

Caregiver Log

**PLEASE SEND COMPLETED CAREGIVER LOGS TO
FAX # 978-313-6664**

Member Name: _____

Month/Year: _____



Community Services

	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
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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

	Supervision and/or Assistance through the task																																			
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																																				

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																																						
Managing Medications																																						
Phone Use																																						
Shopping																																						
Transportation																																						

Other Services Check all that occurred

Adult Day Health																																						
Alternative Placement																																						
Skilled Nursing Visit																																						
MD visit																																						
Hospitalized																																						
ER visit																																						
Day Habilitation																																						
Other																																						
Non Medical Leave of Absence																																						

Caregiver Initials																																						
Alternate Caregiver Initials																																						

Primary Caregiver (Initial/Signature): _____
 Alternate Caregiver (Initial/Signature): _____
 Alternate Caregiver (Initial/Signature): _____