Name of Agency: The Arc of GHN

Caregiver Log Member Name: _____

Month/Year: _____

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Transferring																															
Locomotion/ambulation home																															
Locomotion/ambulation outside																															
Dressing upper body																															
Dressing lower body																															
Eating																															
Bathing																															
Personal Hygiene																															
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Meal Preparation																															
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Phone Use																															
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Other Services	Che	ck all	that	occur	red																										
Adult Day Health																															
Alternative Placement																															
Skilled Nursing Visit																															
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Caregiver Log
Member Name: _____

Month/Year: _____

• Other	aily Notes:																															
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Alternate Caregiver (Initial/Signature):																														5		

Description of Activities of Daily Living (ADL)														
Positioning in Bed or Chair: Turning side to side, changing p	position	n while in be	ed or chair.											
Transferring: Moving in and out of bed; on/off chair, sofa, etc.														
Locomotion/Ambulation (in home): Walking/wheeling in the	e home	(if in wheel	lchair, self-s	sufficiency o	once in chair).									
Locomotion/Ambulation (outside): Moving about outside the					once in chair).									
Dressing upper body: Street clothes on/off from waist up. In	ncludes	prostheses	s and ortho	tics.										
Dressing lower body: Street clothes on/off from waist down.		es prosthe	ses and ortl	notics.										
Eating: Taking in food by any method, including tube feeding.														
Bathing: Full body bath/shower or sponge bath (does not inclu														
Personal Hygiene: Shampooing, combing hair, brushing teeth/dentures, shaving, applying makeup, washing & drying of face & hands, washing feet														
(EXCLUDES bath & showers)														
Toileting: using toilet, commode, bedpan/urinal, transferring c	on/off to	oilet, cleani	ng self aftei	r toilet use,	incontinence care, chai	nging pad, r	nanaging ar	iy special						
devices required (ostomy or catheter), and adjusting	g clothe	es.												
Description of Instrumental Activities of Daily Living (IADL														
Meal Preparation: Planning meals, cooking, assembling ingre			t food and ι	utensils.										
Ordinary Housework: Doing dishes, dusting, making bed, tid														
Managing Finances: Paying bills, balancing checkbook, balancing	incing h	ousehold e	expenses.											
Managing Medications: Reminding to take medications, open	ening bo	ottles, ensu	ring meds a	are taken as	s prescribed by physicia	in.								
Phone Use: Making or receiving phone calls (with or without a	assistive	e devices, i	i.e. large nu	imbers on p	hone, amplification dev	vices).								
Shopping: Selecting food and household items, managing mo	oney.													
Transportation: Traveling to places that are beyond walking of	distance	es.												
Description of Behavior Problem														
Wandering: Moving with no rational purpose seemingly obliving	ous to n	needs or sa	afety.											
Verbally Abusive Behavior: Threatening, screaming or cursing	ing at ot	thers.												
Physically Abusive Behavior: Hitting, shoving or scratching.														
Socially Inappropriate Behavior: Disruptive sounds, noisines	ss, scre	eaming, se	lf-abusive a	cts, disrobi	ng in public, smearing c	or throwing f	eces,							
rummaging, repetitive behavior or causing general	disrupti	ion.												
Resists Care: Resists assistance with medications, ADL assist	stance,	eating or c	hanges in p	position. De	pes not include refusal	of care.								