

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

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

Activities of Daily Living (ADL)	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
Positioning in bed or chair																															
Transferring																															
Locomotion/ambulation home																															
Locomotion/ambulation outside																															
Dressing upper body																															
Dressing lower body																															
Eating																															
Bathing																															
Hygiene																															
Toileting																															
Incontinence Care:																															
Bowel																															
Bladder																															
<b>Instrumental Activities of Daily Living (IADL)</b>																															
Meal Preparation																															
Ordinary Housework																															
Managing Finances																															
Managing Medications																															
Phone Use																															
Shopping																															
Transportation																															
<b>Other Services</b>																															
Adult Day Health																															
Alternative Placement																															
Visiting Nurse																															
MD visit																															
Hospitalized																															
ER visit																															
Day Habilitation																															
Other																															
AFC visit																															
Caregiver Initials																															
By signing this document I certify under pains and penalty of perjury that I have received Mass Health Adult Foster Care services during the time described on this log, and I am not enrolled in PCA or Group Adult Foster Care.																															
AFC RN Signature																															
Date																															

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

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

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

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

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

Behavior		Intervention		Outcome	
1 - Wandering 2 - Verbally Abusive Behavior 3 - Physically Abusive Behavior 4 - Socially Inappropriate Behavior 5 - Resists Care 6 - Other _____ 7 - Other _____		1 - 1:1 2 - Snack 3 - 1:1 Redirection 4 - Diversion activity (per Care Plan) 5 - Other (per Care Plan) _____ 6 - Other _____		1 - No Change 2 - Improved 3 - Worsened	
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					
Use codes:	0 - No, 1 - Yes				
Intervention					
Outcome					
Care giver					

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

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

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