## **Caregiver Log**

Name of Agency:	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	code	s: 0-	Indep	ende	nt (n	o help	nee	ded),	1-Set	up, 2	2-Sup	ervis	ion, 3	-Phys	sical A	Assis	t, 4-D	epen	dent,	8-Act	ivity o	did no	ot occ	cur						
	Sup	ervis	ion a	and/c	r As	sista	nce	throu	ıgh t	he ta	sk																				
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:	Rec	ord th	ne nu	ımbeı	of ti	mes :	sched	duled	l toile	ting o	or inc	ontin	ence	care	prov	ided.	. For	cath	eter (	care r	ecor	d "C"	, for $\mathfrak{c}$	colos	tomy	care	reco	rd "C	L"		
Bowel																															
Bladder																															
Instrumental Activities of Daily	Livi	ng (l	ADL)	Use	code	s: 0-	Indep	ende	ent, 1-	Some	e Helj	o, 2-F	ull He	elp, 3-	By ot	hers,	8-Ac	tivity	did n	ot oc	cur										
Meal Preparation																															
Ordinary Housework																															
Managing Finances																															
Managing Medications																															
Phone Use																													Ш		
Shopping																													Ш		
Transportation																															
Other Services	Che	ck all	that	occui	red																										
Adult Day Health																													Ш		
Alternative Placement																													Ш		
Skilled Nursing Visit																															
MD visit																													Ш		
Hospitalized																													Ш		
ER visit																													Ш		
Day Habilitation																															
Other																															
Caregiver Initials																															
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																				Level of Care: I II							Ш				
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Primary Caregiver (Initial/Signature):	_
Alternate Caregiver (Initial/Signature):	
Alternate Caregiver (Initial/Signature):	

Agency:		Memb	Month/Year:																				
Daily Notes: Please note any activ	vity considered out	of the ordina	ary. Pleas	e date a	and initial e	ach note	e. Use	addit	ional p	aper i	f nec	essary	<i>.</i>										
Debasian		1									<b></b>												
Behavior  1 - Wandering  2 - Verbally Abusive Behavior  3 - Physically Abusive Behavior  4 - Socially Inappropriate Behavio  5 - Resists Care  6 - Other	1 - 1:1 2 - Sna 3 - Rea 4 - Div 5 - Oth	1 - 1:1 2 - Snack											Outcome 1 - No Change 2 - Improved 3 - Worsened										
7 - Other																							
Daily Behavior Intervention																							
1 2 3 4  Behavior document # times/da		8 9	10 11	12	13 14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
1																							
2																				_			
3 4																				+			
5																		_		+			
6																				-+			
7																		-		+			
,																				-			
Intervention																				-			
Easily Redirected Use codes: 0-	- No, 1 - Yes						·		·				·		·	•							
Outcome																							
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Caregiver Initials																				-			
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Primary Caregiver (Init Alternate Caregiver (In Alternate Caregiver (In	itial/Signature): ˌ																F	?evis	ed 02/0				

## Caregiver Log Descriptions and Definitions

**Description of Activities of Daily Living (ADL)** 

**Positioning in Bed or Chair:** Turning side to side, changing position while in bed or chair. **Transferring:** Moving in and out of bed; on/off chair, sofa, etc. (Exclude to/from bath/toilet)

**Locomotion/Ambulation (in home):** Walking/wheeling in the home (if in wheelchair, self-sufficiency once in chair). **Locomotion/Ambulation (outside):** Moving about outside the home (if in wheelchair, self-sufficiency once in chair).

**Dressing upper body:** Street clothes on/off from waist up. Includes prostheses and orthotics. **Dressing lower body:** Street clothes on/off from waist down. Includes prostheses and orthotics.

Eating: Taking in food by any method, including tube feeding.

Bathing: Full body bath/shower or sponge bath (does not include washing of back & hair).

Personal Hygiene: Shampooing, combing hair, brushing teeth/dentures, shaving, applying makeup, washing & drying of face & hands, washing feet

(EXCLUDES bath & showers)

**Toileting:** using toilet, commode, bedpan/urinal, transferring on/off toilet, cleaning self after toilet use, incontinence care, changing pad, managing any special devices required (ostomy or catheter), and adjusting clothes.

## **Description of Instrumental Activities of Daily Living (IADL)**

Meal Preparation: Planning meals, cooking, assembling ingredients, setting out food and utensils.

**Ordinary Housework:** Doing dishes, dusting, making bed, tidying up, laundry.

**Managing Finances:** Paying bills, balancing checkbook, balancing household expenses.

**Managing Medications:** Reminding to take medications, opening bottles.

Phone Use: Making or receiving phone calls (with or without assistive devices, i.e. large numbers on phone, amplification devices).

**Shopping:** Selecting food and household items, managing money.

**Transportation:** Traveling to places that are beyond walking distances.

## **Description of Behavior Problem**

Wandering: Moving with no rational purpose seemingly oblivious to needs or safety.

Verbally Abusive Behavior: Threatening, screaming or cursing at others.

Physically Abusive Behavior: Hitting, shoving or scratching.

Socially Inappropriate Behavior: Disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing feces,

rummaging, repetitive behavior or causing general disruption.

**Resists Care:** Resists assistance with medications, ADL assistance, eating or changes in position. Does not include refusal of care.