

Behavior Record: Interval Log (30 min)

Resident Name: _____ Setting/Residence: _____ Behavior Treatment Plan: _____

Severity Category: _____ Week of: _____ Recorder(s): _____

Hours to Record: _____

Behavior(s) to be recorded:

General Instructions: Write "1" in the box for each day and time period if the behavior described above occurred during the time period. Write "1" even if the behavior only occurred during part of the time period. If the behavior has occurred, write a severity rating in the box and circle it if you are supposed to for this resident (see line near top of form). Write "0" in the box if the behavior did not occur at all during the time period. Write a dash (-) in the box if the individual was not observed during the time period. Each box should be filled in at the end of the time period. For instance, the box for 8:00 a.m. should be filled in for observation between 7:30 a.m. and 8:00 a.m., and the box for 8:30 a.m. should be filled in for observation between 8:00 a.m. and 8:30 a.m. At the end of the week, every box should be filled in.

Specific Instructions:

Time	Example	S	M	T	W	T	F	S
6:00 a.m.	0							
30	0							
7:00 a.m.	0							
30	1 (2)							
8:00 a.m.	1 (3)							
30	1 (1)							
9:00 a.m.	0							
30	0							
10:00 a.m.	-							
30	-							
11:00 a.m.	0							
30	0							
12:00 p.m.	1 (2)							
30	0							
1:00 p.m.	0							
30	1 (1)							
2:00 p.m.	0							
30	1 (3)							
3:00 p.m.	0							
30	0							
4:00 p.m.	1 (1)							
30	0							
5:00 p.m.	0							
30	0							
6:00 p.m.	0							
30	1 (1)							
7:00 p.m.	0							
30	1 (2)							

Time	Example	S	M	T	W	T	F	S
8:00 p.m.	1							
30	-							
9:00 p.m.	0							
30	1 (1)							
10:00 p.m.	0							
30	0							
11:00 p.m.	-							
30	-							
12:00 a.m.	-							
30	-							
1:00 a.m.	-							
30	0							
2:00 a.m.	0							
30	0							
3:00 a.m.	0							
30	0							
4:00 a.m.	-							
30	-							
5:00 a.m.	0							
30	0							

Severity Categories and Ratings

Self-injury/Assault	Inappropriate Activity Level
<ol style="list-style-type: none"> 1. No marks, no injury 2. Injury, medical attention not required 3. Injury, attention from nurse required 4. Injury, physician attention required 	<ol style="list-style-type: none"> 1. Noticeable by other party 2. Interferes with person's own training 3. Interferes with another person's training 4. Interferes with several other persons' training
Property	Hoarding/Stealing
<p>x. Sentimental value</p> <ol style="list-style-type: none"> 1. \$0 - \$1.00 2. \$1.01 - \$10.00 3. \$10.01 - \$50.00 4. \$50.01 - \$150.00 5. \$150.00 + 	<ol style="list-style-type: none"> 1. 1-5 items 2. 6-10 items 3. 11-20 items 4. 21-50 items 5. 50+ items