

DAILY CARE PLANNER

DATE: _____

S M T W T F S

TODAY'S SCHEDULE

Record, meds schedule, appointments, etc. here.

06:00 _____
07:00 _____
08:00 _____
09:00 _____
10:00 _____
11:00 _____
12:00 _____
1:00 _____
2:00 _____
3:00 _____
4:00 _____
5:00 _____
6:00 _____
7:00 _____
8:00 _____
9:00 _____
10:00 _____
11:00 _____

WATER INTAKE  = 8 OZ



PRIORITIES

Note the most important things that need to happen today.

BATHROOM

ACTIVITIES/EXERCISE

MEALS AND SNACKS

