Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

Assessment Tools:
Supporting Comprehensive Behavioural Assessment & Evaluation

BSO Practice Standards & Toolkit Working Group
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Contents

Contact Information

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Acknowledgment

Background

This resource lists assessment tools that are recommended options as part of the Behavioural Supports Ontario (BSO) Behavioural Support Assessment, and for evaluation of implemented approaches and strategies. A brief description of each tool is provided, in addition to information on where to access it. BSO team members are responsible for ensuring that rules and regulations pertaining to copyrighted material are adhered to, and for complying with their own organizations' policies and procedures for using and reproducing each tool. In some instances, copyrighted material may be available through team members' respective organizations.

This list of tools in this resource is not exhaustive and it will be updated over time as practices and evidence evolve. Clinical judgment and team collaboration will lead to the choice of a tool(s) most appropriate for each specific situation. While many tools can be used by all health care providers, some require training or certification be first obtained, or that they be used solely by registered/designated health care professionals. It is important that BSO team members ensure adherence to these requirements and are respectful of professional scopes of practice. Many of the tools may also be used by other members of the circle of care (e.g., Seniors/Geriatric Mental Health Outreach Teams, Specialized Geriatrics Services, Alzheimer Societies). Sharing of completed assessments by partner organizations for the integration of information into behavioural support planning is encouraged wherever possible in order to reduce duplication for the person, their family and the broader care team.

Behavioural assessment tools are first listed in this resource, followed by tools that align with the PIECES™ model. While the PIECES™ approach is much more than an acronym, the model is well understood and is helpful in categorizing the types of tools that are included in this resource. In addition, there are tools listed to support assessment related to family care partners, abuse, safety, risk, and quality of life.

Assessment Tool	Description	Tool Access
Behavioural		
ABC charting	A method of standardized charting for behavioural expressions. This chart assists in determining the actions directly before and immediately after the responsive behaviour. Consistent charting over a span of multiple days will facilitate observing patterns and trends (Omelan, 2006).	Click here for a sample of an ABC Chart: https://ltctoolkit.rnao.ca/sites/default/files/resources/ABC%20Charting%20Template%20-%20Appendix%20L.pdf
Agitated Behaviour Scale (ABS)	Observation system consisting of 14 responsive behaviours. Each responsive behaviour is rated on a scale from 1-4 ranging from "Absent" to "Present to an Extreme Degree". This tool is to be used during the acute phase of recovery from an acquire brain injury (Corrigan, 1989).	Resources pertaining to the ABS can be found here: https://www.sralab.org/rehabilitation-measures/agitated-behavior-scale Training is required (manual). Available in multiple languages.
Behavioural Supports Ontario-Dementia Observation System (BSO-DOS©)	Direct observation tool which helps in the collection of behaviour based data throughout a 24-hour cycle, over several days. Care teams can utilize this data to detect patterns and observe adjustable variables that correspond with responsive behaviours and personal expressions. The information obtained can aid in the development of improved interventions to address unmet needs through activities, environmental adjustments and/or medication modifications.	The BSO-DOS© can be accessed here: https://brainxchange.ca/BSODOS
Cohen-Mansfield Agitation Inventory (CMAI)	Assesses the frequency and level of disruptiveness of 29 agitated behaviours. Each responsive behaviour is rated on a 7-point scale (Cohen-Mansfield et al., 1989).	The CMAI can be found here: https://bpgmobile.rnao.ca/sites/default/files/Cohen-Mansfield%20Agitation%20Inventory.pdf
Kingston Standardized Behavioural Assessment (KSBA)	Evaluates 12 types of responsive behaviours affecting individuals living with dementia. There are currently two versions of this tool: one for individuals living in long term care, KSBA(LTC), as well as one for individuals living in the community, KSBA(comm).	The KSBA (LTC and community) are located here: http://www.kingstonscales.org/behaviour-assessment.html Available in multiple languages.
Neuropsychiatric Inventory (NPI)	Assesses the frequency and severity of 12 behavioural domains. Information needed to complete the NPI is provided by a care partner (e.g. professional, family member) who is familiar with the patient's behaviour.	See the link below for information on the NPI: https://dementiaresearch.org.au/wp-content/uploads/2016/01/NPI.pdf Permission and licensing fee required.
Other profession-specific tools	Examples: Scatter plots, duration and interval tracking sheets, etc.	Consult your organization's resources for existing templates.

