

HEALTH SERVICE _____ BEHAVIOUR ASSESSMENT (Residential Aged Care) DOCTOR _____	Surname	MRN	
	Given Name	DOB	Sex
	Address		Post Code

BEHAVIOUR IDENTIFICATION CHECKLIST

Behaviour	✓	Behaviour	✓
Wandering		Extreme Emotional Dependence	
1. Absconding		35. Passive resistance	
2. Intrusiveness		36. Attention seeking	
3. Other		37. Jealousy	
		38. Hypochondria	
Interfering with others		39. Helplessness	
4. Belongings		40. Hopelessness	
5. Intrusiveness		41. Sadness	
6. Hoarding		42. Constant grieving	
7. Other:		43. Other:	
Noisy		Danger to Self or Others	
8. Screaming		44. Smoking unsafely	
9. Crying		45. Walking without looking – unsafely	
10. Self-talk – loud		46. Manoeuvring wheelchair carelessly	
11. Singing – loud		47. Injuring self on items e.g. equipment / furniture	
12. Continuous crying		48. Climbing over rails	
13. Arguing		49. Endangering others	
14. Shouting		50. Walking alone when assistance needed	
15. Mumbling		51. Suicidal tendency	
16. TV / Radio – loud		52. Other:	
17. Other:			
		Other Behaviours	
Aggressive – Physical		53. Agitation	
18. Biting		54. Anxiety	
19. Scratching		55. Fear	
20. Hitting		56. Obsessive	
21. Pinching		57. Compulsive	
22. Kicking		58. Withdrawal	
23. Throwing objects		59. Hallucinations	
24. Pulling		60. Perfectionist	
25. Pushing		61. Spitting	
26. Threatening		62. Constant criticism	
27. Other:		63. Disinhibition	
		64. Inappropriate eating	
Aggressive – Verbal		65. Faecal smearing	
28. Screaming / yelling		66. Repetitious	
29. Abusing		67. Inappropriate sexual behaviour	
30. Swearing		68. Other:	
31. Arguing			