1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	21 22 23 24 25 26 27 28 20 20
t (no help needed), 1-Set up, 2-Supervision, 3-Physical Assist, 4-Dependent, 8-Activity did I	10
Supervision and/or Assistance throughout the task	
Positioning in bed or chair	
Transferring	
Locomotion/ambulation home	
Locomotion/ambulation outside	
Dressing upper body	
Dressing lower body	
Eating	
Bathing	
Hygiene	
Toileting	
nce Care:  Record the number of times scheduled toileting or incontinence care provided. For catheter care record "C"	
	Care lecold CL
Bladder	
Instrumental Activities of Daily Living (IADL) Use codes: 0-Independent, 1-Cueing/Supervision, 2-Some Help, 3-Completed by others, 8-Activity did not be	Othors 8-Activity did not oppose
Meal Preparation	Chiefs, o-Accuvity and ilot occur
Ordinary Housework	
Managing Finances	
Managing Medications	
Phone Use	
Shopping	
Transportation	
Other Services Check all that occurred	
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	uring the time described on this log and I am
not enrolled in PCA or Group Adult Foster Care.	G
AFC RN Signature Date	

Adult Foster Care of the North Shore 978-281-2612

Member Name:	
Month/Year:	

3ehavior	Intervention	ĭ									_	Outcome	0.00						
ering	1-1:1											1 - No	Cha	nae					
ousive Behavior	2 - Snack											2 - Im	prov	g G					
or	3 - 1:1 Redirection	directi	on									3 - W	3 - Worsened	led					
propriate Behavior	4 - Diversion activity (per Care Plan)	on ac	tivity	(per	Care	Plan)													
i - Resists Care	5 - Other (per Care Plan)	per C	are P	lan)															
3 - Other	6 - Other																		
'- Other											ا								
Daily Behavior Intervention														1					
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asily Redirected Use codes: 0- No, 1 - Yes																			
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Primary Caregiver (Initial/Signature): \_Alternate Caregiver (Initial/Signature): \_Alternate Caregiver (Initial/Signature):