

1. Which kind of challenging behaviour is observed?

Passive behaviour for example to withdraw oneself, to be apathetic, not reacting, not communicating

Restless, active, non aggressive behaviour for example pacing and aimless wandering, pushing objects around, collecting things, monotonous repetitive activity/movements

Physically aggressive behaviour for example hitting, biting, scratching, pushing

Verbally aggressive behaviour for example cursing, screaming, threatening, insulting loudly

Verbally non aggressive behaviour for example repetitive questions, repetitive sentences, shouting, moaning, screaming, making noises

Other behaviour for example uninhibited

2. Exactly how is the resident behaving in the challenging situation?
Please take notes (cues) _____

3. When did the behaviour occur for the first time? **Unknown**
Please write down period of time/moment: _____ **Unclear**

4. Did a particular event take place shortly before the behaviour occurred for the first time? **Unknown**

Move in New room neighbor Illness Change in nursing team **Unclear**

Stay in hospital Change of medications Others, please note: _____

5. At what time (daytime/night-time) does the behaviour usually occur (in the last fortnight)?

| | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|---|---|---|---|---|---|----|----|----|-----|---|---|---|---|---|---|---|---|----|----|----|
| 1am | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1pm | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|-----|---|---|---|---|---|---|---|---|----|----|----|-----|---|---|---|---|---|---|---|---|----|----|----|

Remarks on the time: _____

Remarks: _____ **Unclear**

6. For how long does the behaviour usually last (in the last fortnight)?

Short period of time, a few minutes _____ hours per day Nearly the whole time **Unclear**

Remarks: _____

7. How often does the behaviour usually occur (in the last fortnight)?

Rare (less than once a week) Once a week Several times per week Once a day **Unclear**

Several times per day Several times an hour Continuously/always

Remarks: _____

| | | | |
|------------|--|---|----------------------------------|
| 8. | Where does the challenging behaviour <u>usually</u> happen (in the last fortnight)? | | <input type="checkbox"/> Unclear |
| | Place: _____ | | |
| | Remarks: _____ | | |
| 9. | Who is <u>usually</u> present while the challenging behaviour occurs (in the last fortnight)? | <input type="checkbox"/> No other people | |
| | <input type="checkbox"/> Nurses/staff (who exactly?) _____ | <input type="checkbox"/> Doctors (who exactly?) _____ | <input type="checkbox"/> Unclear |
| | <input type="checkbox"/> Other residents (who exactly?) _____ | <input type="checkbox"/> Others (who exactly?) _____ | |
| | <input type="checkbox"/> Friends/Family (who exactly?) _____ | | |
| | Remarks: _____ | | |
| 10. | Are there certain situations in which the behaviour <u>usually</u> occurs (in the last fortnight)? | <input type="checkbox"/> No | <input type="checkbox"/> Unclear |
| | Yes, which ones?: _____ | | |
| | _____ | | |
| 11. | Which emotions or reactions does the behaviour cause in the people involved? | | <input type="checkbox"/> Unclear |
| | <input type="checkbox"/> Please take notes: _____ | | |
| 12. | What consequences/effects do these emotions/reactions have on the resident's behaviour? | | <input type="checkbox"/> Unclear |
| | <input type="checkbox"/> Non | | |
| | <input type="checkbox"/> Positive consequences: Behaviour is influenced in a positive way | | |
| | <input type="checkbox"/> Negative consequences: Behaviour is influenced in a negative way | | |
| | Remarks: _____ | | |
| 13. | Are there any signs, that the behaviour shown by the resident is irksome or unpleasant? | | |
| | For the resident <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Yes, in what respect: _____ | | |
| | For other residents <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Yes, in what respect: _____ | | |
| | For the staff <input type="checkbox"/> No <input type="checkbox"/> Yes, in what respect: _____ | | |
| 14. | Are there any signs, that the behaviour shown by the resident has an impact on the issue of safety? | | |
| | Resident (puts himself/herself at risk) <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Yes, in what respect: _____ | | |
| | Other Residents (puts other residents at risk) <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> Yes, in what respect: _____ | | |
| | Staff (puts staff at risk) <input type="checkbox"/> No <input type="checkbox"/> Yes, in what respect: _____ | | |

