

<b>Client Name:</b>  <b>Date of Birth:</b>  <b>HCN:</b>  <b>Date of Completion:</b>		
	(Last Name, First Name)	
	(Day/Month/Year)	
		(Version Code)
	(Day/Month/Year)	

**INSTRUCTIONS:**

- Frequency scales are from *least* to *most*.

**Frequency**

- 0=never
- 1=behaviours occurred within 1 year but not present within 3 months
- 2=less than once a week
- 3=once or twice a week
- 4=several times a week
- 5=once or twice a day
- 6=several times a day
- 7=several times an hour

**Enter the appropriate Frequency scale that applies.**

**Please indicate the behaviour that most describes the client within the last 12 MONTHS.**

**Comment sections MUST include triggers, onset, frequency of occurrence, time of day and interventions required.**

# HNHB CCAC – Behavioural Assessment Form – Placement Services

Client Name: \_\_\_\_\_ HEALTH CARD NO. \_\_\_\_\_ V.C. \_\_\_\_

## 1. Wanders

(aimless wandering, exit seeking, pacing, include wandering in wheelchair, etc)

Frequency (0-7)

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

Description of Behaviour/Triggers: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

## 2. Hoarding/Rummaging

Frequency (0-7)

- 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

Description of Behaviour/Triggers: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

## 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)

Frequency (0-7)

- Behaviour not present
- Behaviour present – describe below in more detail

Description of Behaviour/Triggers: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

## 4. Verbally Aggressive/Angry Behaviour

(cursing, swearing, use of obscenity, profanity, etc. - different from normal behaviour)

Frequency (0-7)

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

Description of Behaviour/Triggers: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

Client Name: \_\_\_\_\_ HEALTH CARD NO. \_\_\_\_\_ V.C. \_\_\_\_

**5. Physically Aggressive/Angry Behaviour**

**Frequency (0-7)**

(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: \_\_\_\_\_  
\_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_  
\_\_\_\_\_

**6. Suspicious Behaviour**

**Frequency (0-7)**

(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 routines, i.e. eating

Description of Behaviour/Triggers: \_\_\_\_\_  
\_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_  
\_\_\_\_\_

**7. Indiscriminate Ingestion of Foreign Substances**

**Frequency (0-7)**

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

Description of Behaviour/Triggers: \_\_\_\_\_  
\_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_  
\_\_\_\_\_

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

**Frequency (0-7)**

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

Description of Behaviour/Triggers: \_\_\_\_\_  
\_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_  
\_\_\_\_\_

**HNHB CCAC – Behavioural Assessment Form – Placement Services**

Client Name: \_\_\_\_\_ HEALTH CARD NO. \_\_\_\_\_ V.C. \_\_\_\_\_

**9. Smoking** (please refer to smoking assessment guidelines)

**Frequency (0-7)**

- Behaviour not present (non-smoker)
- 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: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

**10. Substance Misuse/Abuse**  
**(A) Alcohol**

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

**Frequency (0-7)**

- |  |  |
|--|--|
| <input type="checkbox"/> Behaviour not present             | <input type="checkbox"/> Behaviour not present             |
| <input type="checkbox"/> Social drinker only               | <input type="checkbox"/> Causing danger to self only       |
| <input type="checkbox"/> Causing danger to self only       | <input type="checkbox"/> Causing danger to self and others |
| <input type="checkbox"/> Causing danger to self and others |  |

Description of Behaviour/Triggers: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

**11. Resists Treatment or Refuses Care**

**Frequency (0-7)**

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

Description of Behaviour/Triggers: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

**12. Low Mood/Depressed**

**Frequency (0-7)**

- 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 or cooperate in activities (loss of interest/change from normal routine)

Description of Behaviour/Triggers: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

Client Name: \_\_\_\_\_ HEALTH CARD No. \_\_\_\_\_ V.C. \_\_\_\_

**13. Suicidal Behaviour**

**Frequency (0-7)**

- 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) \_\_\_\_\_

Description of Behaviour/Triggers: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

**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 clients whose physical condition or tendency toward violence contributes to the risk. Intervention is aimed at reducing or removing risks.)

**Frequency (0-7)**

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

Description of Behaviour/Triggers: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

**15. Ineffective Coping** (Presence of behaviour that reflects an inability to deal appropriately with routine living situations or with individuals and which requires intervention. Intervention is aimed at altering ability to cope.)

**Frequency (0-7)**

- 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

Description of Behaviour/Triggers: \_\_\_\_\_

Current Interventions/Interventions Required: \_\_\_\_\_

**If there are any behaviours not otherwise addressed on this form, please identify them and the interventions that were successful in managing the behaviours:**

(Psychogeriatric/Geriatric Assessments i.e. Pharmaceutical interventions)

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**Are there any life-altering experiences which might trigger behaviours?**

(i.e. Holocaust Survivor, Traumatic Loss)

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**Summarizing Comments:**

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Key Additional Informant(s)

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Form Completed By (please print)

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Signature

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Date

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## **Guidelines for Completing the Behavioural Assessment Form**

All Long-Term Care applicants with identified behaviours in the **RAI-HC** (scoring or in the notes in the preceding 12 months) must have a Behavioural Assessment completed to capture the type of behaviour.

- Legibility is imperative when completing the tool.
- For each behavior “check the box” that best describes the behavior within the last 12 months.
- For each behavior enter the number that best reflects the **Frequency** of the behavior using the 0 -7 scale as indicated on page 1.
- Clearly state a **Description of the behavior/triggers** - describe the what, where, when. (i.e. attempts to hit staff with cane, gestures with fist, agitated when someone attempts to change the client’s clothes). Refrain from using words such as “combative”, or “resistive”.
- Indicate if the client actually hit or injured someone and describe these events (i.e. what does the client do?)
- Indicate how long the behaviour has been occurring? – is it new or long-standing?
- List the **Current interventions** including the amount of time required per day. Indicate how the behaviour is managed by others? What works, doesn't work that would inform the LTCH for managing the behaviour?
- For clients on a psychotropic medication for the behaviours, describe the behavior without the medication.
- Indicate if client has been seen by a psychogeriatrician/health professionals/other resources. Include consultation notes if available.

### **Describe the impacts of the behavior:**

- Verbal abusive - How does the behaviour affect others - does the client go to his/her room and swear or is it directed at other residents?
- Substance Abuse - what is the result? (i.e. does client pass out or need to be hospitalized?)
- Smoking – is the client willing to quit? Do they require any assistance to safely smoke?
- Resisting and refusing care (i.e. refusing medication) - how does it affect the client - does client end up needing hospitalization or will she/he comply later?
- Low mood/depressed - how is it exhibited (i.e. sleeps a lot, cries?)
- Suicidal behavior - what has client done? Provide examples.