

Setting Event Checklist

Client: -

Date:-

Completed by: -

Check any of the following events that occurred in the morning (am) and in the afternoon/evening (pm) before the incident you have described in the STAR chart.

	<u>AM</u>	<u>PM</u>
Was informed of something unusually disappointing	_____	_____
Was refused some requested object/activity	_____	_____
Fought, argued or had negative interaction(s)	_____	_____
Was disciplined/reprimanded	_____	_____
Was hurried or rushed more than usual	_____	_____
Sleep pattern was unusual	_____	_____
Was under the care of someone new	_____	_____
Experienced major changes in living environment	_____	_____
Visitors arrived /failed to arrive	_____	_____
Medications were changed /missed	_____	_____
Had menstrual period	_____	_____
Appeared excessively tired/lethargic	_____	_____
Appeared excessively agitated	_____	_____
Appeared to be in a bad mood	_____	_____
Appeared/complained of being ill	_____	_____
Other	_____	_____