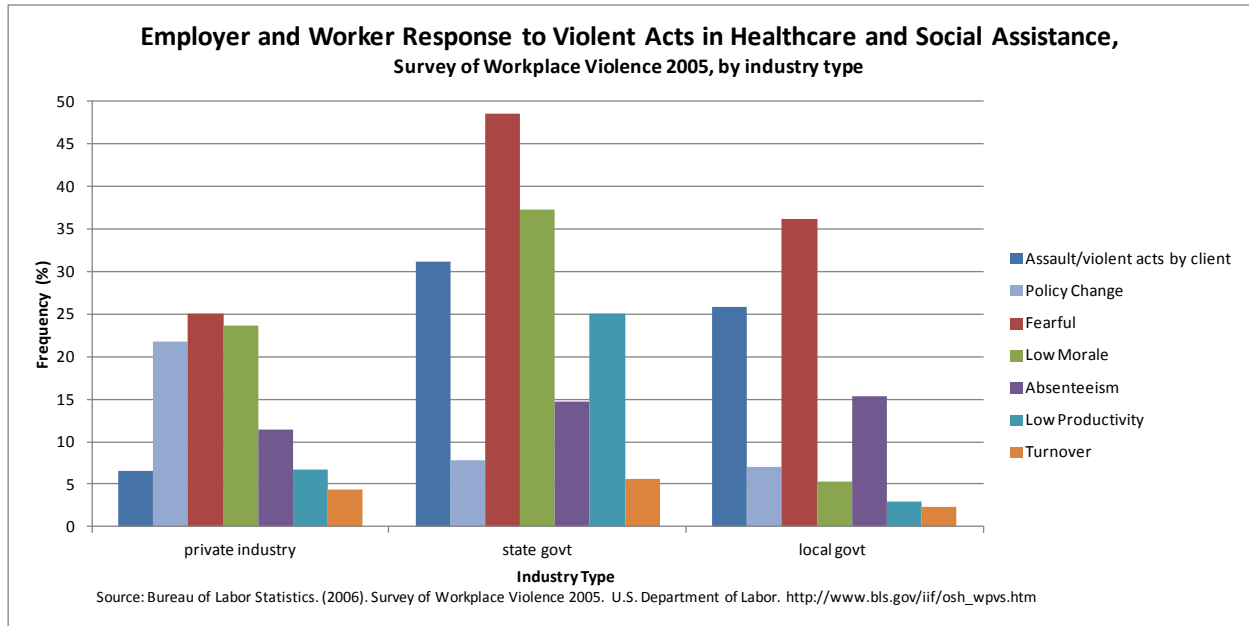
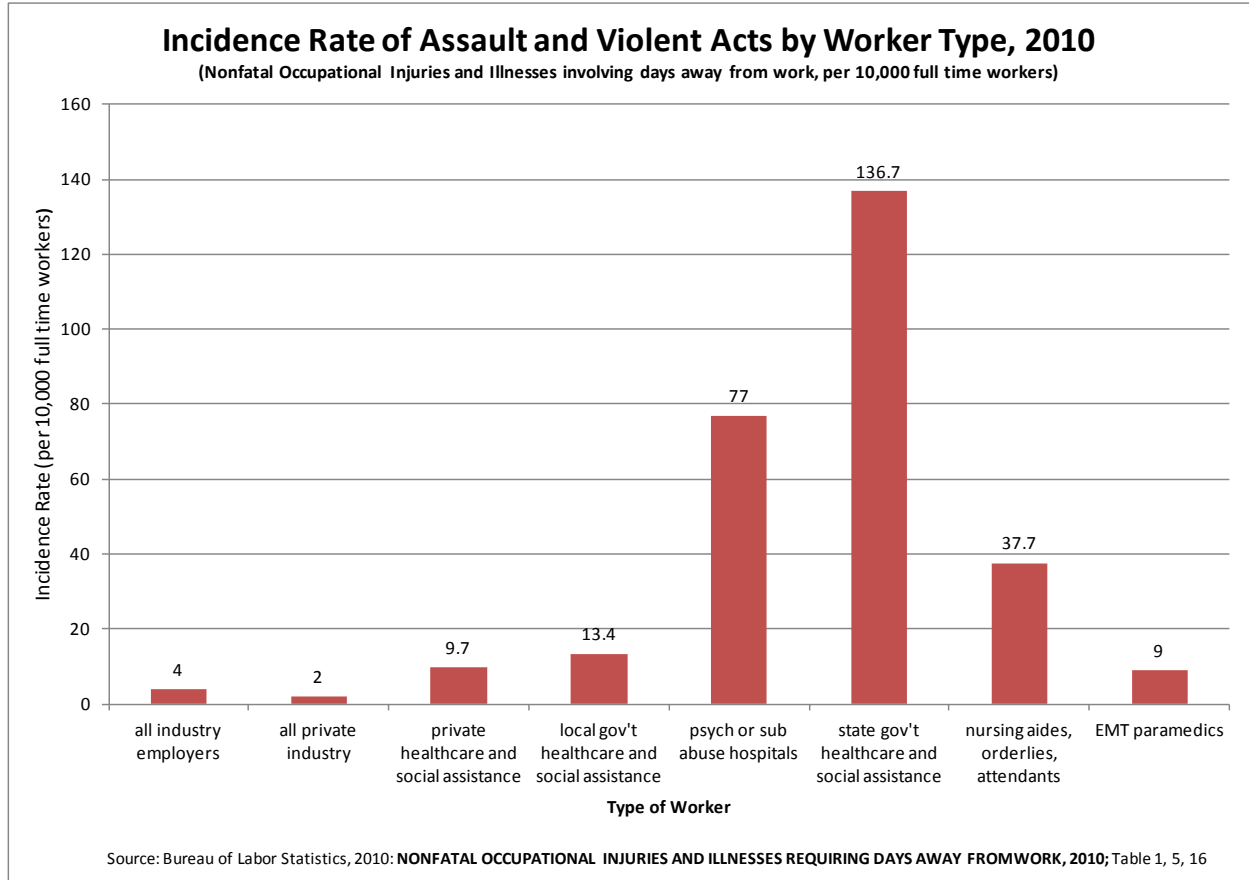