Assessment Tool	Description	Tool Access
Physical		
Abbey Pain Scale	Tool designed to assess movement-related pain in patients who experience difficulties vocalizing their needs (Abbey et al., 2004).	This tool can be retrieved from the Australian Pain Society: https://www.apsoc.org.au/PDF/Publications/Abbey_Pain_Scale.pdf
Confusion Assessment Method (CAM)	Screening tool to identify individuals who may have delirium (Inouye et al., 1990). Various versions of the CAM exist, including: • Confusion Assessment Method (CAM-short) • 3D-CAM (brief cognitive screen with CAM) • CAM-S Delirium Severity Scoring • FAM-CAM (family assessment of delirium)	The **CAM** can be accessed here: https://www.mnhospitals.org/Portals/0/Documents/ptsafety/LEAPT%20Delirium/Confusion%20Assessment%20Method%20-%20CAM.pdf The **CAM-short** can be accessed here: https://cgatoolkit.ca/Uploads/ContentDocuments/camshortform.pdf Information on the **3D-CAM** can be found in this article: Marcantonio, E.R., Ngo, L.H., O'Connor, M., Jones, R.J., Crane, P.K., Metzger, E.D., & Inouye, S.K. (2014). 3D-CAM: Derivation and Validation of a 3-Minute Diagnostic Interview for CAM-Defined Delirium. *Annals of Internal Medicine*, 161(8), 554-561. https://doi.org/10.7326/M14-0865 Information on the **CAM-S** can be found in this article: Inouye, S.K., Kosar, C.M., Tommet, D., Schmitt, E.M., Puelle, M.R., Saczynski, J.S., Marcantonio, E.R., & Jones, R.N. (2014). The CAM-S: Development and Validation of a New Scoring System for Delirium Severity in 2 Cohorts. *Annals of Internal Medicine*, 160(8), 526-533. https://doi.org/10.7326/M13-1927 Information on the **FAM-CAM** can be found here: Steis, M.R., Evans, L., Hirschman, K.B., Hanlon, A., Fick, D.M., Flanagan, N., & Inouye, K.S. (2012). Screening for Delirium via Family Caregivers: Convergent Validity of the Family Confusion Assessment Method (FAM-CAM) and Interviewer-Rated CAM. *Journal of the American Geriatrics Society*, 60(11), 2121-2126. https://doi.org/10.1111/j.1532-5415.2012.04200.x Consult your organization's library services for full access to articles.

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Assessment Tool	Description	Tool Access
Physical (cont)		
I WATCH DEATH	Mnemonic developed by Dr. M.G. Wise (1986) to assist clinicians in screening for possible causes of delirium. Each letter stands for an illness or underlying condition that could cause an older adult to present with delirium.	This tool can be retrieved from the Family Medicine Reference: https://www.researchgate.net/figure/Causes-of-delirium-I-WATCH-DEATH_tbl5_230686517
Pain Assessment in Advanced Dementia (PAINAD)	Developed by Warden, V. et al. (2003) to assess pain in individuals with late stage dementia. It is used as an observational tool to assess behavioural expressions that would indicate the presence of pain.	This tool can be retrieved from Interior Health: https://www.interiorhealth.ca/sites/default/files/PDFS/810310-pain-assessment-advance-dementia-scale.pdf PAINAD is also listed in the RNAO's Long Term Care Toolkit: https://ltctoolkit.rnao.ca/node/1679
Pain Assessment Checklist for Seniors with Limited Ability to Communicate (PACSLAC)	Checklist with 4 subscales designed by Chan et al. (2014) to assess pain in people with severe dementia.	The PACSLAC-II can be found here: https://gerocentral.org/wp-content/uploads/2013/12/Pain-Assessment-Checklist-for-Seniors-with-Limited-Ability-to-Communicate-PASLAC.pdf Please note the copyright information contained in this link.

