

# Sample

## Behavior Problems Supporting Documentation

E4-Behavior Problems/J1-Health Conditions - Page 1

Assessment Reference Date (ARD): \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Observation Period Record day in box to right.	Shift	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>E4aA</b> Wandering behavior symptom:  0. Behavior not exhibited 1. Behavior exhibited	11/7	/	/	/	/	/	/	/
	7/3	/	/	/	/	/	/	/
	3/11	/	/	/	/	/	/	/
<b>E4aA</b> Wandering behavior symptom supporting documentation:								
<b>E4bA</b> Verbally abusive behavior symptom:  0. Behavior not exhibited 1. Behavior exhibited	11/7	/	/	/	/	/	/	/
	7/3	/	/	/	/	/	/	/
	3/11	/	/	/	/	/	/	/
<b>E4bA</b> Verbally abusive behavior symptom supporting documentation:								
<b>E4cA</b> Physically abusive behavior symptom:  0. Behavior not exhibited 1. Behavior exhibited	11/7	/	/	/	/	/	/	/
	7/3	/	/	/	/	/	/	/
	3/11	/	/	/	/	/	/	/
<b>E4cA</b> Physically abusive behavior symptom supporting documentation:								

Initial	Full Staff Signature	Initial	Full Staff Signature

Resident Name	Medical Record Number	Room Number

# Sample

## Behavior Problems Supporting Documentation

E4-Behavior Problems/J1-Health Conditions - Page 2

Assessment Reference Date (ARD): \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Observation Period Record day in box to right.	Shift	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<b>E4dA</b> Socially inappropriate/ disruptive behavior symptom:  0. Behavior not exhibited 1. Behavior exhibited	11/7	/	/	/	/	/	/	/
	7/3	/	/	/	/	/	/	/
	3/11	/	/	/	/	/	/	/

**E4dA** Socially inappropriate/ disruptive behavior symptom supporting documentation:

<b>E4eA</b> Resist care behavior symptom:  0. Behavior not exhibited 1. Behavior exhibited	11/7	/	/	/	/	/	/	/
	7/3	/	/	/	/	/	/	/
	3/11	/	/	/	/	/	/	/

**E4eA** Resist care behavior symptom supporting documentation:

<b>J1e</b> Delusions (D) <b>J1i</b> Hallucinations (H) <i>When exhibited, place a "D" for delusion or "H" for hallucination and author's initials</i>	11/7	/	/	/	/	/	/	/
	7/3	/	/	/	/	/	/	/
	3/11	/	/	/	/	/	/	/

**J1e** Delusions and/or **J1i** Hallucinations supporting documentation:

Initial	Full Staff Signature	Initial	Full Staff Signature

Resident Name	Medical Record Number	Room Number

## Behavior Problems Supporting Documentation

E4 - Behavior Problems/J1-Problem Conditions - Page 1

Assessment Reference Date (ARD): \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

MDS Field	MDS description	Shift	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Day – record assessment period to the right									
<p><b>Behavior problem frequency in the last 7 days. Record the appropriate code in the shift box and initial below using the key provided. This form is invalid without supporting documentation. Supporting documentation may be provided in the medical chart or on the attached sheet.</b></p> <p style="text-align: center;">0. Behavior not exhibited                      1. Behavior exhibited</p>									
E4aA	Wandering behavior symptom:	11/7	/	/	/	/	/	/	/
		7/3	/	/	/	/	/	/	/
		3/11	/	/	/	/	/	/	/
E4bA	Verbally abusive behavior symptom:	11/7	/	/	/	/	/	/	/
		7/3	/	/	/	/	/	/	/
		3/11	/	/	/	/	/	/	/
E4cA	Physically abusive behavior symptom:	11/7	/	/	/	/	/	/	/
		7/3	/	/	/	/	/	/	/
		3/11	/	/	/	/	/	/	/
E4dA	Socially inappropriate/disruptive behavior symptom:	11/7	/	/	/	/	/	/	/
		7/3	/	/	/	/	/	/	/
		3/11	/	/	/	/	/	/	/
E4eA	Resist care behavior symptom:	11/7	/	/	/	/	/	/	/
		7/3	/	/	/	/	/	/	/
		3/11	/	/	/	/	/	/	/
<p><b>Check either problem present below in the last 7 days with a check mark. This form is invalid without supporting documentation and initial. Supporting documentation may be provided in the medical chart or the attached sheet.</b></p>									
J1e	Delusions	11/7	/	/	/	/	/	/	/
		7/3	/	/	/	/	/	/	/
		3/11	/	/	/	/	/	/	/
J1i	Hallucinations	11/7	/	/	/	/	/	/	/
		7/3	/	/	/	/	/	/	/
		3/11	/	/	/	/	/	/	/
Initial	Full Staff Signature	Initial	Full Staff Signature						
Resident Name				Medical Record Number			Room Number		