Figure 1.



Bureau of Labor Statistics, U.S. Department of Labor (2006a, 2006b).

Figure 2.



(Bureau of Labor Statistics, 2011; Harrell, 2011).

Figure 3.

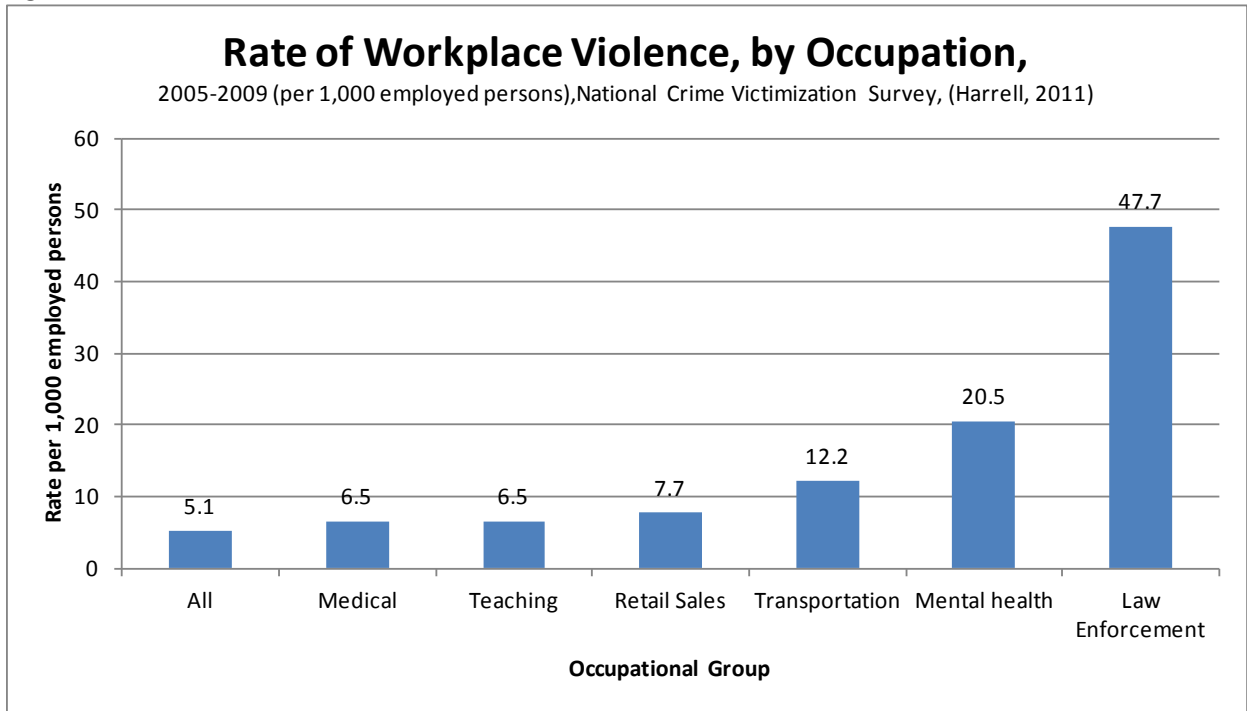


Figure 4. Example of Handheld Counter



Figure 5. Aggression Exposure Counter Shift Log

Aggression Exposure Counter Shift Log

Study Identification #:(on back of counter assigned to you) Your Role: (RN, MC, MSW etc) DATE: _____

