

Name: \_\_\_\_\_

## DAILY DIARY

Date: \_\_\_\_\_

Caregiver: \_\_\_\_\_

Woke Up: \_\_\_\_\_

Urine Output:

Blood Sugar Reading:

\_\_\_\_ Units of "N"

\_\_\_\_ Units of "N"

\_\_\_\_ AM Meds

\_\_\_\_ PM Meds

Bath \_\_\_\_ Yes \_\_\_\_ No

BM \_\_\_\_ Yes \_\_\_\_ No

### Vital Signs

Blood Pressure:

\_\_\_\_\_  
Temperature:

\_\_\_\_\_  
Pulse:

\_\_\_\_\_

### Meals

Breakfast	Lunch	Dinner	Snacks

### Activity Level:

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### Comments:

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### Questions:

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*Farewell, My Friend*

By Beatrice Toney Bailey