SETTING EVENTS CHECKLIST

Name: _____ Date _____

Completed by: _____

Behavior _____ Time _____ Location _____

Indicate in the appropriate column(s) any of events that occurred in that timeframe	***Today***	***Yesterday or last night***	***2-3 days ago***
Was informed of something unusually disappointing			
Specify: _____			
Was refused some requested object/activity			
Fought, argued, or had other negative interactions(s)			
Was disciplined or reprimanded in an atypical manner			
Was "made" to do something			
Was hurried or rushed more than usual			
Meal time was changed or meal was missed			
Sleep pattern (including duration) was unusual			
Was under the care of someone new or different			
Favorite caregiver was absent			
Routine was disrupted			
Experienced other major changes in living environment			
Specify: _____			
Medications were changed or missed			
Last menstrual period			
Appeared to be agitated			
Appeared to be in a "bad mood"			
Appeared to be down or depressed			
Appeared or complained of being ill			
Appeared or complained of being in pain			
Showed allergy-related symptoms			
Had seizure			
Describe other events that may have contributed to the behavior			
Other events _____			