

Worksheet to Document the Frequency, Duration and Intensity of Behavioral Disturbances

Resident: _____

Describe Target Behavior: _____

Describe Duration of Target Behavior: _____

(i.e., a few minutes, entirety of ADL care, several hours)

Frequency & Intensity of Target Behavior:**

Date:																			
Frequency		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Per Shift	>6																		
	6																		
	5																		
	4																		
	3																		
	2																		
	1																		
	0																		
Intensity																			
	4																		
	3																		
	2																		
	1																		
	0																		

D= Day shift E= Evening Shift N= Night Shift

****Intensity Scale:**

- 0- No effect on self/ others
- 1- Little effect on self/others
- 2- Moderately disruptive/ possible safety risk to self/ others
- 3- Significantly disruptive/ self or others are at risk
- 4- Extremely disruptive/ significant safety risk to self or others

Assess & Treat Contributing Factors:

Category	Description	Treatment
Physical		
Environment		
Psychological		
Psychiatric		

Did frequency, duration, and/ or intensity improve by treating the contributing factors? YES NO