

Eldercare Exhaustive Report

User: s

Age: 23

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How are you feeling today?: Good

Did you sleep well last night?: Yes

Have you taken your morning medication?: Yes

Did you eat breakfast?: Yes

Have you had water in the last hour?: Yes

Do you feel any pain right now?: No

Are you experiencing shortness of breath?: No

Do you feel dizzy or lightheaded?: No

Do you need help with any tasks today?: No

Do you have any appointments today?: No

Do you feel safe at home?: Yes

Have you spoken to family or friends today?: Yes

Would you like a physical activity suggestion?: Yes

Would you like a mental activity suggestion?: Yes

Would you like a social activity suggestion?: Yes

Are you feeling anxious or depressed?: No

Do you need assistance with meals?: No

Did you enjoy your last activity?: Yes

Would you like a wellness check call?: Yes

Do you have any concerns to share today?: No