Time	Event Severity (1-5)		Event Type		SHIFT: <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> N		Hours Worked(ex: 7a – 3:45p):		Total # of Events Counted this shift:		
	Verbal (Y/N)	Physical (Y/N)	Fill in Patient Information below:		UNIT:		VERBAL:		PHYSICAL:		
			Patient Initials	Age	Gender (M/F)	# Days since Admission	Aggression History (Y/N)	Symptoms/Diagnosis Present: (check all that apply)		Precipitants to event: (check all that apply)	
								<input type="checkbox"/> Psychosis <input type="checkbox"/> SubUse/Withdrawal <input type="checkbox"/> Dementia <input type="checkbox"/> PTSD <input type="checkbox"/> Mania <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Personality d/o	<input type="checkbox"/> Limit Setting <input type="checkbox"/> Involuntary Status <input type="checkbox"/> Substance Use <input type="checkbox"/> Other <input type="checkbox"/> Meal/ Hygiene Assist <input type="checkbox"/> Medication <input type="checkbox"/> Self Harm <input type="checkbox"/> None	Brief Description of Event:	
								<input type="checkbox"/> Psychosis <input type="checkbox"/> SubUse/Withdrawal <input type="checkbox"/> Dementia <input type="checkbox"/> PTSD <input type="checkbox"/> Mania <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Personality d/o	<input type="checkbox"/> Limit Setting <input type="checkbox"/> Involuntary Status <input type="checkbox"/> Substance Use <input type="checkbox"/> Other <input type="checkbox"/> Meal/ Hygiene Assist <input type="checkbox"/> Medication <input type="checkbox"/> Self Harm <input type="checkbox"/> None	Brief Description of Event:	
								<input type="checkbox"/> Psychosis <input type="checkbox"/> SubUse/Withdrawal <input type="checkbox"/> Dementia <input type="checkbox"/> PTSD <input type="checkbox"/> Mania <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Personality d/o	<input type="checkbox"/> Limit Setting <input type="checkbox"/> Involuntary Status <input type="checkbox"/> Substance Use <input type="checkbox"/> Other <input type="checkbox"/> Meal/ Hygiene Assist <input type="checkbox"/> Medication <input type="checkbox"/> Self Harm <input type="checkbox"/> None	Brief Description of Event:	
								<input type="checkbox"/> Psychosis <input type="checkbox"/> SubUse/Withdrawal <input type="checkbox"/> Dementia <input type="checkbox"/> PTSD <input type="checkbox"/> Mania <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Personality d/o	<input type="checkbox"/> Limit Setting <input type="checkbox"/> Involuntary Status <input type="checkbox"/> Substance Use <input type="checkbox"/> Other <input type="checkbox"/> Meal/ Hygiene Assist <input type="checkbox"/> Medication <input type="checkbox"/> Self Harm <input type="checkbox"/> None	Brief Description of Event:	
								<input type="checkbox"/> Psychosis <input type="checkbox"/> SubUse/Withdrawal <input type="checkbox"/> Dementia <input type="checkbox"/> PTSD <input type="checkbox"/> Mania <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Personality d/o	<input type="checkbox"/> Limit Setting <input type="checkbox"/> Involuntary Status <input type="checkbox"/> Substance Use <input type="checkbox"/> Other <input type="checkbox"/> Meal/ Hygiene Assist <input type="checkbox"/> Medication <input type="checkbox"/> Self Harm <input type="checkbox"/> None	Brief Description of Event:	
								<input type="checkbox"/> Psychosis <input type="checkbox"/> SubUse/Withdrawal <input type="checkbox"/> Dementia <input type="checkbox"/> PTSD <input type="checkbox"/> Mania <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Personality d/o	<input type="checkbox"/> Limit Setting <input type="checkbox"/> Involuntary Status <input type="checkbox"/> Substance Use <input type="checkbox"/> Other <input type="checkbox"/> Meal/ Hygiene Assist <input type="checkbox"/> Medication <input type="checkbox"/> Self Harm <input type="checkbox"/> None	Brief Description of Event:	
								<input type="checkbox"/> Psychosis <input type="checkbox"/> SubUse/Withdrawal <input type="checkbox"/> Dementia <input type="checkbox"/> PTSD <input type="checkbox"/> Mania <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Personality d/o	<input type="checkbox"/> Limit Setting <input type="checkbox"/> Involuntary Status <input type="checkbox"/> Substance Use <input type="checkbox"/> Other <input type="checkbox"/> Meal/ Hygiene Assist <input type="checkbox"/> Medication <input type="checkbox"/> Self Harm <input type="checkbox"/> None	Brief Description of Event:	