



ADULT FAMILY HOME (AFH)
**AFH Meaningful Day – Monthly Activities
 and Challenging Behavior Log**

CLIENT NAME	ADULT FAMILY HOME	
COMPLETED BY:	MONTH/YEAR	COUNTY

Week 1 Start date: 1 st – 7 th	Monthly Activities Record in-home and community activities below.				Monthly Challenging Behaviors List two (2) challenging behaviors and record each week.					
	NUMBER OF IN-HOME ACTIVITIES ATTENDED: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME RARELY/ NEVER </div> On the whole: Client participated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client enjoyed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF COMMUNITY-BASED ACTIVITIES ATTENDED: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME RARELY/ NEVER </div> On the whole: Client participated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client enjoyed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TARGETED BEHAVIOR 1 <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME DID NOT OCCUR </div> Did it happen? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was it disruptive? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			TARGETED BEHAVIOR 2 <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME DID NOT OCCUR </div> Did it happen? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was it disruptive? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	What activities worked well in Week 1: _____									

Week 2 Start date: 8 th – 14 th	Monthly Activities Record in-home and community activities below.				Monthly Challenging Behaviors List two (2) challenging behaviors and record each week.					
	NUMBER OF IN-HOME ACTIVITIES ATTENDED: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME RARELY/ NEVER </div> On the whole: Client participated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client enjoyed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF COMMUNITY-BASED ACTIVITIES ATTENDED: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME RARELY/ NEVER </div> On the whole: Client participated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client enjoyed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME DID NOT OCCUR </div> Did it happen? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was it disruptive? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME DID NOT OCCUR </div> Did it happen? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was it disruptive? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	What activities worked well in Week 2: _____									

Week 3 Start date: 15 th – 21 st	Monthly Activities Record in-home and community activities below.				Monthly Challenging Behaviors List two (2) challenging behaviors and record each week.					
	NUMBER OF IN-HOME ACTIVITIES ATTENDED: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME RARELY/ NEVER </div> On the whole: Client participated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client enjoyed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF COMMUNITY-BASED ACTIVITIES ATTENDED: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME RARELY/ NEVER </div> On the whole: Client participated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client enjoyed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME DID NOT OCCUR </div> Did it happen? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was it disruptive? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME DID NOT OCCUR </div> Did it happen? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was it disruptive? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	What activities worked well in Week 3: _____									

Week 4 Start date: 22 nd – 28 th	Monthly Activities Record in-home and community activities below.				Monthly Challenging Behaviors List two (2) challenging behaviors and record each week.					
	NUMBER OF IN-HOME ACTIVITIES ATTENDED: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME RARELY/ NEVER </div> On the whole: Client participated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client enjoyed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF COMMUNITY-BASED ACTIVITIES ATTENDED: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME RARELY/ NEVER </div> On the whole: Client participated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client enjoyed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME DID NOT OCCUR </div> Did it happen? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was it disruptive? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME DID NOT OCCUR </div> Did it happen? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was it disruptive? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	What activities worked well in Week 4: _____									

Week 5 Start date: 29 th – 31 st <small>ONLY IF NEEDED</small>	Monthly Activities Record in-home and community activities below.				Monthly Challenging Behaviors List two (2) challenging behaviors and record each week.					
	NUMBER OF IN-HOME ACTIVITIES ATTENDED: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME RARELY/ NEVER </div> On the whole: Client participated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client enjoyed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NUMBER OF COMMUNITY-BASED ACTIVITIES ATTENDED: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME RARELY/ NEVER </div> On the whole: Client participated? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Client enjoyed? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME DID NOT OCCUR </div> Did it happen? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was it disruptive? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<div style="display: flex; justify-content: space-around; font-size: small;"> OFTEN SOME DID NOT OCCUR </div> Did it happen? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was it disruptive? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
	What activities worked well in Week 5: _____									

AFH Meaningful Day – Monthly Activities and Challenging Behavior Log Instructions

Notes about the form generally:

- Each ROW of this form represents one week's worth of activity AND behavior reporting. You will file one form per month.
- The first two COLUMNS are used to document ACTIVITIES (In-Home / Community-Based) for the week.
- The last two COLUMNS are used to document BEHAVIORS (Targeted Behavior 1 / Targeted Behavior 2) for the week.

At the top of the form, enter the following information:

- **Client Name** (First name, then last)
- **Completed By** (Full name of whoever is completing the form)
- **Adult Family Home** (Please use your full official home name)
- **Month / Year** (Like 03/2019)
- **County** (The county your home is in)

For EACH of the 4 (or 5) weeks, enter:

- **In-Home Activities**
 - Enter the **number** of in-home activities the resident attended during the week.
 - Considering ALL of the in-home activities for the week, rate how much the resident:
 - **Participated** in the activities
 - **Enjoyed** the activities
- **Community-Based Activities**
 - Enter the **number** of community-based activities the resident attended during the week.
 - Considering ALL of the community-based activities for the week, rate how much the resident:
 - **Participated** in the activities
 - **Enjoyed** the activities
- **Targeted Behavior 1**
 - Enter a **behavior** from the resident's care assessment.
 - Rate **how often** the behavior occurred during the week.
 - Rate **how disruptive** the behavior was during the week.
- **Targeted Behavior 2**
 - Enter a second **behavior** from the resident's care assessment.
 - Rate **how often** the behavior occurred during the week.
 - Rate **how disruptive** the behavior was during the week.
- Describe **activities that worked well** during the current week.

Tips

Please print as neatly as you can!

Record information at least weekly. Don't wait until the end of the month.

Some months have a partial 5th week. Only complete that row as needed.

Enter only a single number of activities (not a range like 4-6), and don't forget to rate the resident's participation and enjoyment.

Count activities attended by the resident, even if you were not present yourself.

When rating how frequently a client **participated** in an activity, reduce the frequency if the client took part, but not a very **active** part.

When rating how frequently the client **enjoyed** weekly activities, consider both **how often** and **how much** they enjoyed the activity.

Targeted behaviors should come from the resident's care assessment. They may be the same from one month to another, but can change along with the care plan.

When rating **how disruptive** a behavior was, consider both **how often** it occurred and **how disruptive** it was.