

Review of Behaviours
(to be completed at review and end of work with family)

Name:

Date:

When you were referred to
you completed a Behaviour Grid referral form telling us the behaviours you were most concerned about. We have filled in the behaviours that were most worrying to you below. Could you please circle the box that feels most relevant now.

Behaviour 1:				
How severe is this behaviour now?	Very mild	Moderate	Severe	Very severe
How often does this behaviour occur now?	Very often	Often	Sometimes	Very rarely
How distressing do you find this behaviour now?	Not distressing	A little distressing	Quite distressing	Extremely distressing
How confident do you feel to manage the behaviour now?	Not at all confident	A bit confident	Quite confident	Extremely confident
How do you feel you are coping with this behaviour now?	Coping well	Coping ok	Just about coping	Not coping at all
To what extent has the problem changed since referral?	Much improved	Improved	No improvement / stayed the same	Worsened
To what extent do you think any change was to do with the help you received?	Completely	Quite a lot	A little	Not at all

Please use this space to include any other comments about this behaviour:

Behaviour 2:

How severe is this behaviour now?	Very mild	Moderate	Severe	Very severe
How often does this behaviour occur now?	Very often	Often	Sometimes	Very rarely
How distressing do you find this behaviour now?	Not distressing	A little distressing	Quite distressing	Extremely distressing
How confident do you feel to manage the behaviour now?	Not at all confident	A bit confident	Quite confident	Extremely confident
How do you feel you are coping with this behaviour now?	Coping well	Coping ok	Just about coping	Not coping at all
To what extent has the problem changed since referral?	Much improved	Improved	No improvement / stayed the same	Worsened
To what extent do you think any change was to do with the help you received?	Completely	Quite a lot	A little	Not at all

Please use this space to include any other comments about this behaviour:

Behaviour 3:

How severe is this behaviour now?	Very mild	Moderate	Severe	Very severe
How often does this behaviour occur now?	Very often	Often	Sometimes	Very rarely
How distressing do you find this behaviour now?	Not distressing	A little distressing	Quite distressing	Extremely distressing
How confident do you feel to manage the behaviour now?	Not at all confident	A bit confident	Quite confident	Extremely confident
How do you feel you are coping with this behaviour now?	Coping well	Coping ok	Just about coping	Not coping at all
To what extent has the problem changed since referral?	Much improved	Improved	No improvement / stayed the same	Worsened
To what extent do you think any change was to do with the help you received?	Completely	Quite a lot	A little	Not at all

Please use this space to include any other comments about this behaviour: