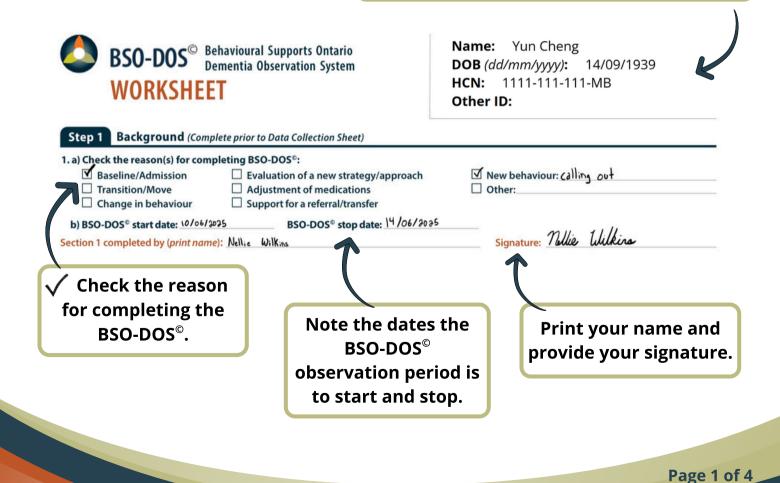# BSO-DOS© User Guide

Behavioural Supports Ontario-Dementia Observation System

Step #1 - Background

Who completes this section?
The team member who initiates the BOS-DOS© (e.g. a nurse or allied health professional).

Add the person's personal identifiers here.

BSO-DOS© Behavioural Supports Ontario Dementia Observation System

WORKSHEET

Name: Yun Cheng
DOB *(dd/mm/yyyy)*: 14/09/1939
HCN: 1111-111-111-MB
Other ID:

Step 1 **Background** *(Complete prior to Data Collection Sheet)*

1. a) Check the reason(s) for completing BSO-DOS©:
   - ☑ Baseline/Admission
   - ☐ Transition/Move
   - ☐ Change in behaviour
   - ☐ Evaluation of a new strategy/approach
   - ☐ Adjustment of medications
   - ☐ Support for a referral/transfer
   - ☑ New behaviour: calling out
   - ☐ Other:

   b) BSO-DOS© start date: 10/06/2025   BSO-DOS© stop date: 14/06/2025

   Section 1 completed by *(print name)*: Nellie Wilkins   Signature: Nellie Wilkins

✓ Check the reason for completing the BSO-DOS©.

Note the dates the BSO-DOS© observation period is to start and stop.

Print your name and provide your signature.

Step #2 - Data Collection Sheet

Who completes this section?
Any point-of-care team members (e.g. Personal Support Workers, nurses, allied health professionals) who observe the person over the five day observation period.

Write the date (in order of day, month and year) for each of the five observation days.

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. Note: This is not a mandatory column.

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

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

1 *(Blue)* **Sleeping**

2 *(Green)* **Awake/calm**

3 *(Green)* **Positively engaged**
- ☐ Conversing
- ☑ Engaging in activity
- ☐ Hand holding
- ☐ Hugging
- ☐ Kissing
- ☐ Laughing
- ☐ Singing
- ☑ Smiling
- ☐ Other:_____

4 *(Yellow)* **Vocal expressions (repetitive)**
- ☐ Asking questions
- ☐ Crying
- ☐ Grunting
- ☐ Humming
- ☑ Moaning
- ☑ Repeating words
- ☐ Requests
- ☐ Sighing
- ☐ Other:_____

5 *(Yellow)* **Motor expressions (repetitive)**
- ☑ Banging/rattling
- ☐ Collecting
- ☐ Disrobing
- ☐ Entering others' spaces
- ☑ Fidgeting
- ☐ Grinding teeth
- ☐ Pacing
- ☐ Rocking
- ☐ Rummaging
- ☐ Trying to leave
- ☐ Other:_____

6 *(Pink)* **Sexual expression of risk**
- ☐ Sexual comments/questions
- ☐ Requesting sexual favours
- ☐ Sexual threats
- ☐ Sexual gestures
- ☐ Exposing genitals
- ☐ Self-pleasuring in others' presence
- ☐ Unwanted touching
- ☐ Forcing others into sexual acts
- ☐ Other:_____

