Sundowning Daily Tracker

Notice the timing. Look for needs. Record what helped.

Use one page per day. Brief notes are enough; a calm evening is worth recording, too.

Date / person's name or initials / caregiver

1 NOTICE: When did changes happen?

Start and end times; or note no episode. What did you see or hear?

2 LOOK: What was happening earlier?

Sleep and naps; meals, drinks or caffeine; daylight, activity and routine changes.

3 ASK: What might they need?

Pain, hunger, thirst, toilet needs, constipation, fatigue; noise, visitors or shadows.

4 TRACK: What did you try, and what happened?

Note each approach and time, their response, and how long relief seemed to last.

5 CONNECT: What else should the care team know?

New symptoms; medicines and times; recent changes; safety concerns or follow-up.

Sudden or sharply worse confusion or behavior needs prompt medical advice.

Do not assume it is sundowning. For immediate danger or a medical emergency, call 911.

Look for Patterns & Plan Ahead

Review several daily pages together. Small clues can guide the next step.

Dates reviewed / person's name or initials

1 What timing or early signs keep showing up?

Include days without episodes. What was different on calmer days?

2 What possible needs or triggers repeat?

These are clues to discuss, not proof of a cause.

3 What helped most? What seemed to make things harder?

4 What is one small change we can try before the usual start time?

What will we try, when will we start, and who will help?

5 What will we ask or share with the healthcare team?

Bring the daily pages. Discuss new symptoms and medicine concerns before making changes.

Next review date: _____

You do not have to track everything. Look for useful clues, not a perfect record.

Educational tracking tool; not a diagnosis or a substitute for medical assessment.

Sources: National Institute on Aging, Coping With Agitation, Aggression, and Sundowning; Alzheimer's Association, Sleep Issues and Sundowning; Memory Loss and Confusion.