

WORKSHEET 5:

Daily Needs and Routine Tracker

Copy and complete this worksheet so any alternate care providers (paid or unpaid) will have a list which describes the specific needs and schedule of the person with Parkinson's disease

SLEEPING SCHEDULE

Waking Time	
Napping Time	
Sleeping Time	
Special Notes/ Preferences:	

MEDICATION SCHEDULE

Dose 1	
Dose 2	
Dose 3	
Dose 4	
Dose 5	
Special Notes/ Preferences:	

DIET AND MEAL SCHEDULE

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Special Notes, Allergies/Dietary Restrictions:	

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ACTIVITIES SCHEDULE

Mornings	
Afternoons	
Evenings	
Special Notes/ Preferences:	

PERSONAL CARE SCHEDULE

Bathing	
Dressing	
Oral Hygiene	
Other	
Special Notes/ Preferences:	

OTHER SCHEDULE
