

**NEUMANN ASSOCIATION: DATA SHEET FOR BEHAVIORAL INTERVENTION AND/OR PSYCHOTROPIC MEDICATION REDUCTION PLAN – DAY PROGRAM**

Client's Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

**Target Behaviors / Symptoms (Name Category and Then Define):**

- A: \_\_\_\_\_  
 B: \_\_\_\_\_  
 C: \_\_\_\_\_  
 D: \_\_\_\_\_

**Instructions: Place Frequency/ Severity in Each Box**      Total # of Incidents this Month =    A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_

**Place an "a" if (Frequency = Number of Times Behavior Occurred)**      Highest Severity Rating of Each Behavior this Month =    A \_\_\_ B \_\_\_ C \_\_\_ D \_\_\_

**Place "0/0" if "0" Frequency/ "0" Severity**

**Severity**  
 4=Behavior Caused Major Injury to Client or Others or Psychiatric Hospitalization of Client  
 3=Behavior Caused Serious Problems for Client or Others or Minor Injury  
 2=Behavior Caused Moderate Problems for Client or Others  
 1=Behavior Caused Minor Problems for Client or Others  
 0=Behavior Did Not Occur

DATE	9:00 AM – 3:00 PM				STAFF INITIALS
	A	B	C	D	
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Comments: \_\_\_\_\_