Behavior Tracking Sheets

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Use this template to systematically monitor, document, and analyze patient behaviors for effective care planning and intervention.

PATIENT INFORMATION

Name: _____ **ID number/MRN:** _____

Date of birth: _____ dd / mm / yyyy **Clinician name:** _____

Date of observation: _____ dd / mm / yyyy **Time observed:** _____

BEHAVIOR DESCRIPTION

Objective description of behavior:

Type of behavior:

◯ Positive ◯ Negative ◯ Neutral

DURATION AND INTENSITY

Duration: _____

Intensity:

◯ Mild ◯ Moderate ◯ Severe

Optional notes: use a 1-5 scale or define intensity levels if needed

CONTEXTUAL FACTORS

Potential triggers/antecedents:

Consequences/outcomes:

INTERVENTIONS AND RESPONSES

Action(s) taken by staff/caregivers:

Effectiveness:

◯ Highly effective ◯ Somewhat effective ◯ Effective

Feedback from patient/caregiver (if applicable):

DATA ANALYSIS TOOLS

Is this behavior recurring?

◯ Yes ◯ No

Patterns or trends noted:

Baseline data (if applicable):

BEHAVIORAL GOALS AND ADJUSTMENTS

Relevant behavioral goal(s):

Plan adjustments based on data:

OPTIONAL COMPONENTS

Self-monitoring (patient-use, if applicable):

Behavior noted:

Emotion feeling:

Patient comments:

Visual tools (attach as needed):

- [ ] Scatterplot
- [ ] Interval recording chart
- [ ] Frequency chart

ADDITIONAL NOTES

Specify below:

HEALTHCARE PROFESSIONAL INFORMATION

Name: _____ License ID number: _____

Signature:

Date of observation: _____ dd / mm / yyyy