

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						
<b>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</b>																																					
<b>Supervision and/or Assistance throughout the task</b>																																					
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																																					
<b>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</b>																																					
Meal Preparation																																					
Ordinary Housework																																					
Managing Finances																																					
Managing Medications																																					
Phone Use																																					
Shopping																																					
Transportation																																					
<b>Other Services</b>	<b>Check all that occurred</b>																																				
Adult Day Health																																					
Alternative Placement																																					
Visiting Nurse																																					
MD visit																																					
Hospitalized																																					
ER visit																																					
Day Habilitation																																					
Other																																					
AFC visit																																					
<b>Caregiver Initials</b>																																					
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): \_\_\_\_\_

**[Email logs to logs@adultfostercarens.com](mailto:logs@adultfostercarens.com)**

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																															
Easily Redirected Use codes: 0- No, 1 - Yes																															
Outcome																															
Notes:																															
Caregiver Initials																															

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