Date: **BEHAVIOR ASSESSMENT** **(page 1 of 2)**

	Agitation	Anxiety	Depression	Psychosis	None	Other _____
Current Diagnosis						
Current Symptoms						
Previous History						

PERCENTAGE OF TIME/EVENT --->	**0%**	**25%**	**50%**	**75%**	**100%**	**N/A**
GENERAL						
Confused						
Oriented to – person						
- place						
- time						
Insight to illness						
Safety awareness						
Short-term memory intact						
Understands use of call light						
AFFECTIVE SYMPTOMS						
Anger, threatening						
Depressive symptoms (crying, isolation,						
Profanity / verbal abuse						
ANXIOUS-DEMENTIA SYMPTOMS						
Calling out, yelling, screaming						
Combative (biting, hitting, kicking, throwing items)						
Fearful, panic						
Pacing						
Refusing care – ADLs						
- eat						
Repetitive behaviors						
Resistive to care – physical						
– pulling tubes, adaptive aids, etc.						
– verbal						
Self-abuse						
THOUGHT PROCESS SYMPTOMS						
Confabulation (makes up stories)						
Delusional statements, beliefs						
Demands without purpose (lack of understanding)						
Disbelieves staff, family						
Don't know what thy want, don't know what to do						
False accusations, disbelieves staff						
Flight of ideas, racing thoughts						
Hallucinations (auditory, tactile, visual)						
Misinterprets facts/statements						
Paranoia (extreme fear, delusional)						
Poverty of thought						
Pressured speech						
Socially inappropriate behavior						
Suspiciousness						
Tangential thinking (stuck on one thought)						
Threatening						
Unverifiable statements						

Resident:	**Room:**	**Physician:**	**MR#:**

0

Date: **BEHAVIOR ASSESSMENT** **(page 2 of 2)**

PERCENTAGE OF TIME/EVENT --->	0%	25%	50%	75%	100%	N/A
INTERVENTION EFFECTIVENESS						
Consolation						
Family – in person / phone						
Fluids						
Food /snack						
Location / position change						
One on One						
Pain medication						
Reality orientation						
Reassurance						
Redirection						
Touch / warm towel						

INTENSITY OF BEHAVIOR	Mild		Moderate		Severe	
DYSFUNCTION – behaviors interfere with enjoyment of:						
Activities						
ADLs						
Dining, eating						
Rest periods, sleep						
Socialization, conversations						
ACTION						
Continue interventions						
Change room						
medication						
Refer to physician						
psychiatrist						
psychologist						
Refer for discharge						

Comments:

Attendees/Authors:

Resident:	**Room:**	**Physician:**	**MR#:**