

WEEKLY PATTERN SUMMARY LOG

A 7-day snapshot to help a caregiver see patterns that are easy to miss when days run together.

Person Supported / Care Recipient: _____	Week of: _____ to: _____
Caregiver Completing Log: _____	Relationship: _____

This is a summary, not a second daily log. Use short marks or a few words. Look for changes from what is usual for this person.

7-DAY QUICK VIEW						
Day	Sleep	Medication	Communication / response	Daily functioning	Support / supervision	One thing to remember
Mon	Usual / less / more	All / issue / uncertain / NA	Usual / delayed / limited / no response	Usual / more help needed	Low / moderate / high / continuous	
Tue	Usual / less / more	All / issue / uncertain / NA	Usual / delayed / limited / no response	Usual / more help needed	Low / moderate / high / continuous	
Wed	Usual / less / more	All / issue / uncertain / NA	Usual / delayed / limited / no response	Usual / more help needed	Low / moderate / high / continuous	
Thu	Usual / less / more	All / issue / uncertain / NA	Usual / delayed / limited / no response	Usual / more help needed	Low / moderate / high / continuous	
Fri	Usual / less / more	All / issue / uncertain / NA	Usual / delayed / limited / no response	Usual / more help needed	Low / moderate / high / continuous	
Sat	Usual / less / more	All / issue / uncertain / NA	Usual / delayed / limited / no response	Usual / more help needed	Low / moderate / high / continuous	
Sun	Usual / less / more	All / issue / uncertain / NA	Usual / delayed / limited / no response	Usual / more help needed	Low / moderate / high / continuous	

WEEKLY QUICK COUNTS

Days with repeated prompting: _____	Days with frequent supervision: _____	Overnight monitoring: _____
Medication issue days: _____	Safety concern days: _____	Provider / agency contact: _____

PATTERNS NOTICED THIS WEEK

Sleep, eating & self-care

- ☐ Sleep schedule changed
- ☐ Eating / drinking changed
- ☐ Hygiene or clothing changed
- ☐ Needed more help with household cleanup / tasks

Communication & responsiveness

- ☐ More delayed responses
- ☐ More limited / nonverbal periods
- ☐ Needed more repetition / one-step directions
- ☐ More difficult to engage

Mood & observed behavior

- ☐ More withdrawn
- ☐ More irritable / argumentative
- ☐ More pacing / restlessness
- ☐ More fear, distress, or suspicious statements

Safety & judgment

- ☐ More home safety concerns
- ☐ Leaving home / getting lost concern
- ☐ Money / online / privacy concern
- ☐ Property / food / essential item concern

WHAT HELPED OR MADE THE WEEK EASIER

- ☐ Predictable routine
- ☐ Quiet / lower-stimulation environment
- ☐ Regular meals / hydration
- ☐ Medication taken as scheduled
- ☐ One step or one question at a time
- ☐ Extra response time
- ☐ Preferred activity / movement / music
- ☐ Supportive conversation / reassurance
- ☐ Additional caregiver availability
- ☐ No clear helpful pattern noticed

CAREGIVER WORKLOAD & CHANGES

- ☐ About the usual amount of support
- ☐ Somewhat more support than usual
- ☐ Much more support than usual
- ☐ Overnight or continuous monitoring occurred
- ☐ Appointment attended
- ☐ Medication / treatment changed
- ☐ Provider / agency contacted
- ☐ Incident record completed
- ☐ Records / forms submitted

WHAT SHOULD I REMEMBER OR TELL THE CARE TEAM?

Most stable day(s): _____ Most concerning day(s): _____

Main pattern, change, or concern: _____

What seemed to help: _____

Follow-up needed next week: _____

Use this weekly summary to organize observations and communicate patterns. It does not diagnose a condition or prove that one event caused another. When helpful, attach the relevant daily log, incident record, medication log, or communication record.