

Caregiver Task Checklist



Personal Care

Task	Assistance Needed? (circle one)		Frequency
Bathing	Yes	No	
Going to the bathroom	Yes	No	
Grooming	Yes	No	
Dressing	Yes	No	
Eating	Yes	No	

Shopping

Task	Assistance Needed? (circle one)		Frequency
Preparing a shopping list	Yes	No	
Running errands	Yes	No	
Buying food and supplies	Yes	No	
Storing food items	Yes	No	

Health

Task	Assistance Needed? (circle one)		Frequency
Managing medications	Yes	No	
Transportation to doctor appointments	Yes	No	
Nursing care	Yes	No	
Physical therapy	Yes	No	
Occupational therapy	Yes	No	
Monitoring vitals	Yes	No	
Scheduling medical appointments	Yes	No	

Meal Preparation

Task	Assistance Needed? (circle one)		Frequency
Planning a menu	Yes	No	
Preparing and serving meals	Yes	No	

Companionship

Task	Assistance Needed? (circle one)		Frequency
Transportation to and from activities (social, religious, etc.)	Yes	No	
Playing games	Yes	No	
Reading aloud	Yes	No	
Regular conversation	Yes	No	

Housework

Task	Assistance Needed? (circle one)		Frequency
Making the bed	Yes	No	
Changing bed linens	Yes	No	
Cleaning bathroom surfaces	Yes	No	
Cleaning dishes	Yes	No	
Cleaning kitchen surfaces	Yes	No	
Taking out the trash	Yes	No	
Doing laundry	Yes	No	
Vacuuming/sweeping/mopping floors	Yes	No	
Yardwork	Yes	No	

Financial

Task	Assistance Needed? (circle one)		Frequency
Paying bills	Yes	No	
Managing finances	Yes	No	
Meeting with professionals	Yes	No	

Other Tasks

(Fill out based on your loved one's needs)

Task	Assistance Needed? (circle one)		Frequency
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

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