Name:       Behavioral Communication:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date (include Day of the Week)** | **Time** | **What occurred (be specific)** | **How long did it last** | **What was happening prior to the behavior** | **Where did it occur** | **What interventions were tried to end the behavior** | **How effective was the intervention** | **Rate both severity and frequency (see back)** | **Caregiver Initials** |
|       |       |  |       |       |       |       |       |       |       |
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\* Fillable version available at <https://www.inclusa.org/providers/resources/dementia-care-resources/>

\* We encourage keeping this document easily accessible by caregivers

Instructions for Observation Form

Complete the form using specifics to better determine triggers as well as what works to alter the behavioral communication being displayed by the individual. Don’t be afraid of documenting the small most unusual details as this may be the trigger. The purpose of the Observation form is to assist you in determining trends as well as triggers. It is recommended to use a separate Observation form for each specific problematic behavioral communication you wish to track to determine trends/triggers.

Describe the behavior in detail using the ***Observation Form***. Be clear and complete in descriptions.

* What was the individual doing just prior to the incident?
* Where did it happen?
* When did it happen?
* Who was involved? Who was present at the time? Who just left?
* How did it start? Stop?
* What was said? Done?

Rate the behavior on a scale of 0-4 for both severity (how much it is upsetting to caregiver or presents risk to individual or others) and frequency (how often it happens)

Severity/ Frequency

0 = non/rarely

1 = mild/occasionally

2 = moderate/sometimes

3 = severe/frequent

4 = very sever/daily

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