

## 4a. Incident form 2018

*To be completed as close in time to the occurrence of the incident as possible.  
To be completed by the person who was most present for the incident.*

\* Required

**Date and time incident started \***

*[Example: 11:00 AM, 23.05.18]*

**Duration: How long did the behaviour last?**

**Describe the behaviour displayed.\***

*[Topography, total duration, in narrative]*

**The nature of the behaviour? \***

- SIB *[self-injurious behaviour]*
- Other-hitting other people or objects.

**Magnitude: How severe was the behaviour? (using the scale) \***

*[Here, you would create a scale of what would normally constitute a low, medium and high intensity incident.]*

1    2    3

**Suspected function of the behaviour? \***

- Self-stimulation/Automatic
- Escape/Demand avoidance
- Attention
- Tangible reinforcement
- Unclear

**Where was X when the incident occurred? \***

**Who was supporting X at the time? \***

**Did X display any signs of being in pain or unwell? \***

**Antecedent- What happened immediately before the incident started? \***

**How did you communicate with X before the incident started and at the time? \***

**Consequences- How did you respond to the incident? \***

**How did X respond to this? \***

**Was Physical Intervention used? \***

**What reasons can you suggest to explain the Incident? \***

**Do you think there is anything you could have done to prevent the incident occurring? \***

**Who has completed the form? \***

**Do you think that you or X need any additional support as a result of this incident or to help prevent a similar incident occurring in the future? \***