

DAILY PROGRESS NOTE

Patient Name _____

Date _____

AFFECT

- Apathetic / Lethargic / Flat Affect
- Negative / Pessimistic
- Positive / Optimistic
- Euphoric
- Labile / Mood Swings

N D E

MOOD

- Sad, depressed, withdrawn, down
- Agitated, demanding, angry or hostile
- Irritable, annoyed, frustrated, or anxious
- Stable, neutral mood
- Confident, calm, peaceful, relaxed

N D E

SLEEP BEHAVIORS

- No sleep problems observed
- Trouble falling or staying asleep
- Dreams causing fear or anxiety
- Difficulty waking up
- Very sleepy during the day
- Bowel/Bladder Program Implemented

N D E

VERBAL AGGRESSION

- No verbal aggression
- Shouts, mild curses or insults
- Outbursts, severe curses or insults
- Impulsively threatens violence to self / others
- Repeated or deliberate threats of violence

N D E

AGGRESSION TO OTHERS

- No physical aggression
- Menacing gestures, grabs clothes, swings
- Strikes, kicks, pushes, scratches, pulls hair
- Aggression results in minor injury
- Aggression results in injury to another person

N D E

AGGRESSION TO PROPERTY

- No aggression against property
- Slams doors, rips clothes, urinates on floor
- Defaces walls, throws objects, kicks furniture
- Minor deliberate destruction (breaks objects)
- Deliberate destruction of property

N D E

AGGRESSION TO SELF

- No aggression to self
- Scratches, hits self (mild)
- Hits walls, throws self on floor
- Inflicts minor injury to self (cut, bruise)
- Inflicts major injury on self

N D E

OPPOSITIONAL/DEFIANT BEHAVIOR

- No oppositional behavior
- Infrequent noncompliance with authority/rules
- Argues; Requires occasional redirection
- Disruptive; Requires frequent redirection
- Refuses routines; Refused treatment regimen

N D E

LEVEL OF PARTICIPATION

- Refused, avoidant, no participation
- Disruptive, evasive, uncooperative behavior
- Participated in unit activities
- Participated in school appropriately
- Participated in group appropriately

N D E

LEVEL OF STRUCTURE REQUIRED

- 1:1 Attention Required
- Frequent prompts given
- Intensive structure
- Close supervision required
- Limit-setting required
- Frequent redirection given
- Occasional staff interventions provided
- Minimal structure & interventions required
- Able to organize time independently

N D E

SPECIAL INTERVENTIONS USED

- Verbal intervention
- Self time out
- Staff directed time out
- Chemical restraint
- Physical restraint
- Seclusion

N D E

ACTIVITIES OF DAILY LIVING

- Showering / Bathing
- Dressing / Appropriate Clothing Choices
- Grooming
- Bed Making / Care of Possessions/Room
- Dining Skills
- Tooth Brushing / Flossing
- Toileting
- Laundry
- Takes meds / Identifies meds & side effects

I = Patient performed routine **INDEPENDENTLY**
 VI = Patient required **VERBAL INSTRUCTION**
 A = Patient required **PHYSICAL ASSISTANCE**
 R = Patient **REFUSED/FAILED** to perform the routine

PRECAUTIONS

- AWOL Precautions
- Suicide
- Self-Harm Precautions
- Sexual Acting Out Precautions
- Assault Precautions
- Line of Sight

N D E

INTAKE & OUTPUT

Intake % AM _____ Noon _____ PM _____
 Other intake (i.e., snacks) _____

(Note percentage food intake each meal.)

- Encopresis (Incontinence of bowel)
- Enuresis (Incontinence of bladder)
- Bedwetting

N D E

GUARDIAN/OTHER CONTACT

- Phone call from _____
- Phone call from _____
- Visit from _____
- Visit from _____
- Pass: Out: _____ Return: _____
- Court Out: _____ Return: _____
- Medical/Dental Out: _____ Return: _____

N D E

DIRECTIONS: Assessment performed by MHT each shift (N=Night 11-7, D=Day 7-3, E=Evening 3-11). Check at least one box for each shift and category. Provide narrative for all identified behaviors. *Signature, title, and degree/credentials of documenting staff:* _____

N:

D:

E:

Patient Name _____

Date _____

