

### Caregiver Log

Name of Agency: The Arc of GHN

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) 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																																	
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"																																
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																																	
Med Mgmt--Taken as prescribed																																	
Phone Use																																	
Shopping																																	
Transportation																																	
<b>Other Services Check all that occurred</b>																																	
Adult Day Health																																	
Alternative Placement																																	
Skilled Nursing Visit																																	
MD visit																																	
Hospitalized																																	
ER visit																																	
Day Habilitation																																	
Other																																	
<b>Caregiver Initials</b>																																	
																					Reviewed by: _____ RN CM												
																					Date of Review: _____												
																					Level of Care: I II												

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



**Caregiver Log**

Name of Agency: The Arc of GHN

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

Month/Year: \_\_\_\_\_

<b>Description of Activities of Daily Living (ADL)</b>									
<b>Positioning in Bed or Chair:</b> Turning side to side, changing position while in bed or chair.									
<b>Transferring:</b> Moving in and out of bed; on/off chair, sofa, etc. (Exclude to/from bath/toilet)									
<b>Locomotion/Ambulation (in home):</b> Walking/wheeling in the home (if in wheelchair, self-sufficiency once in chair).									
<b>Locomotion/Ambulation (outside):</b> Moving about outside the home (if in wheelchair, self-sufficiency once in chair).									
<b>Dressing upper body:</b> Street clothes on/off from waist up. Includes prostheses and orthotics.									
<b>Dressing lower body:</b> Street clothes on/off from waist down. Includes prostheses and orthotics.									
<b>Eating:</b> Taking in food by any method, including tube feeding.									
<b>Bathing:</b> Full body bath/shower or sponge bath (does not include washing of back & hair).									
<b>Personal Hygiene:</b> Shampooing, combing hair, brushing teeth/dentures, shaving, applying makeup, washing & drying of face & hands, washing feet									
(EXCLUDES bath & showers)									
<b>Toileting:</b> 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.									
<b>Description of Instrumental Activities of Daily Living (IADL)</b>									
<b>Meal Preparation:</b> Planning meals, cooking, assembling ingredients, setting out food and utensils.									
<b>Ordinary Housework:</b> Doing dishes, dusting, making bed, tidying up, laundry.									
<b>Managing Finances:</b> Paying bills, balancing checkbook, balancing household expenses.									
<b>Managing Medications:</b> Reminding to take medications, opening bottles, ensuring meds are taken as prescribed by physician.									
<b>Phone Use:</b> Making or receiving phone calls (with or without assistive devices, i.e. large numbers on phone, amplification devices).									
<b>Shopping:</b> Selecting food and household items, managing money.									
<b>Transportation:</b> Traveling to places that are beyond walking distances.									
<b>Description of Behavior Problem</b>									
<b>Wandering:</b> Moving with no rational purpose seemingly oblivious to needs or safety.									
<b>Verbally Abusive Behavior:</b> Threatening, screaming or cursing at others.									
<b>Physically Abusive Behavior:</b> Hitting, shoving or scratching.									
<b>Socially Inappropriate Behavior:</b> Disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing feces,									
rummaging, repetitive behavior or causing general disruption.									
<b>Resists Care:</b> Resists assistance with medications, ADL assistance, eating or changes in position. Does not include refusal of care.									

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

Alternate Caregiver (Initial/Signature): \_\_\_\_\_

Alternate Caregiver (Initial/Signature): \_\_\_\_\_