IdA Innovative Dementia Orientated Assessment Tool

A: State of health and independence in everyday life

Area I: Cognitive status

| <p>1. Can a delirium/ an acute clouding of consciousness be excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> | <p>What has to be done?</p> <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important | | | | | | | | | | | | | | | | |
|---|--|----------------------------------|-------------------------------|-------------------------------|----------------------------|--|----------------------|------------------------|--------------------------------|--|-----------------|---------------------|------------------------------|--|----------------------------------|---------------------|---|
| <p>2. Has the resident been diagnosed with dementia? <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p>Yes, by whom: _____, when: _____ Type of dementia: _____</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important | | | | | | | | | | | | | | | | |
| <p>3. At what stage of dementia is the resident?</p> <p>Stage: _____</p> <p>According to: _____</p> <p><input type="checkbox"/> If unknown please assess here (according to...)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Severity</th> <th style="width: 25%;">Cognition</th> <th style="width: 25%;">Mode of living</th> <th style="width: 25%;">Mini-Mental State Examination</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> mild</td> <td>Solving of complicated tasks is not possible</td> <td>Limited but possible</td> <td>Less than 23-24 points</td> </tr> <tr> <td><input type="radio"/> moderate</td> <td>Solving of simple tasks partially possible</td> <td>Depends on help</td> <td>Less than 20 points</td> </tr> <tr> <td><input type="radio"/> severe</td> <td>Threads are not comprehensible anymore</td> <td>Independent living is impossible</td> <td>Less than 10 points</td> </tr> </tbody> </table> | Severity | Cognition | Mode of living | Mini-Mental State Examination | <input type="radio"/> mild | Solving of complicated tasks is not possible | Limited but possible | Less than 23-24 points | <input type="radio"/> moderate | Solving of simple tasks partially possible | Depends on help | Less than 20 points | <input type="radio"/> severe | Threads are not comprehensible anymore | Independent living is impossible | Less than 10 points | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| Severity | Cognition | Mode of living | Mini-Mental State Examination | | | | | | | | | | | | | | |
| <input type="radio"/> mild | Solving of complicated tasks is not possible | Limited but possible | Less than 23-24 points | | | | | | | | | | | | | | |
| <input type="radio"/> moderate | Solving of simple tasks partially possible | Depends on help | Less than 20 points | | | | | | | | | | | | | | |
| <input type="radio"/> severe | Threads are not comprehensible anymore | Independent living is impossible | Less than 10 points | | | | | | | | | | | | | | |
| <p>4. Which of the resident's memory functions are still intact?</p> <p>a. Does s/he still remember important events from her/his past? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Yes, most of the time/nearly everything</p> <p><input type="checkbox"/> Parts</p> <p><input type="checkbox"/> Only a few things/seldom</p> <p><input type="checkbox"/> Nearly nothing</p> <p style="margin-left: 200px;"><input type="checkbox"/> Ability to remember is unstable</p> <p style="margin-left: 200px;"><input type="checkbox"/> Ability to remember is stable</p> <p>Remarks: _____</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important | | | | | | | | | | | | | | | | |
| <p>b. Can s/he her/his own personal data (name, age marital status, profession etc.)? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Mostly unrestricted</p> <p><input type="checkbox"/> Partly restricted</p> <p><input type="checkbox"/> Strongly restricted</p> <p><input type="checkbox"/> Nearly nothing</p> <p style="margin-left: 200px;"><input type="checkbox"/> Ability to remember is unstable</p> <p style="margin-left: 200px;"><input type="checkbox"/> Ability to remember is stable</p> <p>Remarks: _____</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important | | | | | | | | | | | | | | | | |

