FUNCTIONAL BEHAVIORAL ASSESSMENT FORM FOR HOSPITALS

Patient Name________________________________________________________ Date____________________
Unit______________________________________________________ Age __________DOB_________MRN_________
Staff Name ____________________________________________________________________________________

WHEN does the behavior occur the most? (What time?)
☐ morning ☐ afternoon ☐ evening ☐ bedtime ☐ shift change ☐ __________
WHERE does the behavior occur the most?
☐ in room ☐ in bathroom ☐ in transit ☐ outside of room ☐ __________
HOW OFTEN does the behavior typically occur?
☐ times per hour __________ ☐ times per day __________ ☐ times per week __________
OTHER EVENTS OR CONDITIONS occurring right before the behavior
☐ demand ☐ transition ☐ unexpected schedule change ☐ ______________
WHO is present when the problem behavior is most likely to occur:
☐ parent ☐ sibling ☐ nurse ☐ service staff ☐ provider ☐ lab tech __________ ☐ __________
MOTIVATION ASSESSMENT

Directions: Read each question carefully and circle the ONE number that best describes your observations:

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Would behavior occur over and over if left alone? Occur repeatedly, in the same way, for long periods of time if no one were around? Does patient enjoy performing the behavior? When the behavior is occurring, does the patient seem calm and unaware of anything else going on around him or her?</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>2.</td>
<td>Does this behavior occur following a request to perform a difficult task? when any request is made of the patient? Does this patient seem to do the behavior to upset or annoy you when you are trying to get him/her to do what you ask? Does the behavior cease shortly after you stop making demands of this patient?</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>3.</td>
<td>Does the behavior seem to occur in response to your talking to others in the room? Does the behavior occur whenever you stop paying attention to the patient? Does this student seem to do the behavior to upset or annoy you when you are not paying attention to him or her? Does the patient seem to initiate the behavior in order to get you to spend some time with him or her?</td>
<td>0 1 2 3 4 5 6</td>
</tr>
<tr>
<td>4.</td>
<td>Does the behavior occur to get something the patient has been told he/she can't have? Does the behavior occur when you take away something? Does the behavior stop occurring shortly after you give this student the toy, food, or activity he or she requested? Does this behavior seem to occur when the student has been told that her or she can't do something he/she wanted to do?</td>
<td>0 1 2 3 4 5 6</td>
</tr>
</tbody>
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If Highest Score on Question 1: Function = Sensory Stimulation
If Highest Score on Question 2: Function = Escape
If Highest Score on Question 3: Function = Attention
If Highest Score on Question 4: Function = Access to Something