7 *(Purple)* **Verbal expression of risk**
- ☐ Derogatory insults
- ☑ Screaming/yelling
- ☐ Swearing
- ☐ Threatening
- ☐ Other:_____

8 *(Orange)* **Physical expression of risk**
- ☐ Biting
- ☐ Choking others
- ☐ Grabbing
- ☐ Hair pulling
- ☑ Hitting/slapping
- ☐ Kicking
- ☐ Pinching
- ☐ Punching
- ☐ Pushing
- ☐ Scratching
- ☐ Self-injuring
- ☐ Spitting
- ☐ Throwing
- ☐ Other:_____

9 Other:_____

10 Other:_____

Context

A: Alone
C: Personal **C**are (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:_____

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

Before the BSO-DOS© is initiated, the clinical team may decide to track additional behaviours that are not captured in the legend. This can be noted in #9 or #10.

Step #3 - Analysis & Planning

Before starting this section:
Highlight the numbers on the Data Collection Sheet according to the colour coded 'Observed Behaviours' legend.

Who completes this section?
A team member or a clinical team whose scope of practice involves assessment and analysis (e.g. a nurse or allied health professional).

Add up the number of blocks for each behaviour of interest over the five days.

Divide the total ½ hour blocks by ten for each category. Hint: Move the decimal point one space to the left.

3. a) Highlight the numbers on the Data Collection Sheet according to the colour-coded legend in order to identify patterns.
   b) Use the table below to calculate how often per day the behaviour(s) of interest occurred *(not every row needs to be calculated).*

Count the number of 1/2 hour blocks for each behaviour of interest for each day.

	Total the blocks for each day *(Add up the number of blocks for each category per day)*						Total the ½ hour blocks *(Add up the number of blocks for each category over 5 days)*		Calculate the average number of 1-hour blocks per day *(Divide the total blocks by 10. Hint: move the decimal one space...)*		Concerns		
	Day 1	Day 2	Day 3	Day 4	Day 5						Frequency	Duration	Risk
1 Sleeping	20	19	22	24	20	=	105	÷10	10.5		☐	☐	☐
2 Awake/Calm	22	21	13	14	20	=	90	÷10	9.0		☐	☐	☐
3 Positively Engaged	3	3	1	3	3	=	13	÷10	1.3		☐	☐	☐
4 Vocal Expressions	3	5	9	6	4	=	27	÷10	2.7		☑	☑	☐
5 Motor Expressions	1	1	2	1	1	=	6	÷10	0.6		☑	☐	☐
6 Sexual Expression of Risk						=		÷10			☐	☐	☐
7 Verbal Expression of Risk	0	1	3	0	1	=	5	÷10	0.5		☑	☐	☐
8 Physical Expression or Risk	0	0	1	0	0	=	1	÷10	0.1		☐	☐	☐
9						=		÷10			☐	☐	☐
10						=		÷10			☐	☐	☐

Table completed by (*print name*): Nellie Wilkins   Signature: Nellie Wilkins

Print your name and provide your signature.

Based on the BSO-DOS© data, check any concerns related to frequency, duration or risk related to the observed behaviours.

Step #3 - Analysis & Planning

Who documents the progress note?
A team member or a clinical team whose scope of practice involves assessment and analysis (e.g. a nurse or allied health professional). Ideally, this team members has reviewed the results of the BSO-DOS© and planned the next steps with other members of the interdisciplinary team and the family care partner(s).

c) Document the following within a progress note:

- A summary of the completed analysis table
- What the BSO-DOS© data reveal (e.g. types of behaviours expressed, patterns, time of day, broken sleep)
- Possible causes and contributing factors (consider collected context and person-hood information)

- Next steps, such as:
  - New non-pharmacological strategies
  - Medication adjustment/review
  - Care plan update
  - Referral(s) initiated
  - Clinical huddle/meeting: share results and updates to plan
  - Consult/meet with Substitute Decision Maker (SDM)

  - Start ABC charting around particular events/behaviour
  - Continue BSO-DOS© for another 5 days
  - Repeat BSO-DOS© starting on a specific date
  - Other planned steps

Progress note completed by (*print name*): *Nellie Wilkins*

Signature: *Nellie Wilkins*

Print your name and provide your signature.

Find additional resources about the BSO-DOS© at:
www.brainxchange.ca/BSODOS

Thanks for your role in completing the BSO-DOS© and using its data to develop and evaluate tailored approaches to address unmet needs.

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