

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

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 "0/ 0" if (Frequency = Number of Times

"0"Frequency/ Behavior Occurred)

"0" Severity (Severity=0, 1, 2, 3 or 4)

Highest Severity Rating of Each Behavior this Month = A ___ B ___ C ___ D ___

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

Place an "a" if the

client was absent

IN = Staff Initials

DATE	1:00 AM – 9:00 AM					9:00 AM – 5:00 PM SS 3:00 PM – 5:00 PM MF					5:00 PM – 1:00 AM				
	A	B	C	D	IN	A	B	C	D	IN	A	B	C	D	IN
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Comments: _____