

Silver Care Compass

Start Over

Weekly Summary

Week of: _____

Medications

Issues / Side Effects Noticed	
Skipped or delayed doses	
Follow-up / Questions for Doctor	

Vital Signs

Patterns or Concerning Changes	
Next Steps or Follow-up Needed	

Food and Drink

What was Well Tolerated/Enjoyed	
Challenges or Intake Concerns	
Ideas to Try Next Week	

Activity

What was Accomplished	
Missed or Skipped Activities	
Adjustments for Next Week	

Mood

Overall Emotional Tone This Week	
Triggers / Improvements Noted	
Ideas for Emotional Support Next Week	

Caregiver Reflection

What Went Well This Week?	
What felt the hardest this week?	