



ROYALE
CARE, INC.

AFC Caregiver Log

Name of Agency: _____ Consumer Name: _____ Month/Year: _____

AFC FLOW SHEET 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 through the task

Positioning in bed or chair																														
Transferring																														
Locomotion/ambulation home																														
Locomotion/ambulation outside																														
Dressing upper body																														
Dressing lower body																														
Eating																														
Bathing																														
Personal 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-Some Help, 2-Full Help, 3-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																														
Skilled Nursing Visit																														
MD visit																														
Hospitalized																														
ER visit																														
Day Habilitation																														
Other																														

Caregiver Initials

Primary Caregiver (Initial/Signature): _____

Alternate Caregiver (Initial/Signature): _____

Daily Notes: Please note any activity considered out of the ordinary. Please date and initial each note. Use additional paper if necessary.

Behavior

- 1 - Wandering
- 2 - Verbally Abusive Behavior
- 3 - Physically Abusive Behavior
- 4 - Socially Inappropriate Behavior
- 5 - Resists Care
- 6 - Other _____
- 7 - Other _____

Intervention

- 1 - 1:1
- 2 - Snack
- 3 - Redirection
- 4 - Diversion activity (per Care Plan)
- 5 - Other (per Care Plan) _____
- 6 - Other _____

Outcome

- 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																																					
Caregiver Initials																																					

Description of Activities of Daily Living (ADL)

Positioning in Bed or Chair: Turning side to side, changing position while in bed or chair.

Transferring: Moving in and out of bed; on/off chair, sofa, etc. (Exclude to/from bath/toilet)

Locomotion/Ambulation (in home): Walking/wheeling in the home (if in wheelchair, self-sufficiency once in chair).

Locomotion/Ambulation (outside): Moving about outside the home (if in wheelchair, self-sufficiency once in chair).

Dressing upper body: Street clothes on/off from waist up. Includes prostheses and orthotics.

Dressing lower body: Street clothes on/off from waist down. Includes prostheses and orthotics.

Eating: Taking in food by any method, including tube feeding.

Bathing: Full body bath/shower or sponge bath (does not include washing of back & hair).

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 on/off toilet, cleaning self after toilet use, incontinence care, changing pad, managing any special devices required (ostomy or catheter), and adjusting clothes.

Description of Instrumental Activities of Daily Living (IADL)

Meal Preparation: Planning meals, cooking, assembling ingredients, setting out food and utensils.

Ordinary Housework: Doing dishes, dusting, making bed, tidying up, laundry.

Managing Finances: Paying bills, balancing checkbook, balancing household expenses.

Managing Medications: Reminding to take medications, opening bottles.

Phone Use: Making or receiving phone calls (with or without assistive devices, i.e. large numbers on phone, amplification devices).

Shopping: Selecting food and household items, managing money.

Transportation: Traveling to places that are beyond walking distances.

Description of Behavior Problem

Wandering: Moving with no rational purpose seemingly oblivious to needs or safety.

Verbally Abusive Behavior: Threatening, screaming or cursing at others.

Physically Abusive Behavior: Hitting, shoving or scratching.

Socially Inappropriate Behavior: Disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing feces, rummaging, repetitive behavior or causing general disruption.

Resists Care: Resists assistance with medications, ADL assistance, eating or changes in position. Does not include refusal of care.