YELLOUX COVE FOUNDATION

DAILY FUNCTIONING, COMMUNICATION,

SAFETY & SUPERVISION LOG - Use during short-term tracking or when you need a clearer picture of day-to-day support.

Person Supported / Care Recipient: _____ **Date:** _____

Caregiver Completing Log: _____ **Relationship:** _____

You do not need to check every box. Record what was actually observed. A completed task can still require major caregiver prompting or supervision.

OBSERVATION PERIOD & RESPONSIVENESS

Period observed

- ☐ Morning
- ☐ Afternoon
- ☐ Evening
- ☐ Overnight
- ☐ All day

Communication / responsiveness noticed

- ☐ Responded and interacted about as usual
- ☐ Gave brief answers / limited speech
- ☐ Communicated mostly without speaking
- ☐ Needed extra time before responding
- ☐ Needed questions or instructions repeated
- ☐ Did not respond to several attempts to engage

RESPONSE TO REQUESTS, DIRECTIONS & TASKS

- ☐ Did the task after one request
- ☐ Acknowledged request but did it later
- ☐ Needed repeated reminders
- ☐ Needed task broken into steps
- ☐ Started but did not finish
- ☐ Did not respond to the request
- ☐ Said no / declined
- ☐ Asked to be left alone
- ☐ Argued or became upset
- ☐ Did it after a long delay
- ☐ Needed caregiver present to complete it
- ☐ Other: _____

DAILY FUNCTIONING

Self-care, meals & personal routine

- ☐ Bathed / washed as usual
- ☐ Oral hygiene completed
- ☐ Changed clothes / wore appropriate clothing
- ☐ Ate meals / snacks
- ☐ Drank fluids
- ☐ Needed prompting or help with one or more of these

Household tasks & cleaning up

- ☐ Put away own items
- ☐ Disposed of trash / cleaned up mess
- ☐ Handled dishes / food area
- ☐ Completed laundry or clothing task
- ☐ Maintained bedroom / personal area
- ☐ Needed reminders, steps, or caregiver help

MOOD, BEHAVIOR & COMMUNICATION CHANGES

- ☐ Calm / usual presentation
- ☐ More quiet or withdrawn
- ☐ Irritable or argumentative
- ☐ Pacing / restless
- ☐ Raised voice / yelled
- ☐ Very difficult to engage
- ☐ Fearful or distressed statements
- ☐ Suspicious or mistrustful statements
- ☐ Spoke/responded aloud when no one nearby was speaking
- ☐ Reported hearing, seeing, or sensing something others did not report
- ☐ Sudden change in speech, activity, or interaction
- ☐ Other: _____

This page records observable functioning and communication, not a diagnosis. Instead of writing a label such as 'paranoid,' record what was actually said or done (for example: 'said someone was watching the house and checked the window several times').

YELLOUX COVE FOUNDATION

DAILY FUNCTIONING, COMMUNICATION,

SAFETY & SUPERVISION LOG - Caregiver support, safety, what helped, and the daily summary.

Person Supported / Care Recipient: _____ **Date:** _____

Caregiver Completing Log: _____ **Relationship:** _____

SAFETY & JUDGMENT

- ☐ Door left open or unlocked
- ☐ Unsafe stove, fire, water, electrical, chemical, or tool use
- ☐ Left home / became lost / unsafe community activity
- ☐ Food safety concern
- ☐ Property damage or unsafe disposal of items
- ☐ Gave money or private information to someone
- ☐ Possible scam / unwanted purchase / subscription
- ☐ Lost ID, keys, phone, card, or important item
- ☐ Needed caregiver to secure medication / tools / valuables / exits
- ☐ No safety concern observed

WHAT WENT WELL & WHAT HELPED

- ☐ Completed something independently
- ☐ Asked for help / clearly communicated a need
- ☐ Accepted redirection or returned after a break
- ☐ Participated in meals, hygiene, or household routine
- ☐ Had a positive interaction / spent time around others
- ☐ Predictable routine helped
- ☐ Quiet / lower-stimulation space helped
- ☐ One step or one question at a time helped
- ☐ Extra response time helped
- ☐ Preferred activity, music, movement, or comfort item helped

CAREGIVER SUPPORT & SUPERVISION

Support provided

- ☐ Prompted / reminded
- ☐ Broke task into steps
- ☐ Assisted with hygiene, meals, clothing, or cleaning
- ☐ Managed / monitored medication
- ☐ Stopped or redirected unsafe action
- ☐ Secured unsafe or important items
- ☐ Used calm communication / reduced stimulation
- ☐ Contacted family, provider, crisis, or emergency support

Time / level of supervision

- ☐ No active assistance
- ☐ Occasional reminders or checks
- ☐ Repeated prompting / several safety checks
- ☐ Caregiver presence needed for activities
- ☐ Frequent supervision during the day
- ☐ Continuous observation for part of the day
- ☐ Most of the day caregiver availability
- ☐ Overnight monitoring

DAILY SUMMARY

- ☐ About the person's usual day
- ☐ Needed somewhat more support than usual
- ☐ Needed much more support than usual
- ☐ Meaningful change in communication or functioning
- ☐ Significant safety concern
- ☐ No follow-up needed
- ☐ Continue tracking
- ☐ Tell another caregiver / household member
- ☐ Provider or agency follow-up needed
- ☐ Crisis / emergency support was contacted

Objective notes - what happened, what you did, and what happened next:

This tool helps a family caregiver record day-to-day functioning, communication, safety, and support. It does not determine diagnosis, decision-making capacity, eligibility, or legal authority and does not replace clinical or official records.