

BEHAVIOR MONITORING FORM – PRN Medications or Establishing a Baseline Month/Year: _____

INSTRUCTIONS: Identify each target behavior in the space provided. For each shift, chart the number of episodes (target behavior occurrences). Identify intervention(s) used, outcome and any possible medication side effects observed, using the codes provided. All entries must be initialed. Use the comment sheet on the reverse to explain possible changes in behavior, to identify the location of additional documentation, etc. Examples of target behaviors include persistent biting, scratching, kicking, pinching, spitting, feelings of paranoia, hitting, yelling, crying out, screaming, pacing, etc. Identify all initials in the space provided on the reverse.

DIAGNOSIS: _____

SAFETY CONCERNS: Threat to Self Threat to Others Interferes with Care Other

ROUTINE MEDICATION: _____

		1 TARGET BEHAVIOR:						2 TARGET BEHAVIOR:						3 TARGET BEHAVIOR:								
INTERVENTION OUTCOME/SIDE EFFECT CODES		DAY		EVENING		NIGHT		DAY		EVENING		NIGHT		DAY		EVENING		NIGHT				
BEHAVIOR MANAGEMENT INTERVENTION		# Episodes	Intervention	Outcome	Side Effect	Initials	# Episodes	Intervention	Outcome	Side Effect	Initials	# Episodes	Intervention	Outcome	Side Effect	Initials	# Episodes	Intervention	Outcome	Side Effect	Initials	
A. Taken to Bathroom		1																				
B. Positive Reinforcement		2																				
C. Redirection		3																				
D. Time out		4																				
E. Food/Fluids Offered		5																				
F. Music/Activity Offered		6																				
G. Medication Offered		7																				
H. Other _____		8																				
_____		9																				
OUTCOME		10																				
EX = Excellent (No outburst)		11																				
IM = Improved		12																				
UN = Unchanged		13																				
W = Worsened		14																				
_ = _____		15																				
MEDICATION SIDE EFFECTS		16																				
A. Sedation		17																				
B. Drowsiness		18																				
C. Dry Mouth		19																				
D. Constipation		20																				
E. Skin Rash		21																				
F. Dizziness		22																				
G. Unsteadiness		23																				
H. _____		24																				
I. _____		25																				
J. _____		26																				
K. _____		27																				
L. _____		28																				
M. _____		29																				
		30																				
		31																				

Room/Bed

Record No.

Attending Physician

Middle

First

NAME-Last

BEHAVIOR MONITORING FORM
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BRIGGS Healthcare

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Continued on Reverse

