

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 Chronic Illness Pain	Constipation Incontinence Sleep	Appetite Dehydration Weight change	Medications New? Change?	Mobility Hearing Vision	Other
Summarize the Physical influences					
Action(s) Required					

Consider these PSYCHOSOCIAL Influences				
Personal routines Life roles/work history Early life factors	Significant Relationships -Past -Present	Personality Style Interests Involvement in meaningful activities	Coping Strategies Cultural/Spiritual wellbeing Losses	Other:
Summarize the Psychosocial Influences				
Action(s) required				
Consider these PHYSICAL ENVIRONMENTAL Influences				
Space to move around Adaptations/Assistive Devices Access to outdoors	Level of stimulation Noise/Temperature Lighting/ Glare	Safety concerns Private space Personalized room	Appropriate signage Color contrast Other:	
Summarize the Physical Environmental Influences				
Action required				
Consider these SOCIAL ENVIRONMENTAL Influences				
Communication abilities Decision-making opportunities Participation in facility life and emotional wellbeing	Response to others -Residents -Staff -Family	Staff approach -Task oriented -Tone of voice -Body language	Other: Personal Space	
Summarize the Social Environmental Influences				
Action required				

Summary of Actions Required: FURTHER ASSESSMENT, LAB TESTS, CARE STRATEGIES, MEDICATIONS, CONSULTS, REFERRALS, ETC.	By Whom	Date Completed
Empty space for recording actions	Empty space for recording who	Empty space for recording date

Date to review the outcomes of actions: _____