

GPEP Behavioural Assessment Tool

Resident's
Name _____

Date of assessment _____

Describe the behaviour and when it occurs (refer to CPG on Agitated and Excessive Behaviours)	Is the behaviour new?	
	Yes	No

Identify possible causes of this behaviour

Consider these PSYCHIATRIC Influences					
Dementia	-Memory loss/Disorientation -Communication problems -Planning -Judgment/ insight	Delirium	-Sudden change in cognition / behaviour -Difficulty paying attention -Disorganized thinking -Altered level of consciousness	Depression	-Mood -Sleep -Appetite -Somatic complaints -Lack of energy -Suicidal thoughts
					Psychosis -Hallucinations -Delusions Other Psychiatric Conditions/Diagnosis
Summarize the Psychiatric Influences					
Action(s) Required					
Consider these PHYSICAL Influences					
Acute Illnesses/infections	Constipation	Appetite	Medications	Mobility	Other
Chronic Illness	Incontinence	Dehydration	New?	Hearing	
Pain	Sleep	Weight change	Change?	Vision	
Summarize the Physical influences					
Action(s) Required					

Resident's Name _____

Consider these PSYCHOSOCIAL Influences

Personal routines	Significant Relationships	Personality Style	Coping Strategies	Other:
Life roles/work history	-Past	Interests	Cultural/Spiritual wellbeing	
Early life factors	-Present	Involvement in meaningful activities	Losses	

Summarize the Psychosocial Influences

Action(s) required

Consider these PHYSICAL ENVIRONMENTAL Influences

Space to move around	Level of stimulation	Safety concerns	Appropriate signage
Adaptations/Assistive Devices	Noise/Temperature	Private space	Color contrast
Access to outdoors	Lighting/ Glare	Personalized room	Other:

Summarize the Physical Environmental Influences

Action required

Consider these SOCIAL ENVIRONMENTAL Influences

Communication abilities	Response to others -Residents	Staff approach	-Personal Space	Other:
Decision-making opportunities	-Staff		-Tone of voice	
Participation in facility life and emotional wellebing	-Family		-Body language	

Summarize the Social Environmental Influences

Action required

Summary of Actions Required: FURTHER ASSESSMENT, LAB TESTS, CARE STRATEGIES, MEDICATIONS, CONSULTS, ETC.	By Whom	Date Completed
<ul style="list-style-type: none"> • • • • • • 		

Date to review the outcomes of actions: _____