

## Responsive Behaviours Tracking Log

### Instructions:

Enter the details of your interaction with the patient/client in the tracking log below. A list of common responsive behaviours has been included below. You can write the number in the “Behaviour Observed” box. If you observed something else, please write “8” or “Other” and write out what you saw. At the end of the tracking log, please sign your name to confirm your statements about the patient/client. The chart can be copied on to the next page.

### Select from the list of behaviours:

- |                              |                                    |
|------------------------------|------------------------------------|
| 1. Physical Aggression       | 5. Hallucinations/Paranoia         |
| 2. Verbal Aggression         | 6. Sexual Disinhibition            |
| 3. Repetitive Actions/Speech | 7. Hoarding                        |
| 4. Wandering/Pacing          | 8. Other ( <i>please specify</i> ) |

To identify triggers that may have caused the behaviour consider the following questions:

**Who** was in the room? Was there anyone with the patient/client that may have triggered the behaviour?

**What** was different about the patient/client's environment?

**Where** did the behaviour take place? Was this a new environment?

**When** did the behaviour occur? Did the patient/client have their meals? Did they have their medication?

**Why** did the client react in that way? Does their behaviour give you an idea of what was bothering them?

**How** long did the behaviour last (duration)? **How** often did it occur while you were there (frequency)?

Date:	Time:	Location:
Behaviour Observed:		
(Possible) Triggers:		
Who needs to be notified?	Relationship to the patient/client:	
Additional Comments:		
I confirm the comments made herein are true to the best of my knowledge.		
<div style="text-align: center;">_____ Signature</div>		

Date:	Time:	Location:
Behaviour Observed:		
(Possible) Triggers:		
Who needs to be notified?	Relationship to the patient/client:	
Additional Comments:		
I confirm the comments made herein are true to the best of my knowledge.		
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Date:	Time:	Location:
Behaviour Observed:		
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Who needs to be notified?	Relationship to the patient/client:	
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<div style="text-align: center;">_____ Signature</div>		

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Client Name: \_\_\_\_\_