

CAREGIVER LOG

NAME OF AGENCY: CENTRO						CLIENT 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	
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																																
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:	Please check box if incontinence care provided.																															
Bowel																																
Bladder																																

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) Use codes 0: Independent, 1: Some Help, 2: Full Help, 3: By others, 8: Activity did not occur																																
Meal Preparation																																
Ordinary Housework																																
Managing Finances																																
Medication Management																																
Phone Use																																
Shopping																																
Transportation																																

OTHER SERVICES Check all that occurred																																
Adult Day Health																																
School																																
Skilled Home Visit																																
MD visit																																
Hospitalized / MLOA																																
ER visit																																
Non medical leave of absence																																
Dialysis / Chemotherapy																																
Other																																

Caregiver Initials																						Level of Care: I II	
																						Reviewed by: _____ RN	
																						Signature and Date: _____	
																						Reviewed by: _____ Care manager	
																						Signature and Date: _____	

I certify that I am not receiving any additional services including but not limited to PCA or HHA
 Primary Caregiver (Initial/Signature): _____
 Alternate Caregiver (Initial/Signature): _____ Page 1 of 2

Name of Agency: Centro

Client name:

Month/ Year:

Daily Notes: Please note any activity considered out of the ordinary. Please date and initial each note. Please include NMLOA, MLOA, vacations and all medical appointments.

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	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

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

Outcome	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

Caregiver Initials	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

Signature: _____ RN
Date: _____
Signature: _____ Care manager
Date: _____

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Primary Caregiver (Initial/Signature): _____
Alternate Caregiver (Initial/Signature): _____ Page 2 of 2