisis, call or text 988.

3. The Person and the Care

Fill these pages in once, with the person, and change them when things change. The free Emergency Information Sheet at aldercreekeditions.com holds the one-page summary that stays by the phone.

Name

Filled in on

What they like to be called

Health conditions

Allergies, and what happens

After a fall with no injury and no blow to the head, the doctor said to

---

3. The Person and the Care, continued

Hearing, eyesight, dentures, and a walker or cane

How they take their medicines: whole, with food, or crushed only if the pharmacist or doctor said so

What an ordinary meal looks like for them, and how much they usually drink

The cup I count drinks with holds

Any limit on fluids or salt the doctor set

Usual weight, and the gain the doctor wants a call for

Blood sugar high enough that the doctor wants a call

---

3. The Person and the Care, continued

Their routine, and what helps on a hard day

How they are now, so later changes can be compared: eating, drinking, sleep, the bathroom, memory, mood, walking, skin. Date it.

Any catheter, tube, or device, and what the nurse said to watch for

If they have diabetes: the doctor's plan for low blood sugar, and for insulin on a day they eat little or are sick

4. Medicines

In my experience, medicine mix-ups at home are common. Many of the people I see have three or four doctors, take ten, fifteen, or twenty medicines, and fill them at two or three pharmacies, one of them online. Some medicines must not be taken with others. This list, kept current and taken to every appointment, is how a mix-up gets caught.

- List every medicine: prescriptions, medicines bought without a prescription, vitamins, and supplements.
- Take this list, or the bottles themselves, to every appointment.
- Do not cut back or stop a medicine on your own. Talk to the prescriber first.
- Do not split, crush, or chew a pill until you have asked the pharmacist or the doctor. Some pills release medicine slowly and must be swallowed whole.
- A pillbox, a set time tied to the day's routine, and an alarm on a phone or clock all help.
- When a medicine is started, stopped, or changed, write it here the same day.

Medicine list

Medicine and strength	How much, and when	What it is for	Doctor	Start and stop dates

4. Medicines, continued

Medicine and strength	How much, and when	What it is for	Doctor	Start and stop dates

4. Medicines, continued

Pharmacies

Pharmacy

Phone

Second pharmacy or mail order

Phone

Medicine allergies, and reactions to any medicine

---

4. Medicines, continued

Medicines taken only when needed

For pain, anxiety, the bowels, sleep, or a hospice comfort kit, and any extra dose. Use one page each week. Write each dose, the time, why it was given, and whether it helped.

Day and time	Medicine and how much	Why	Did it help?

4. Medicines, continued

Weekly medicine grid

Write the dates across the top, one column for each day. Down the left, write each medicine, its dose, and its time. One row for each medicine at each time of day. Initials when given; for insulin, add the units. R: refused. M: missed. H: held because the doctor or nurse said to. Not marked, and nobody knows? Call the pharmacist or doctor before giving it. Never give a missed dose late or double the next one unless they say to.

Medicine, dose, time							

4. Medicines, continued

Medicine, dose, time							

5. The Care Team and Numbers

Main doctor

Phone, and after-hours number

Other doctor, and what they treat

Phone

Other doctor, and what they treat

Phone

Home care or home health office, and phone

Hospice office, and its 24-hour number

Case manager (Medicaid, the VA, or insurance)

Health care agent or power of attorney

Numbers for a worry

Adult Protective Services

Long-term care ombudsman

State licensing complaint line

Where the do-not-resuscitate order or POLST is kept

---

5. The Care Team and Numbers, continued

Family and friends who help

Name	Phone	What they can do

6. Appointments and Hospital Stays

Date _____ **Doctor** _____

Why we went _____

What we wanted to ask

_____

_____

_____

What the doctor said

_____

_____

_____

Medicines started, stopped, or changed

_____

_____

_____

Tests ordered, when the results come, and the next appointment

_____

_____

6. Hospital and Emergency Room Stays

Medicine lists often go wrong after a hospital stay. Before you leave, ask which medicines to stop, start, or change, and compare the list with Section 4.

Date in _____ **Date out** _____

Where _____

Why they went, and what was found

_____

_____

_____

Medicines stopped, started, or changed

_____

_____

_____

Follow-up appointments, and who to call with questions

_____

_____

_____

7. Care Plans and Meetings

Home health agencies, hospices, and care homes keep their own care plans. Ask when the plan will be reviewed next, and ask to be there.

Date _____ **Next meeting** _____

Who was there _____

What changed

_____

_____

_____

What to watch for

_____

_____

_____

What we asked, and the answer

_____

_____

_____

7. Care Plans and Meetings, continued

Date _____ **Next meeting** _____

Who was there _____

What changed

_____

_____

_____

What to watch for

_____

_____

_____

What we asked, and the answer

_____

_____

_____

8. Thirteen Weeks at a Glance

At the end of each week, copy a few things from the week's page here, so you and the doctor can see the whole stretch on one page.

Week	Dates	Weight	Falls	ER or hospital	Medicine changes	Notes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Day No. _____

Date _____ **Who helped** _____

Breakfast _____

Lunch _____

Supper _____

Snacks _____

Drinks (cups) _____

Passed water or pads _____

Bowel movements _____

Weight _____

Blood sugar _____

Other readings _____

Falls (time, where, seen? head?), skin, catheter or tube

_____

_____

To tell the doctor or nurse; why a dose was missed or held

_____

_____

Sleep, mood, memory, pain, and a good moment today

_____

_____

Week No. _____

Dates _____ **Weight, end of week** _____

What changed this week, compared with last week and with how they were in Section 3

What I reported, to whom, and what they said. If something on the Section 2 list happens, call when Section 2 says. Do not save it for this page.

Appointments coming up

Family visit notes

What I need help with next week, and who I will ask

10. My Own Lines

One line a day, for you: how you are, what got you through, what you need.

Days _____ to _____