Assessment Tool	Description	Tool Access
Intellectual		
Canadian Indigenous Cognitive Assessment (CICA)	Culturally safe cognitive screening/case-finding tool used to facilitate assessment of mild cognitive impairment and dementia in Indigenous people. While this tool does not provide a diagnosis, a score of 34/39 and below may indicate possible dementia.	Resources pertaining to the CICA can be retrieved from the Indigenous Cognition & Aging Awareness Research Exchange: https://www.i-caare.ca/_files/ugd/9aac2f_003e06ef82be4fdaaa6ba169cbfbb8b6.pdf Available in English and Anishinaabe.
Kingston Standardized Cognitive Assessment – Revised (KSCAr)	Comprehensive assessment of memory, language and visual-motor functions in those suspected of having progressive dementia. The most recent version of the tool, KSCAr+*Drive,* assess all of the cognitive abilities mentioned above, in addition to a person's likelihood of passing a motor vehicle road examination (Kilik et al., 2018). Shorter assessments, BriefKSCAr and mini-KSCAr, are also available.	Resources pertaining to this tool can be found here: http://www.kingstonscales.org/cognitive-assessment.html Available in multiple languages.
Mini-Cog	A 3-minute screen for cognitive impairment in older adults that can be used in health care and community settings. It consists of a 3 item recall and a simply scored clock drawing (Borson et al., 2000).	Resources pertaining to the Mini-Cog can be found here: https://mini-cog.com/ Available in multiple languages.
Mini-Mental State Exam (MMSE)	Tests five areas of cognitive function: orientation, registration, attention and calculation, recall, and language (Folstein et al., 1975). There are 11 questions with a maximum score of 30. A score of 23 or lower is indicative of cognitive impairment.	Resources pertaining to the MMSE can be purchased here: https://www.parinc.com/Products/Pkey/238 Available in multiple languages.
Montreal Cognitive Assessment (MoCA)	Cognitive screening tool with the ability to assess several cognitive domains, including short term memory, visuospatial abilities, executive functions, attention/concentration/working memory, language and orientation to time and place (Nasreddine et al., 2005).	Resources for using the MoCa can be found here: www.mocatest.org Registration and certification is required. (1 hour online, costs $125 USD as of time of this publication)
National Task Group - Early Detection and Screen for Dementia (NTG-EDSD)	Early detection screen used to capture observations and contribute to discussions regarding further assessment, interventions or remediation. This tool is intended for older adults with intellectual disabilities.	The NTG-EDSD can be found here: https://www.the-ntg.org/ntg-edsd Available in multiple languages.
Rowland Universal Dementia Assessment Scale (RUDAS)	Short 6-activity tool designed by Storey et al. (2004) used to assess baseline cognitive performance without language or cultural bias.	The RUDAS can be retrieved here: https://www.dementia.org.au/resources/rowland-universal-dementia-assessment-scale-rudas

