

# PICA TRACKING LOG

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver: \_\_\_\_\_

## CHECK ALL THAT APPLY

### Time

Morning  Afternoon  Evening  Night

### Item Type

Dirt / Sand  Chalk  Paper / Cardboard  Plastic / Rubber  Metal  Fabric / Hair  Ice  
 Other: \_\_\_\_\_

### Location

Home  School  Outdoors  Bathroom  Car  Other: \_\_\_\_\_

### What Was Happening Before

Unstructured time  Transition  Bored / Seeking sensory input  Hungry / Thirsty  
 Stress / Anxiety  Other: \_\_\_\_\_

### Response Used

Item removed  Redirected to safe alternative  Sensory support provided  
 Verbal reminder  Increased supervision  Other: \_\_\_\_\_

### Outcome

Behavior stopped  Continued briefly  Needed additional support  Medical follow-up needed

### NOTES:

---

---

---

---

---

---

---

---

---

---

### Emergency and Poison Control for high-risk items (toxic, sharp, choking hazard)

- Emergency: 911
- Poison Control: 1-800-222-1222