Caregiver Log

Name of Agency: Opportunities for Inclusion   **Member Name:** _____   **MonthNear:** _____

	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

Activities of Daily Living (AOL) Use codes: 0-Independent (no help needed), 1-Set up, 2-Cueing & Supervision, 3-Physical Assist, 4-Dependent, 8-Activity did not occur

Cueing and supervision throughout the task or assistance with the task

	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
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"

	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
Bowel																															
Bladder																															

Other Activity   Check all that occurred

	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
*Non-Medical Leave of Absence																															
*Non-Service Day																															
*Alternative Placement																															
Hospital overnight (MLOA)																															
ER visit																															
MD visit																															
Day Program I Work/ School																															
Other _____																															
Caregiver Initial Across																															

Health Notes:

Primary Caregiver (Sign & Initial): _____

Alternate Caregive (Sign & Initial): _____   Level of care: I   II

RN/ LPN (Sign & Date): _____

CM/ CHW (Sign & Date): _____

Agency: _ _ _ _ _ _ _ _ _ _ _ Member Name: _ _ _ _ _ _ _ _ _ _ _ Month/Year: _ _ _ _ _ _ _

Additional Notes:- Concerns, Problem Behaviors, Etc.

Behavior	Intervention	Outcome
1 - Wandering	1 - 1:1	1 - No Change
2 - Verbally Abusive Behavior	2 - Snack	2 - Improved
3 - Physically Abusive Behavior	3 - Redirection	3 - Worsened
4 - Socially Inappropriate Behavior	4 - Diversion activity (per Care Plan)	
5 - Resists Care	5 - Other (per Care Plan) _____	
6 - Other _____	6 - Other _____	
7 - Other _____		

Daily Behavior Intervention

	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
Behavior	document# times/day - If a behavior happens repeatedly throughout the day, please check appropriate box and explain in the notes section above.																														
1																															
2																															
3																															
4																															
5																															
6																															
7																															

Intervention																															

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

Outcome																															

CG Initials																															

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

Alternat.- r:aregiver (Initial/Signature): _ _ _ _ _ _ _ _ _ _ _

Alternc. 3regiver (Initial/Signature): _ _ _ _ _ _ _ _ _ _ _

Revisec 08/10