

Member 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																																	
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																																	
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-Cueing/Supervision, 2-Some Help, 3-Completed 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																																	
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.																																	
RN Signature _____	Review Date _____	CM Signature _____	Review Date _____	Level _____																													

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

Member Name: _____

Month/Year: _____

Behavior							Intervention														Outcome										
1 - Wandering							1 - 1:1														1 - No Change										
2 - Verbally Abusive Behavior							2 - Snack														2 - Improved										
3 - Physically Abusive Behavior							3 - 1:1 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																															
Easily Redirected	Use codes: 0- No, 1 - Yes																														
Intervention																															
Outcome																															
Care giver																															

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