Assessment Tool	Description	Tool Access
Emotional		
Clutter Image Rating (CIR)	Tool that helps measure the clutter dimension of compulsive hoarding. The CIR contains three sets of 9 pictures representing various levels of clutter in a kitchen, living room, and bedroom. Rooms that are rated as picture #4 or higher indicate a probable hoarding problem (Frost et al., 2008).	This tool can be retrieved from the Philadelphia Hoarding Task Force: http://www.philadelphiahoarding.org/resources/Clutter%20Image%20Rating%20Scale.pdf
Columbia Suicide Severity Rating Scale (C-SSRS)	Series of simple questions to assess a wide range of risk factors associated with suicide. This tool assess the severity and imminence of the risk and can help in identifying which level of supports are needed.	C-SSRS resources can be found here: https://cssrs.columbia.edu
Cornell Scale for Depression in Dementia (CSDD)	Observation-based screening for depression and depressive symptoms in older adults who experience cognitive changes, including difficulty with language or insight (Alexopoulos et al., 1988). A total of 19 areas of functioning are screened for probable symptoms. This tool can also be used to monitor resolution of mood symptoms.	The CSDD can be retrieved from: https://cgatoolkit.ca/Uploads/ContentDocuments/cornell_scale_depression.pdf Please note permission for use information contained in this link.
Delirium Burden Instrument – Patient (DEL-B-P)	Used to measure and evaluate the burden of delirium for patients. Consists of 8 questions to be answered on a scale of 0 to 5.	Instrument is copyright pending. Information on the DEL-B-P can be found in this article: Racine, A.M., D'Aquila, M., Schmitt, E.M., Gallagher, J., Marcantonio, E.R., Jones, R.N., Inouye, K.S., & Schulman-Green, D. (2019). Delirium Burden in Patients and Family Caregivers: Development and Testing of New Instruments. *Gerontologist*, 59(5), e393-e402. https://doi.org/10.1093/geront/gny041 Consult your organization's library services for full access.
General Anxiety Disorder (GAD-7)	Self-administered questionnaire used to identify probable anxiety disorders and assess symptom severity. The person must be able to complete the questionnaire or participate in an interview (Spitzer et al., 2006).	Resources for using the GAD-7 tool can be found here: https://www.phqscreeners.com/select-screener Available in multiple languages.
Geriatric Depression Scale (GDS)	Tool used to screen for depression in older adults. Users are asked 30 "yes/no" questions. A shorter version, the GDS-S, asks 15 questions and takes only 5 to 7 minutes to complete. (Yesavage et al., 1983).	The GDS and supporting resources can be found here: https://web.stanford.edu/~yesavage/GDS.html Available in multiple languages.

Assessment Tool	Description	Tool Access
Emotional (cont)		
Hoarding Rating Scale (HRS)	Tool to assess probable hoarding problems in people who experience an impaired lifestyle due to clutter, difficulty discarding or excessive acquisition. A score of 14 or higher on the HRS can indicate a probable hoarding problem (Tolin et al., 2010).	This tool can be retrieved from the Philadelphia Hoarding Task Force: http://www.philadelphiahoarding.org/resources/Hoarding%20Rating%20Scale%20Assessment%20Tool.pdf
Rating Anxiety in Dementia – Structured Interview (RAID-SI)	Clinical rating scale designed by Shankar et al., (1999) to evaluate anxiety in persons with dementia. This tool was further developed into a structured interview (RAID-SI) in order to standardize administration and scoring. Both the person living with dementia and their collateral participate in the interview (Snow et al., 2012).	The **RAID** tool can be found in Appendix 1 of this article: Shankar, K.K., Walker, M., Frost, D., & Orrel, M.W. (1999). The development of a valid and reliable scale for rating anxiety in dementia (RAID). *Aging & Mental Health*, 3(1), 39-49. https://doi.org/10.1080/13607869956424 More information on the **RAID-SI** can be found in this article: Snow, L.A., Huddkeston, C., Robinson, C., Kunik, M.E., Bush, A.L., Wilson, N., Calleo, J., Paukert, A., Kraus-Schuman, C., Petersen N.J., & Stanley, M.A. (2012). Psychometric properties of a structures interview guide for the rating for anxiety in dementia. *Aging & Mental Health*, 16(5), 592-602. https://doi.org/10.1080/13607863.2011.644518 Consult your organization's library services for full access to articles.
Saving Inventory – Revised (SI-R)	Used to assess symptoms of compulsive hoarding, including difficulty discarding, clutter and acquisition. The SI-R features 23 questions and uses a 5-point scale (Frost et al., 2004).	This tool can be retrieved from Oxford Clinical Psychology: https://www.oxfordclinicalpsych.com/view/10.1093/med:psych/9780199340965.001.0001/med-9780199340965-interactive-pdf-003.pdf
Senior Alcohol Misuse Indicator (SAMI)	Developed by the Canadian Association for Mental Health, the SAMI is used to detect existing or potential alcohol problems in older adults. This tool takes a gentle, non-threatening approach, in order to avoid negative reactions, such as denial and defensiveness.	The SAMI can be retrieved here: https://www.camh.ca/en/professionals/treating-conditions-and-disorders/alcohol-use/alcohol-use---screening/au-screening---screening-for-harmful-alcohol-use-in-older-adults
Short Michigan Alcohol Screening Test – Geriatric Version (SMAST-G)	Screening tool developed by Blow et al., (1992) for alcohol misuse in older adults. The SMAST-G features 10 "yes/no" questions. A score of 2 or more "yes" answers can suggest an alcohol problem.	The SMAST-G can be retrieved from: https://www.ndbh.com/Docs/PCP/Michigan%20Alcoholism%20Test%20(SMAST-G).pdf

