

Behavior Tracking Sheets

Use this template to systematically monitor, document, and analyze patient behaviors for effective care planning and intervention.

Patient information			
Name:		ID number/MRN:	
Date of birth:		Clinician name:	
Date of observation:		Time observed:	
Behavior description			
Objective description of behavior (describe what was observed without interpretation, e.g., "Patient hit the wall with a closed fist.")			
Type of behavior:	Positive	Negative	Neutral
Duration and intensity			
Duration:			
Intensity:	Mild	Moderate	Severe
*Optional notes: use a 1–5 scale or define intensity levels if needed			
Contextual factors			
Potential triggers/antecedents (e.g., loud noise, change in routine, peer interaction)			
Consequences/outcomes (e.g., peer laughed, staff removed patient from activity)			

Interventions and responses

Action(s) taken by staff/caregivers:

Effectiveness:

Highly effective

Somewhat effective

Effective

Feedback from patient/caregiver (if applicable):

Data analysis tools

Is this behavior recurring?

Yes

No

Patterns or trends noted:

Baseline data (if applicable):

Behavioral goals and adjustments

Relevant behavioral goal(s):

Plan adjustments based on data: (e.g., introduce coping strategy, adjust environment)

Optional components

Self-monitoring (patient-use, if applicable):

Behavior noted:

Emotion feeling:

Patient comments:

Visual tools (attach as needed):

☐ Scatterplot

☐ Interval recording chart

☐ Frequency chart

Additional notes

Healthcare professional information

Name:

License ID number:

Signature:

Date of observation: