Person being served: _____   **Month:** _____   **Provider:** _____

Make an X in the appropriate row for each day the behavior(s) occur.

Circle Service: **Day**   **Residential**   **PCS**

	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		Staff Initial
Wandering																																moved with no rational purpose, seemingly oblivious to needs or safety	
Elopment																																attempts to or exits/leaves home/work/school, etc. at inappropriate times w/o notice or permission	
Verbal abuse																																threatened, screamed at, cursed at, posting abusive comments on social media	
Physical abuse																																others were hit, shoved, scratched	
Sexual abuse																																others were molested or sexually abused	
Socially inappropriate or disruptive																																made disruptive sounds/noises, screamed out, smeared or threw food or feces, hoarded, rummaged through others belongings, repetitive oppositional statements	
Inappropriate public sexual behavior or disrobing																																Public masturbation, undressing, inappropriate touching, sexual remarks.	
Resists care																																with taking medications, ADL assistance, eating, hygiene	
Self-injurious behavior																																banging head on wall, pinching, biting, scratching, hitting self, pulling own hair, cutting	
Destructive behavior																																throwing objects, turning over beds/tables, vandalism	
Outbursts of anger																																intense flare-up of anger in reaction to specific action/event	
Pica																																ingestion of non-food items (soap, dirt, feces, etc.)	
Polydipsia																																inappropriate or excessive fluid	
Stealing																																theft from family, staff or housemates, shoplifting	
Bullying others																																pattern of repeated oppression or vicitimization of others	
Cruelty to animals																																deliberate mistreatment of or physical injury to animals	

Staff Signature: _____   Date: _____   Staff Signature: _____   Date: _____

Staff Signature: _____   Date: _____   Staff Signature: _____   Date: _____