Assessment Tool	Description	Tool Access
Emotional (cont)		
SIG-E CAPS	Mnemonic used to help clinicians remember the symptoms of a major depressive disorder.	This tool can be retrieved from: https://www.camh.ca/en/professionals/treating-conditions-and-disorders/depression/depression---screening-and-assessment
Uniform Inspection Checklist – Hoarding/Excessive Clutter (UIC)	Objective and coordinated assessment of ones living quarters to assure residents meet the minimum safety and sanitation standards required by various authorities.	The UIC can be retrieved from the Centre for Hoarding and Cluttering: https://centerforhoardingandcluttering.com/wp-content/uploads/2017/11/Uniform-Inspection-Checklist.pdf
Capabilities		
Barthel Index of Activities of Daily Living	Records current abilities on 10 basic activities of daily living (bowels, bladder, grooming, toilet use, feeding, transfers, mobility, dressing, stairs and bathing) in order to determine level of independence (Mahoney & Barthel, 1965).	This tool can be retrieved from Alberta Health Services: https://www.albertahealthservices.ca/assets/about/scn/ahs-scn-bjh-hf-barthel-index-of-adls.pdf
Functional Independence Measure (FIM)	Assesses 6 areas of function pertaining to motor skills and cognition. These areas include self-care, sphincter control, transfers, locomotion, communication and social cognition.	The FIM can be retrieved from: https://strokengine.ca/wp-content/uploads/2020/05/FIMappendixD.pdf
Katz Index of Independence in Activities of Daily Living (Katz ADL)	Short series of questions that assesses a patient's functional status pertaining to bathing, dressing, toileting, transferring, continence and feeding (Katz et al., 1970).	This tool can be retrieved here: https://www.alz.org/careplanning/downloads/katz-adl.pdf
Lawton Brody Instrumental Activities of Daily Living (IADL) Scale	Self-report of instrumental activities of daily living, including using the telephone, shopping, food preparation, housekeeping, laundry, transportation, medication and finances (Lawton & Brody, 1969).	The Lawton Brody IADL Scale can be retrieved here: https://www.alz.org/media/documents/lawton-brody-activities-daily-living-scale.pdf
Physical Self-Maintenance Scale (PSMS)	Assesses functional abilities in older adults pertaining to toileting, feeding, dressing, grooming, physical ambulation and bathing. There are two versions of the tool, observer-rated and self-report (Lawton & Brody, 1969).	The PSMS can be accessed here: https://eprovide.mapi-trust.org/instruments/physical-self-maintenance-scale

