

### Caregiver Log

Name of Agency: **Opprtunities for Inclusion**

Member Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
<b>Activities of Daily Living (ADL)</b> Use codes: 0-Independent (no help needed), 1-Set up, 2-Supervision, 3-Physical Assist, 4-Dependent, 8-Activity did not occur																																	
<b>Supervision and/or Assistance through the task</b>																																	
Positioning in bed or chair																																	
Transferring																																	
Locomotion/ambulation home																																	
Locomotion/ambulation outside																																	
Dressing upper body																																	
Dressing lower body																																	
Eating																																	
Bathing																																	
Personal Hygiene																																	
Toileting																																	
Incontinence Care:	Record the number of times scheduled toileting or incontinence care provided. For catheter care record "C", for colostomy care record "CL"																																
Bowel																																	
Bladder																																	
<b>Instrumental Activities of Daily Living (IADL)</b> Use codes: 0-Independent, 1-Some Help, 2-Full Help, 3-By others, 8-Activity did not occur																																	
Meal Preparation																																	
Ordinary Housework																																	
Managing Finances																																	
Med Mgmt--Taken as prescribed																																	
Phone Use																																	
Shopping																																	
Transportation																																	
<b>Other Services</b>	Check all that occurred																																
Adult Day Health																																	
Alternative Placement																																	
Skilled Nursing Visit																																	
MD visit																																	
Hospitalized																																	
ER visit																																	
Day Habilitation																																	
Other																																	
<b>Caregiver Initials</b>																																	
																					Reviewed by: _____	RN	CM										
																					Date of Review: _____												
																					Level of Care: I	II											

Primary Caregiver (Initial/Signature): \_\_\_\_\_  
 Alternate Caregiver (Initial/Signature): \_\_\_\_\_  
 Alternate Caregiver (Initial/Signature): \_\_\_\_\_

Received 2/16/12  
 Rev: 6/18  
 Server/AFC/Forms

