

Stroke Medication Tracker

This worksheet helps stroke survivors and caregivers keep medications organized. Track daily doses, schedules, side effects, and questions for your doctor. Use this log to stay consistent and improve communication with your care team.

Medication Name: _____

Prescribed Dose: _____

Schedule (check all that apply):

☐ Morning ☐ Afternoon ☐ Evening ☐ Bedtime

INSTRUCTIONS: Use the table below to track when each medication is taken, any side effects, and concerns to discuss with your doctor.

Date	Taken? (Y/N)	Notes / Side Effects
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Questions for my doctor:
