

Silver Care Compass

Start Over

Caregiver Check-In

Week of: _____

Energy Level (1 = no energy - 10 = full energy)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Sleep Quality (Hours of sleep)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What drained your energy this week?	
What gave you energy this week?	

What caused stress this week?	What or who helped?

Did I say 'No" when I needed to?	What did I do for myself?

What physical or emotional red flags did I experience this week?	What is my self-care plan for next week?