Caregiver Log

Name of Agency: _____ **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																																
Transferring																																
Locomotion/ambulation home																																
Locomotion/ambulation outside																																
Dressing upper body																																
Dressing lower body																																
Eating																																
Bathing																																
Toileting																																
Behavior	**Check if occurred**																															
1: Wandering																																
2: Verbally Abusive																																
3: Physically Abusive																																
4: Socially Inappropriate																																
5: Resists Care																																
Easily Redirected	**Use codes: 0- No, 1 - Yes**																															
Leave of Absence Days	**Check if occurred**																															
Alternative Caregiver																																
Non Medical																																
Medical																																
Daily Notes: Please note any activity considered out of the ordinary. Use additional paper if necessary.																																
																					Reviewed by: _____ RN LPN										
																					Reviewed by: _____ CM										
																					Date of Review: _____										
																					Level of Care: I II										

Primary Caregiver (Signature): _____

Alternate Caregiver (Signature): _____

Alternate Caregiver (Signature): _____

Revised 05/21/2026