


**Caregiver Log**

Name of Agency: \_\_\_\_\_

Member Name: Op

Month/Year: April 2015

	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) Use codes: 0-Independent (no help needed), 1-Set up, 2-Supervision, 3-Physical Assist, 4-Dependent, 8-Activity did not occur</b>																																	
<b>Supervision and/or Assistance through the task</b>																																	
Positioning in bed or chair									3																								
Transferring																																	
Locomotion/ambulation home																																	
Locomotion/ambulation outside																																	
Dressing upper body									4																								
Dressing lower body																																	
Eating																																	
Bathing																																	
Personal Hygiene																																	
Toileting									2																								
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) Use codes: 0-Independent, 1-Some help, 2-Full Help, 3-By others, 8-Activity did not occur</b>																																	
Meal Preparation																																	
Ordinary Housework																																	
Managing Finances																																	
Managing Medications									1																								
Phone Use																																	
Shopping																																	
Transportation																																	
<b>Other Services Check all that occurred</b>																																	
Adult Day Health																																	
Alternative Placement																																	
Skilled Nursing Visit																																	
MD Visit									X																								
Hospitalized																																	
ER Visit																																	
Day Habilitation																																	
Other																																	
<b>Caregiver Initials</b>																																	
Primary Caregiver (Initials/Signature):																																	
Alternate Caregiver (Initials/Signature):	_____																																
Alternate Caregiver (Initials/Signature):	_____																																
																				Reviewed By: _____ RN CM Date of Review: _____ Level of Care: _____ Program Director Initials: _____													
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**Daily Notes: Please note any activity considered out of the ordinary. Please date and initial each note. Use additional paper if necessary.**

06/09/2015 - Note - RT

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

**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
<b>Behavior</b>	document # times/day																														
1									6																						
2																															
3																															
4																															
5																															
6																															
7																															

Intervention

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

Outcome

Caregiver Initials

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


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

Month/Year: April 2015 \_\_\_\_\_

Additional Daily Notes if Necessary

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