

**ERIE ST. CLAIR COMMUNITY CARE ACCESS CENTRE  
CENTRE D'ACCÈS AUX SOINS COMMUNAUTAIRES D'ÉRIÉ ST-CLAIR**

**Behavioural Assessment Tool**

**Patient Identification:**

Patient Name: \_\_\_\_\_ BRN: \_\_\_\_\_  
(CCAC Use Only)

HCN: \_\_\_\_\_ Version Code: \_\_\_\_\_ DOB: \_\_\_\_\_  
(dd/mm/yy)

Hospital/Unit: \_\_\_\_\_ Social Worker: \_\_\_\_\_

PCS Coordinator: \_\_\_\_\_

**Medical History:**

Dementia Diagnosis: \_\_\_\_\_ Classification: \_\_\_\_\_

Medications:

Other Medical Problems:

Date of Referral to Behavioural Supports Ontario (BSO) Care Coordinator: \_\_\_\_\_  
(dd/mm/yy)

**Instructions:**

**Frequency** (scales are from *least to most*)

- 0 = never
- 1 = behaviours occurred within 1 year but not present within 3 months
- 2 = behaviors occurred within 3 months but not present within one month
- 3 = less than once a week
- 4 = once or twice a week
- 5 = several times a week
- 6 = once or twice a day
- 7 = several times a day
- 8 = several times an hour
- 9 = don't know

**Disruptiveness** (scales are *not at all to extremely*)

- 0 = not at all
- 1 = a little
- 2 = moderately
- 3 = very much
- 4 = extremely
- 9 = don't know

- Mark the appropriate Frequency/Disruptiveness that applies. Please indicate the behaviour that most describes the patient within the last 12 MONTHS.
- Comment sections MUST include triggers, onset, frequency of occurrence, time of day, persons affected and interventions required.

**When Health Partner Gateway (HPG) is unavailable, fax to:**

Chatham: 519-436-2462  
Windsor: 519-258-2661  
Sarnia: 519-337-4942

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ BRN: \_\_\_\_\_  
(dd/mm/yy)

1. **Wanders** (aimless wandering, exit seeking, pacing, does not indicate normal purposeful walk, include wandering in wheelchair, etc.)
- Behaviour not present
  - Wanders aimlessly in and out of rooms
  - Wanders halls but does not attempt to leave immediate environment
  - Wanders and will leave immediate environment if not prevented
  - Exit seeks

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

2. **Hoarding/Rummaging** (putting many/inappropriate objects in purse/pockets, keeping too many of an item, rummaging through drawers, moving furniture)
- Behaviour not present
  - Hoards food or medication or picks up objects which are lying around, but does not search other's belongings
  - Searches other's belongings looking for food, medications or objects

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

3. **Agitated Behaviour** (state of restlessness, nagging, pleading, inability to relax often accompanied by restlessness activity such as pacing up and down, repetitiveness, unrealistic fears, i.e. abandonment)
- Behaviour not present
  - Behaviour present – describe below in more detail

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ BRN: \_\_\_\_\_  
(dd/mm/yy)

**4. Verbally Aggressive/Angry Behaviour** (cursing, swearing, use of obscenity, profanity, etc. - different from normal behaviour)

- Behaviour not present
- Displays anger or is verbally abusive in predictable situations, i.e. when provoked
- Angry or verbally aggressive with no apparent provocation

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

**5. Physically Aggressive/Angry Behaviour** (spitting, kicking, grabbing, pushing, throwing objects, hitting self and others, etc.)

- Behaviour not present
- Displays anger, physically aggressive in predictable situations, i.e. when provoked
- Angry or physically aggressive with no apparent provocation

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

**6. Suspicious Behaviour** (fear of abandonment, harmed, stealing belongings, hiding objects, infidelity, etc.)

- Behaviour not present
- Occasionally suspicious of food or people
- Hallucinations – please describe below
- Suspicious of most people/food but behaviour does not disrupt daily routine
- Suspicious of most people/food in environment to the extent that it interferes with daily routine, i.e. eating

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ (dd/mm/yy) BRN: \_\_\_\_\_

**7. Indiscriminate Ingestion of Foreign Substances** (putting into mouth and trying to swallow items that are inappropriate)

- Behaviour not present
- Ingests, eats foreign substances
- Ingests foreign substances/objects, requires frequent supervision

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

**8. Inappropriate Sexual Behaviour** (dirty talk, grabbing, touching, etc.)

- Behaviour not present
- Exposes self or makes inappropriate remarks or gestures
- Touches others inappropriately

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

**9. Smoking**

- Behaviour not present
- Independent safe smoker
- Unsafe smoker (burned self or others, falling asleep while smoking, puts out cigarettes in inappropriate places, hides cigarettes and lighter/matches, burned clothing/environment, overflowing ashtray)

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ BRN: \_\_\_\_\_  
(dd/mm/yy)

**10. Substance Misuse/Abuse**

**(A) Alcohol**

- Behaviour not present
- Social drinker only
- Causing danger to self only
- Causing danger to self and others

**(B) Drug Abuse** (illicit/prescribed/over the counter medication)

- Behaviour not present
- Causing danger to self only
- Causing danger to self and others

