Behavior Assessment Review

Admission & Quarterly or if behaviors intensify or change.

- History of aggressive behaviors? (To staff, family, and/or other residents)
- History of wandering into other resident’s rooms or restricted areas
- History of elopement prior to admission? Explain

- History of self-injurious behavior Explain:

- Does the resident display behaviors which may be annoying to others?
- Did the behavior have an impact on others or the resident? No ___ Yes ___ Explain:

- Has history of abusive behaviors: Residents Staff Family Other:
- Displays current behaviors Explain:
- Is the resident unable to make needs and wants known?
- Is there a history of personal advances to others?

REVIEW BEHAVIORS FOR ROOT CAUSE ANALYSIS: (IDT REVIEW)
- Medication side-effects
- Pain
- Delirium
- Infection
- Insomnia/sleep deprived
- Uncontrollable Laughing (Inappropriate)
- Uncontrollable Crying (Inappropriate)
- Uncontrollable outbursts
- Hunger/thirst needs
- Acute psychotic illness
- Substance withdrawal
- Environmental stressors (heat, noise etc.)
- Psychological stressors
- Social stressors
- Neurological diagnosis
- Urinary frequency
- Constipation
- Physical activity
- Depression
- Social isolation
- Sleep deprivation
- Other:

IDT SIGNATURES OF DATA COLLECTION: ___________________________ DATE: ________________________

ANALYSIS OR SUMMARY

SIGNATURE: ___________________________ DATE: __________________________ MED REC #: _______________
RESIDENT ___________________________ PHYSICIAN __________________________
Evaluation of Behaviors  
(To be used at the Behavior Meeting)

___ 1. What problem is caused by the resident's behavior(s)?
__________________________________________________________________________________
__________________________________________________________________________

___ 2. What category is the behavior(s)?
   a) Physical aggression toward others
   b) Verbal aggression toward others
   c) Destruction of property
   d) Provocative/Disruptive/Offensive
   e) Self-Injurious
   f) Elopement/wandering

___ 3. For each behavior in a category, what does the behavior look like, and be as specific as you can:
   a) Who does the behavior involve? __________________________________________
      i. Describe any physical/emotional characteristics of that resident or residents interacting in that setting.
      ____________________________________________________________
   b) Where specifically does the behavior occur?
      ____________________________________________________________
      i. Does the behavior move to another location? ______________________
   c) What time(s) of the day does the behavior occur? ________________________
   d) How frequently does the behavior occur? _____________________________
   e) How many minutes/hours does the behavior last? ________________________
   f) How often is the behavior repeated? _________________________________
   g) What would someone observing this behavior see during an episode?
      ____________________________________________________________
      i. Describe in detail.
   h) What would someone observing this behavior hear during an episode?
      ____________________________________________________________
      i. Describe the sounds in enough detail so that they could be reproduced.
   i) For those behaviors involving physical aggression or self-injurious behaviors, describe the behavior so that it could be re-enacted.
      i. What part of the body is targeted and what objects or act causes the injury?
      ____________________________________________________________
   j) For those behaviors involving property damage, describe both the property and the damage.
      ____________________________________________________________
4. What is the need that the resident is trying to fulfill?
   (Escape; avoidance; stimulation; pain attention; gaining materials bathroom issues, hungry)

5. What emotions seem connected to the behavior(s)?

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**Signs and Signals**

1. **Warning Signs (how do these relate specifically to the resident?):**
   
   Does the resident:
   
   a) Change the tone of his/her voice or content of language? Ex: yelling, screaming, mumbling, sarcasm, swearing, threatening/derogatory remarks, negative self-statements ("I hate myself"; "I'm no good"; "I can't do anything right", etc.)
   
   b) Begin repeated questioning of others?
   
   c) Change facial expressions? Ex: reddening of the face, grimacing, squinting, staring, glaring, etc.
   
   d) Change body language, gestures or personal space?
   
   e) Change activity level or level of engagement with others? Ex: pacing, fidgeting, invading personal space, clinging, isolating
   
   f) Begin to refuse tasks, directives, activities, or directions that have been given?

2. **Describe if the resident is over-stimulated or under-stimulated. Include any potential cause of over or under-stimulation.**

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**Summary of changes to be made to the care plan:**

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IDT Signatures: ____________________________
______________________________
______________________________

Date: __________