

Agency: _____

Member Name: _____

Month/Year: _____

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

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																															
1																															
2																															
3																															
4																															
5																															
6																															
7																															
Intervention																															
Easily Redirected Use codes: 0- No, 1 - Yes																															
Outcome																															
Caregiver Initials																															

Primary Caregiver (Initial/Signature): _____

Alternate Caregiver (Initial/Signature): _____

Alternate Caregiver (Initial/Signature): _____

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.