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9
---

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

**11. Resists Treatment or Refuses Care**

- Behaviour not present
- Resists or refuses but can be persuaded to comply
- Resists and refuses and misses treatment as a result

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9
---

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

**12. Low Mood/Depressed**

- Behaviour not present (no known diagnoses of depression/not on anti-depressants)
- Exhibits behaviour but participates in activities (no change in normal routine)
- Exhibits behaviour and refuses to participate/cooperate in activities (loss of interest/change from normal routine)

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9
---

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ (dd/mm/yy) BRN: \_\_\_\_\_

**13. Suicidal Behaviour**

- Behaviour not present
- Verbalizes ideas of suicide, no prior history of threats or attempts
- Verbalizes ideas of suicide, history of prior threats or attempts
- Verbalizes plans for suicide
- Previous attempted suicide (please indicate *if* and *where* patient was hospitalized):  
\_\_\_\_\_

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

**14. Potential for Injury to Self or Others** (Presence of behaviour that places self or others at risk for psycho-social or physical injury, and which requires intervention; includes patients whose physical condition or tendency toward violence contributes to the risk. Intervention is aimed at reducing or removing risks)

- Behaviour not present
- General observation and intermittent intervention required less frequently than every hour
- Close observation and intermittent intervention required hourly or more, but less than every hour
- Close and constant intervention required every 15 minutes or less

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
<b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ (dd/mm/yy) BRN: \_\_\_\_\_

- 15. Ineffective Coping** (Presence of behaviour that reflects an inability to deal appropriately with routine living situations or with individuals and which requires an intervention aimed at altering the ability to cope)
- Behaviour not present
  - Intervention required totaling less than 30 minutes over a 24-hour period
  - Intervention required totaling from 30 minutes up to but not including 2 hours over a 24-hour period
  - Intense intervention required totaling 2 hours or more over a 24-hour period

<b>Frequency:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <b>Disruptiveness:</b> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 9
---

Description of Behaviour/Triggers:

Interventions Tried/Current Interventions/Interventions Required:

Severity of Disruption/Risk to Self and Others:

**If there are any behaviours/disruptiveness not otherwise addressed on this form, please identify them and the interventions that were successful in managing the behaviours/disruptiveness:**  
 (Psychogeriatric/Geriatric Assessments i.e. Pharmaceutical interventions)

**Are there any life-altering experiences which might trigger behaviours/disruptiveness?**  
 (i.e. Holocaust Survivor, Traumatic Loss)

**Summarizing Comments:**

---

Signature	Print Name/Title or Designation	Date (dd/mm/yy)
-----------	---------------------------------	-----------------

## Guidelines for Completing the Behavioural Assessment Form

All Long-Term Care applicants with identified behaviours/disruptiveness in the RAI-HC either in the scoring or in the notes on the preceding 12 months must have a Behavioural Assessment completed which provides information on the applicant's behaviours/disruptiveness.

The following are important criteria required to complete the Behavioural Assessment:

- Legibility in completing the behavioural tool is important.
- Frequency is required; as well as; duration and severity of disruptiveness.
- Need a clear description of the behavior/disruptiveness (what, where, when and how often).
- In the interventions section - indicate the amount of time involved per day for interventions
- Refrain from using words like "combative", or "resistive" but rather state clearly what the behavior/disruptiveness is, i.e. attempts to hit staff with cane, gestures with fist, agitated when someone attempts to change the patient's clothes, etc.
- LTCH staff will be looking closely at areas such as aggression, suspicion, inappropriate sexual behavior/disruptiveness, agitation, suicidal ideation, injury to self or others (these all need clear descriptions of behavior/disruptiveness and incidents if there are/were any.
- Has the patient actually hit or injured someone?
- When did the behaviour/disruptiveness occur? (When did the wandering or aggression initiate? How long-standing is the behavior/disruptiveness?) Or is it a new behavior/disruption?
- How is the behavior/disruptiveness managed? (What do the caregivers do to manage this? What works, or doesn't work?)
- How does the behavior/disruptiveness affect others? (i.e. if patient is verbally abusive - does the patient go to his/her room and swear or is it directed at other residents)
- Substance Abuse - what is the results of the behavior/disruptiveness? - i.e. does patient pass out or need to be hospitalized?
- Smoking – is the patient willing to quit? Do they require any assistance to safely smoke?
- Resisting and refusing care - how does it affect the patient/others? (i.e. If refusing meds; does patient end up needing hospitalization or will she/he comply later? Does it endanger others?)
- Low mood/depressed - how is it exhibited (i.e. sleeps a lot, cries, etc)?
- Suicidal behaviour- what has patient done? Examples helpful.
- If patient is on a psychotropic medication and even if it is working and no current behaviours, the LTCH would like to know what the behavior/disruptiveness was off the medication.
- If mental health patient - it is helpful to know if the patient was seen by psychogeriatrician, etc. - i.e. what resources have been used - helps the LTCH if needed again and if future referrals are needed.
- Any ideas to help the LTCH staff manage the behavior/disruptiveness?
- LTCHs would like to have consultation notes for any psychiatric/psychogeriatrician assessments - to be included in the placement application.