

# Behavior Log

(for rage/aggression/anger)

Date: \_\_\_\_\_

Duration: \_\_\_\_\_(min)

How severe was the incident? (10 is worst)

1 2 3 4 5 6 7 8 9 10

## Behavior checklist:

- |  |  |
|--|--|
| <input type="checkbox"/> He hit someone              | <input type="checkbox"/> He ran from me                |
| <input type="checkbox"/> He threw something          | <input type="checkbox"/> He ignored me                 |
| <input type="checkbox"/> He screamed                 | <input type="checkbox"/> He hit/hurt himself           |
| <input type="checkbox"/> He cried                    | <input type="checkbox"/> He locked himself in his room |
| <input type="checkbox"/> He broke something          | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> He swore/used foul language | <input type="checkbox"/> Other: _____                  |

## Trigger checklist:

- |   |  |
|---|--|
| <input type="checkbox"/> He was hungry      | <input type="checkbox"/> He felt embarrassed |
| <input type="checkbox"/> He was tired       | <input type="checkbox"/> He was bullied      |
| <input type="checkbox"/> He was overwhelmed | <input type="checkbox"/> He was laughed at   |
| <input type="checkbox"/> He felt threatened | <input type="checkbox"/> He felt sad         |
| <input type="checkbox"/> He was scared      | <input type="checkbox"/> He felt guilty      |
| <input type="checkbox"/> He felt rejected   | <input type="checkbox"/> Other: _____        |

## Response checklist:

- |  |   |
|--|---|
| <input type="checkbox"/> He wore himself out | <input type="checkbox"/> I threatened a loss of privilege |
| <input type="checkbox"/> He walked away      | <input type="checkbox"/> I distracted him                 |
| <input type="checkbox"/> I hugged him        | <input type="checkbox"/> I restrained him                 |
| <input type="checkbox"/> I walked away       | <input type="checkbox"/> I empathized with him            |
| <input type="checkbox"/> I yelled at him     | <input type="checkbox"/> I stood near until he calmed     |
| <input type="checkbox"/> I put on music      | <input type="checkbox"/> Other: _____                     |