

# DAILY HEALTH CHANGES TRACKER

Name: \_\_\_\_\_ Week of: \_\_\_\_\_

**Record only changes from your loved one's usual baseline.**

| Date | What Changed? | When Did You Notice It? | Anything Else That Changed? |
|------|---------------|-------------------------|-----------------------------|
|      |               |                         |                             |
|      |               |                         |                             |
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## Helpful Things to Watch For:

- ☐ Walking or balance
- ☐ Confusion or memory
- ☐ Eating or drinking
- ☐ Sleeping much more or less
- ☐ New weakness
- ☐ Falls
- ☐ Pain
- ☐ Fever
- ☐ Behavior or personality changes

Other: \_\_\_\_\_

## Before Your Appointment

If possible, be ready to answer these four questions:

### 1. What changed?

\_\_\_\_\_  
\_\_\_\_\_

### 2. When did it start?

\_\_\_\_\_  
\_\_\_\_\_

### 3. Has it been getting better, worse, or staying the same?

\_\_\_\_\_

### 4. What is different from their normal baseline?

\_\_\_\_\_  
\_\_\_\_\_

**Remember:** You don't need to record everything. Just write down meaningful changes from your loved one's usual routine. Even a few simple notes can help your healthcare team better understand what's happening.

*Helping patients and caregivers navigate healthcare with confidence.*  
-AdvocacyDoc