

**Table 14.3 ABCF Chart with Check Boxes**

Date/ Time	Possible Setting Events	Antecedent (What Happened Just Before Behavior)	Behavior Observed	Consequence (What Happened Immediately After)	Hypothesized Function	Notes
	<input type="checkbox"/> Doesn't feel well	<input type="checkbox"/> Nonpreferred task	<input type="checkbox"/> Vocalization	<input type="checkbox"/> Attention given	<input type="checkbox"/> Escape demand	
	<input type="checkbox"/> No medication	<input type="checkbox"/> Change in routine	<input type="checkbox"/> Aggression	<input type="checkbox"/> Break given/removed	<input type="checkbox"/> Communicate	
	<input type="checkbox"/> Bad weather	<input type="checkbox"/> Preferred activity	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> demand	<input type="checkbox"/> feelings	
	<input type="checkbox"/> Difficult morning at home	<input type="checkbox"/> stopped		<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Get attention	
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)			<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> Doesn't feel well	<input type="checkbox"/> Nonpreferred task	<input type="checkbox"/> Vocalization	<input type="checkbox"/> Attention given	<input type="checkbox"/> Escape demand	
	<input type="checkbox"/> No medication	<input type="checkbox"/> Change in routine	<input type="checkbox"/> Aggression	<input type="checkbox"/> Break given/removed	<input type="checkbox"/> Communicate	
	<input type="checkbox"/> Bad weather	<input type="checkbox"/> Preferred activity	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> demand	<input type="checkbox"/> feelings	
	<input type="checkbox"/> Difficult morning at home	<input type="checkbox"/> stopped		<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Get attention	
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)			<input type="checkbox"/> Other (specify)	
	<input type="checkbox"/> Doesn't feel well	<input type="checkbox"/> Nonpreferred task	<input type="checkbox"/> Vocalization	<input type="checkbox"/> Attention given	<input type="checkbox"/> Escape demand	
	<input type="checkbox"/> No medication	<input type="checkbox"/> Change in routine	<input type="checkbox"/> Aggression	<input type="checkbox"/> Break given/removed	<input type="checkbox"/> Communicate	
	<input type="checkbox"/> Bad weather	<input type="checkbox"/> Preferred activity	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> demand	<input type="checkbox"/> feelings	
	<input type="checkbox"/> Difficult morning at home	<input type="checkbox"/> stopped		<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Get attention	
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)			<input type="checkbox"/> Other (specify)	