

## DATA RECORDING

### MALADAPTIVE BEHAVIOR CARD

Location:	client	Date:	Pgm:
		Time:	Staff
<p style="text-align: center;"><b>What Happened Before?</b></p> <p><input type="checkbox"/> Appeared to be in discomfort</p> <p><input type="checkbox"/> Asked to do something</p> <p><input type="checkbox"/> Bored-no materials/activities</p> <p><input type="checkbox"/> Could not get desired item</p> <p><input type="checkbox"/> Loud/disruptive Environment</p> <p><input type="checkbox"/> Nothing "out of the blue"</p> <p><input type="checkbox"/> Ongoing behavior interrupted</p> <p><input type="checkbox"/> Other client provoked</p> <p><input type="checkbox"/> Stopped from doing activity</p> <p><input type="checkbox"/> Transitional time</p> <p><input type="checkbox"/> Attention given to others</p> <p><input type="checkbox"/> Other (specify ___)</p>	<p style="text-align: center;"><b>Inappropriate Behavior</b></p> <p><input type="checkbox"/> Fidgeting</p> <p><input type="checkbox"/> Noncompliance</p> <p><input type="checkbox"/> Off task</p> <p><input type="checkbox"/> Physical/Verbal aggression</p> <p><input type="checkbox"/> Playing with objects</p> <p><input type="checkbox"/> Property destruction</p> <p><input type="checkbox"/> Provoking/Teasing others</p> <p><input type="checkbox"/> Running away</p> <p><input type="checkbox"/> Screaming/Tantrum</p> <p><input type="checkbox"/> Self-injurious behavior</p> <p><input type="checkbox"/> Other (specify ___)</p>	<p style="text-align: center;"><b>What Happened After?</b></p> <p><input type="checkbox"/> Called for assistance</p> <p><input type="checkbox"/> Interruption/Blocking</p> <p><input type="checkbox"/> Nothing/Ignored</p> <p><input type="checkbox"/> Physical discomfort relieved</p> <p><input type="checkbox"/> Physical redirection to activity</p> <p><input type="checkbox"/> Physical restraint (manual) fill out IR</p> <p><input type="checkbox"/> Removed from room/area</p> <p><input type="checkbox"/> Required to continue activity</p> <p><input type="checkbox"/> Separation within room/area</p> <p><input type="checkbox"/> Time-out (duration: _____)</p> <p><input type="checkbox"/> Verbal redirection to activity</p> <p><input type="checkbox"/> Other (specify below _____)</p>	