



BSO-DOS[©] Community User Guide

Family Care Partners

The BSO-DOS[©] is a tool for behavioural assessment and care planning for persons living with dementia. It is a reliable direct observation tool, providing objective data about a person's behaviour every thirty minutes over five consecutive days. The data collected within the BSO-DOS[©] is used to identify patterns, trends, and contributing factors associated with responsive behaviours/personal expressions. This information is important in finding approaches and strategies that work best for your family member.

Your clinician will write the days you have agreed to record information here.

Write the number(s) in each ½ hour time block associated with the behaviour category you observe (from the 'Observed Behaviours' legend).

Note any relevant context when the behaviour is observed in the context column using the letter(s) from the 'Context' legend. This does not need to be filled out each half hour.

Check the specific behaviour(s) observed under the behaviour category in the 'Observed Behaviour' legend.

	Observed Behaviour*	Context
D/M/Y	10/06/2025	
0700	1	
0730	2	
0800	4	C
0830	3	
0900	2	
0930	2	
1000	2	
1030	4 5	A

Context

A: Alone
C: Personal Care (e.g. bathing, incontinent care, toileting)
F: Family/visitors present
L: Loud/busy environment
Q: Quiet environment
R: Expressions directed at Resident/patient/visitor(s)
S: Expressions directed at Staff
X: Other: Pain medication given
Y: Other: _____

Observed Behaviours

(For #3-8, check specific behaviours as you observe)

1 (Blue) Sleeping

2 (Green) Awake/calm

3 (Green) Positively engaged

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Conversing | <input type="checkbox"/> Hugging | <input type="checkbox"/> Singing |
| <input checked="" type="checkbox"/> Engaging in activity | <input type="checkbox"/> Kissing | <input checked="" type="checkbox"/> Smiling |
| <input type="checkbox"/> Hand holding | <input type="checkbox"/> Laughing | <input type="checkbox"/> Other: _____ |

4 (Yellow) Vocal expressions (repetitive)

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Asking questions | <input type="checkbox"/> Humming | <input type="checkbox"/> Requests |
| <input type="checkbox"/> Crying | <input checked="" type="checkbox"/> Moaning | <input type="checkbox"/> Sighing |
| <input type="checkbox"/> Grunting | <input checked="" type="checkbox"/> Repeating words | <input type="checkbox"/> Other: _____ |

5 (Yellow) Motor expressions (repetitive)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Banging/rattling | <input checked="" type="checkbox"/> Fidgeting | <input type="checkbox"/> Rummaging |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Grinding teeth | <input type="checkbox"/> Trying to leave |
| <input type="checkbox"/> Disrobing | <input type="checkbox"/> Pacing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Entering others' spaces | <input type="checkbox"/> Rocking | |

6 (Pink) Sexual expression of risk

- | | |
|--|--|
| <input type="checkbox"/> Sexual comments/questions | <input type="checkbox"/> Self-pleasuring in others' presence |
| <input type="checkbox"/> Requesting sexual favours | <input type="checkbox"/> Unwanted touching |
| <input type="checkbox"/> Sexual threats | <input type="checkbox"/> Forcing others into sexual acts |
| <input type="checkbox"/> Sexual gestures | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Exposing genitals | |

7 (Purple) Verbal expression of risk

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Derogatory insults | <input type="checkbox"/> Swearing | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Screaming/yelling | <input type="checkbox"/> Threatening | |

8 (Orange) Physical expression of risk

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Biting | <input type="checkbox"/> Kicking | <input type="checkbox"/> Self-injuring |
| <input type="checkbox"/> Choking others | <input type="checkbox"/> Pinching | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> Grabbing | <input type="checkbox"/> Punching | <input type="checkbox"/> Throwing |
| <input type="checkbox"/> Hair pulling | <input type="checkbox"/> Pushing | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Hitting/slapping | <input type="checkbox"/> Scratching | |

9 Other: _____

10 Other: _____

If needed, add additional relevant context (that is not already listed in the context legend) as X or Y.