Assessment Tool	Description	Tool Access
Environment		
Dementia Friendly Communities Environmental Assessment Tool (DFC-EAT)	Used to identify problems that people living with dementia might face when physically accessing built environments, such as shops, banks and libraries. The DFC-EAT evaluates 8 principles of building design.	This tool can be retrieved from the Dementia Enabling Environment Virtual Information Centre: https://www.enablingenvironments.com.au/uploads/5/0/4/5/50459523/alzheimers_enviro_assess_tool_a4-signoff.pdf
Enhancing the Healing Environment (EHE) Environmental Assessment Tool	Emphasizes the implementation of dementia friendly design elements. Seven sections are to be completed during a full walk-through of the care setting.	This tool can be retrieved here: https://www.worcester.ac.uk/about/academic-schools/school-of-allied-health-and-community/allied-health-research/association-for-dementia-studies/ads-consultancy/the-kings-fund-environmental-assessment-tools/home.aspx
Social		
My Personhood Summary© Resources	Includes various resources to surface a person's life experiences, important relationships, personal preferences, and other psychosocial and environmental factors that influence individuals' daily lives.	This document can be retrieved from Behavioural Supports Ontario: https://brainxchange.ca/BSOpersonhood
Family Care Partner		
Delirium Burden Instrument – Family Caregiver (DEL-B-C)	Used to measure and evaluate the burden of delirium for family caregivers. Consists of 8 questions to be answered on a scale of 0 to 5.	Instrument is copyright pending. Information on the DEL-B-C can be found in this article: Racine, A.M., D'Aquila, M., Schmitt, E.M., Gallagher, J., Marcantonio, E.R., Jones, R.N., Inouye, K.S., & Schulman-Green, D. (2019). Delirium Burden in Patients and Family Caregivers: Development and Testing of New Instruments. *Gerontologist*, 59(5), e393-e402. https://doi.org/10.1093/geront/gny041 Consult your organization's library services for full access.
Kingston Caregiver Stress Scale (KCSS)	Self-reporting assessment for community living lay caregivers. A series of 10 questions is used to evaluate a caregiver's stress levels, focusing on care giving, family and financial issues.	Resources pertaining to the KCSS can be found here: http://www.kingstonscales.org/caregiver-stress-scale.html
Zarit Burden Interview (ZBI)	Self-reporting assessment tool for care partners to identify adverse feelings associated with the role of care giving (Zarit et al., 1980). The original version of this tool included 29 questions, while the revised version contains 22 questions. Questions are answered using a 5 point scale.	Click here to access the Zarit Burden Interview: https://www.sralab.org/sites/default/files/2017-06/89-zarit_burden_interview.pdf

Assessment Tool	Description	Tool Access
Abuse		
Brief Abuse Screen for the Elderly (BASE)	Screening tool to be used at first contact with a client, resident or patient in order to identify types and severity of possible abuse.	Access the BASE assessment tool here: https://www.bcreact.ca/wp-content/uploads/React-Documents/React/BASE.pdf
Safety, Risk & Quality of Life		
'Nothing Ventured, Nothing Gained': Risk Guidance for people with dementia	A guide to positive risk taking for everyone involved in supporting people living with dementia, across all sectors. Includes a summary of key issues, review of evidence and a framework for managing and accessing risk.	Click here to access the guide: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215960/dh_121493.pdf
PIECES™ Learning and Development Programs	The redeveloped PIECES™ program includes an enhanced risk assessment format to support teams' responses to priority concerns.	Click here for PIECES™ resources: www.pieceslearning.com
Other		
Home and Community Care Behaviour Assessment Tool	Used by Client Care Coordinators to gather detailed information about a person's behaviour. While BSO staff may contribute to the completion of this assessment, it is also a source of important historical information as the team seeks to understand the person's expressions, contributing factors and possible interventions.	This tool is individualized for each region. Teams are encouraged to contact their Local Health Integration Network (LHIN) for more information.
interRAI™ Outcome Measures	Suite of assessments are used by professionals in various care settings. This data can help care teams identify trends in a person's status while investigating a current behavioural concern. Many of the outputs from the interRAI™ scales can be included in a comprehensive behavioural assessment.	Information pertaining to this tool can be found here: https://www.interrai.org/scales.html

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