# Caregiver Log

**Name of Agency:**

**Opportunities for Inclusion**

| 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 |

**Member Name:**

**Month/Year:**

### Activities of Daily Living (ADL)

Use codes: 0-Independent (no help needed), 1-Set up, 2-Supervision, 3-Physical Assist, 4-Dependent, 8-Activity did not occur

- Supervision and/or Assistance through the task

<table>
<thead>
<tr>
<th>Positioning in bed or chair</th>
<th>Transferring</th>
<th>Locomotion/ambulation home</th>
<th>Locomotion/ambulation outside</th>
<th>Dressing upper body</th>
<th>Dressing lower body</th>
<th>Eating</th>
<th>Bathing</th>
<th>Personal Hygiene</th>
<th>Tolleting</th>
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**Incontinence Care:**

Record the number of times scheduled toileting or incontinence care provided. For catheter care record "C", for colostomy care record "CL".

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<tr>
<th>Bowel</th>
<th>Bladder</th>
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**Instrumental Activities of Daily Living (IADL)**

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

**Other Services**

Check all that occurred

- Adult Day Health
- Alternative Placement
- Skilled Nursing Visit
- MD visit
- Hospitalized
- ER visit
- Day Habilitation
- Other

**Caregiver Initials**

Reviewed by: ____________________________  
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
### Daily Notes
Please note any activity considered out of the ordinary. Please date and initial each note. Use additional paper if necessary.

<table>
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<tr>
<th>Date</th>
<th>Note</th>
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### Behavior
1. Wandering
2. Verbally Abusive Behavior
3. Physically Abusive Behavior
4. Socially Inappropriate Behavior
5. Resists Care
6. Other
7. Other

### Intervention
1. 1:1
2. Snack
3. Redirection
4. Diversion activity (per Care Plan)
5. Other (per Care Plan)
6. Other

### Outcome
1. No Change
2. Improved
3. Worsened

### Daily Behavior Intervention
| Date 1 | Date 2 | Date 3 | Date 4 | Date 5 | Date 6 | Date 7 | Date 8 | Date 9 | Date 10 | Date 11 | Date 12 | Date 13 | Date 14 | Date 15 | Date 16 | Date 17 | Date 18 | Date 19 | Date 20 | Date 21 | Date 22 | Date 23 | Date 24 | Date 25 | Date 26 | Date 27 | Date 28 | Date 29 | Date 30 | Date 31 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|

### Easily Redirected
Use codes: 0 - No, 1 - Yes

### Outcome

### Caregiver Initials

Primary Caregiver (Initial/Signature): ______________________________
Alternate Caregiver (Initial/Signature): ______________________________
Alternate Caregiver (Initial/Signature): ______________________________

Revised 07/28/10