



**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): _____

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.