Mood and Behavior Assessment Log

**MOOD AND BEHAVIOR ASSESSMENT LOG**

| **Behavior/Mood Category** | **Date** | **Possible Causes**  *(refer to key)* | **Description** | **Mood/Behavior Documentation** | **Possible Medical Complication** | **Initials** |
| --- | --- | --- | --- | --- | --- | --- |
| **PHYSICAL BEHAVIOR SYMPTOM DIRECTED TOWARD OTHERS**  Hits, kicks, pulls hair, scratches, pinches, bites, spits, pushes, shoves, pushes w/c into objects, sexually abusive, throwing food or others  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **VERBAL BEHAVIOR SYMPTOM DIRECTED TOWARD OTHERS**  Threatening, screaming at, or cursing/yelling at others, making disruptive noises  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **RESISTIVE TO CARES**  Refuses assist with ADLS, refuses bath, verbal or physical resistance to taking medications, refusing treatments, or eating  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **EATING DISTURBANCE**  Refusing meals, playing with food, stealing food, taking food off others plate/tray, throwing food  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **WANDERING**  Moving with no rational purpose, seemingly being oblivious to needs or safety  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **DELUSIONAL**  A fixed, false misconception or belief not shared by others that the resident holds even in the face of evidence to the contrary  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **HALLUCINATIONS**  The perception of the presence of something that is not actually there. It may be auditory or visual or involve smells, tastes or touch  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **SOCIALLY INAPPROPRIATE**  Resident may exhibit disruptive crying, inappropriate laughter, language or gestures that are disruptive, repetitive statements or issues, attention seeking through constant complaints of health, manipulates others, plays one against another, discusses the conditions or behaviors of other residents with others, hoarding, public disrobing  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **SEXUALLY INAPPROPRIATE**  Resident exhibits with public touching of genitals, exhibits self sexually in public, inappropriate touching of others,  sexual comments, etc.  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **LOSS OF INTEREST**  Withdrawal from activities, decline in participation, reduced social interaction, social isolation in room or private area of building  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **SLEEP-CYCLE ISSUES**  Awake during the night, unpleasant mood in the morning, insomnia, change in usual sleep pattern  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **INAPPROPRIATE SELF CARE**  Hides food, silverware/dishes, removes protective devices (alarms), attempts unsafe self-transfers, resists changing clothing, excessive changing of clothes, layering of clothing affecting dignity, pervasive concern with bowel or bladder, cleans self excessively  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **PROPERTY DESTRUCTION**  Takes others belongings, throws furniture or objects, throwing items or feces, tears clothing, breaks objects, removes personal items (dentures, hearing aids) and breaks or loses, tampers with equipment  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| **SELF INJURIOUS BEHAVIOR**  Bites, scratches, hits self with objects or hands, puts objects in ear, mouth, nose, eats inedible substances (paper, cigarette butts), previous attempts of suicide/self- harm  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| VERBAL EXPRESSIONS OF DISTRESS Makes negative statements, repetitive questions and verbalizations, persistent anger with self or others, self-depreciation, unrealistic fears, recurrent statements that something terrible is about to happen (believes he/she is about to die, repetitive health complaints, repetitive anxious concerns, spiritual distress  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| SAD, ANXIETY, MOOD Sad, pained or worried facialexpressions, crying, tearfulness, repetitive physical movements, fidgeting, picking, pacing, grief, paranoia, hopelessness, loss of self worth, lethargy, irritability, agitated, hand wringing, withdrawal, suicidal ideation  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
| OTHER: |  |  |  |  |  |  |

**POSSIBLE CAUSES (KEY)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. Medication**  **(specify)** | **E. Change in Caregiver** | **I. Anger** | **M. Understimulation** | **Q. Medical Conditions**  **(specify)** | **U. Delirium** |
| **B. Light Levels/Glare** | **F. Change in Roommate** | **J. Fear** | **N. Overstimulation** | **R. Treatment/Procedures**  **(specify)** | **V. Pain** |
| **C. Temperatures** | **G. Mood/Relationship**  **(specify)** | **L. Grief** | **O. Physical Devices** | **S. Mental Illness** | **W. Other** |
| **D. Change in Room** | **H. Sensory Impairment** | **K. Noise** | **P. Cognitive Impairment** | **T. Communication Prob.**  **(specify)** |  |

**Quarter 1: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Quarter 3: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_**

**Quarter 3: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_ Quarter 4: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_**