

14-day care diary

So the Medical Service (Medizinischer Dienst) can see how much help is really needed.

Name of the person needing care

Date of birth

Period from – to

Current care level (Pflegegrad)

Date of the assessment

Filled in by

How to fill in the diary

- 1 Fill in one page every evening. Two weeks give a realistic picture, with good days and bad days.
- 2 Tick how much help was needed: none, some (prompting, laying things out, reminding), a lot (helping with it) or full (you do everything).
- 3 Note how often and how long. Rough estimates in minutes are enough.
- 4 Write down what no longer works, even if it is embarrassing: falls, incontinence, confusion, restlessness at night.
- 5 Describe an ordinary day, not the best day. Many people pull themselves together when the assessor visits.
- 6 Show the diary at the appointment and keep a copy. It also helps if you object to the decision (Widerspruch).

Why this matters

The Medical Service assesses six areas of life. From 2027, more points are planned to be needed for care levels 1 to 3. If you can document the help needed precisely, the assessment is fairer. The assessor speaks German: if needed, ask someone to translate on the day. Estimate in advance: pflegestand.com/en

Day 1

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 2

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 3

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 4

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 5

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 6

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 7

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 8

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 9

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 10

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 11

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 12

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 13

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Day 14

Date: _____

Weekday: _____

Activity	How much help?				how often	minutes	What was difficult?
	none	some	a lot	full			
Moving							
Getting up, turning in bed	☐	☐	☐	☐			
Transferring (bed, chair, toilet)	☐	☐	☐	☐			
Walking around the home	☐	☐	☐	☐			
Stairs	☐	☐	☐	☐			
Personal care, eating, toilet							
Washing (upper body, intimate area)	☐	☐	☐	☐			
Showering, washing hair	☐	☐	☐	☐			
Dressing and undressing	☐	☐	☐	☐			
Preparing and cutting food	☐	☐	☐	☐			
Eating and drinking	☐	☐	☐	☐			
Toilet, changing pads	☐	☐	☐	☐			
Medical							
Preparing and giving medication	☐	☐	☐	☐			
Injections, blood sugar, blood pressure	☐	☐	☐	☐			
Dressings, compression stockings	☐	☐	☐	☐			
Doctor or therapy visit	☐	☐	☐	☐			
Orientation and behaviour							
Forgetting, orientation, decisions	☐	☐	☐	☐			
Restlessness, anxiety, aggression	☐	☐	☐	☐			
Daily life							
Daily routine, activities, contacts	☐	☐	☐	☐			
At night: getting up, help, restlessness	☐	☐	☐	☐			

Anything special today (fall, confusion, bad night, doctor's appointment ...)

Checklist for the assessment

Have ready beforehand

- ☐ This care diary (keep a copy for yourself)
- ☐ Current medication plan
- ☐ Doctors' reports, discharge letters, test results
- ☐ List of aids (walker, commode, hearing aid ...)
- ☐ Names and phone numbers of doctors and the home care service

At the appointment

- ☐ Be there as a family member, without fail
- ☐ Describe an ordinary day, not the best day
- ☐ Also mention nights, falls, incontinence and confusion
- ☐ Show rather than tell: e.g. getting up from an armchair
- ☐ Ask if something has been misunderstood
- ☐ If needed, bring someone who can translate

Afterwards

- ☐ Check the decision letter (Bescheid) and the report carefully
- ☐ An objection (Widerspruch) is possible within one month of receipt
- ☐ Compare the result with the detailed mode at pflegestand.com/en
- ☐ Template letter for an objection: pflegestand.com/en

Please note

This diary is for guidance and does not replace advice. The care level is set by the care insurance fund (Pflegekasse) based on the Medical Service report. Free care advice is available from your care insurance fund and at local care support centres (Pflegestützpunkte).