IdA Innovative Dementia Orientated Assessment Tool

A: State of health and independence in everyday life

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| Area I: Cognitive status | <p>4. Which of the resident's memory functions are still intact?</p> <p>c. Is s/he aware of her/his present situation (place of living, life circumstances, illnesses etc.)? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Yes, most of the time/nearly everything</p> <p><input type="checkbox"/> Parts</p> <p><input type="checkbox"/> Only a few things/seldom</p> <p><input type="checkbox"/> Nearly nothing</p> <p><input type="checkbox"/> Ability to remember is unstable</p> <p><input type="checkbox"/> Ability to remember is stable</p> <p>Remarks: _____</p> | <p>What has to be done?</p> <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| | <p>d. Does s/he find her/his way around in the rooms that are important for her/his everyday life? (e.g. her/his private room, in the residential areas, in the home, outside the home) <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Mostly unrestricted</p> <p><input type="checkbox"/> Partly restricted</p> <p><input type="checkbox"/> Strongly restricted</p> <p><input type="checkbox"/> Nearly nothing</p> <p><input type="checkbox"/> Sense of orientation is unstable</p> <p><input type="checkbox"/> Sense of orientation is stable</p> <p>Remarks: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| | <p>e. Does s/he still have sense of time (time of day, time of weeks, seasons etc.)? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Mostly unrestricted</p> <p><input type="checkbox"/> Partly restricted</p> <p><input type="checkbox"/> Strongly restricted</p> <p><input type="checkbox"/> Nearly nothing</p> <p><input type="checkbox"/> Sense of time is unstable</p> <p><input type="checkbox"/> Sense of time is stable</p> <p>Remarks: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| | <p>f. Is s/he able to complete an activity (brushing teeth, eating her/his meal etc.)? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Mostly unrestricted</p> <p><input type="checkbox"/> Partly restricted</p> <p><input type="checkbox"/> Strongly restricted</p> <p><input type="checkbox"/> Nearly nothing</p> <p><input type="checkbox"/> Ability is unstable</p> <p><input type="checkbox"/> Ability is stable</p> <p>Remarks: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |

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|--|--|---|
| Area I: Cognitive status | <p>4. Which of the resident's memory functions are still intact?</p> <p>g. Does she/he recognize important items of everyday life (agnosia)? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Mostly unrestricted <input type="checkbox"/> Partly restricted <input type="checkbox"/> Strongly restricted <input type="checkbox"/> Ability is unstable <input type="checkbox"/> Nearly nothing <input type="checkbox"/> Ability is stable</p> <p>Remarks: _____</p> | <p>What has to be done?</p> <p><input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important</p> |
| | <p>h. Does s/he remember information, received a day or less beforehand? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Mostly unrestricted <input type="checkbox"/> Partly restricted <input type="checkbox"/> Strongly restricted <input type="checkbox"/> Ability is unstable <input type="checkbox"/> Nearly nothing <input type="checkbox"/> Ability is stable</p> <p>Remarks: _____</p> | <p><input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important</p> |
| Area II: Physical situation and discomfort | <p>5. Does s/he show any mobility-related impairment?</p> <p>Change of body / positional change <input type="checkbox"/> No limitation <input type="checkbox"/> Limitations <input type="checkbox"/> Unclear Change of place / locomotion <input type="checkbox"/> No limitation <input type="checkbox"/> Limitations <input type="checkbox"/> Unclear Stamina <input type="checkbox"/> No limitation <input type="checkbox"/> Limitations <input type="checkbox"/> Unclear Coordination <input type="checkbox"/> No limitation <input type="checkbox"/> Limitations <input type="checkbox"/> Unclear Movement need <input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> Does not fit <input type="checkbox"/> Unclear</p> <p>Other limitations: _____</p> | <p><input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important</p> |
| | <p>6. Does she/he have problems in connection with food or fluid intake?</p> <p>Hunger <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Thirst <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear Oral health / dental status <input type="checkbox"/> No limitation <input type="checkbox"/> Limitations <input type="checkbox"/> Unclear Ability to swallow <input type="checkbox"/> No limitation <input type="checkbox"/> Limitations <input type="checkbox"/> Unclear Energy requirements <input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> Does not fit <input type="checkbox"/> Unclear Independent food intake <input type="checkbox"/> No limitation <input type="checkbox"/> Limitations <input type="checkbox"/> Unclear</p> <p>Other: _____</p> | <p><input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important</p> |

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|---|---|
| <p>7. Does s/he show limitations with bowel or bladder function?</p> <p>Urge to urinate/urinary retention <input type="checkbox"/> increased <input type="checkbox"/> decreased <input type="checkbox"/> Does not fit <input type="checkbox"/> Unclear</p> <p>Defecation <input type="checkbox"/> Obstipation <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Does not fit <input type="checkbox"/> Unclear</p> <p>Urinary tract infection <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p>Other: _____</p> | <p>What has to be done?</p> <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>8. Does s/he have sleep problems?</p> <p>Disturbed nightly sleep <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p>Circadian dysrhythmia <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p>Sleeps a lot at during the day <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p>Other sleeping problems: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>9. Does s/he have trouble with vital physical functions?</p> <p>Breathing trouble <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p>Circulatory disorders <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p>Blood pressure <input type="checkbox"/> high <input type="checkbox"/> low <input type="checkbox"/> normal <input type="checkbox"/> Does not fit <input type="checkbox"/> Unclear</p> <p>Fever <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p>Other: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>10. Are there signs of a depression? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>11. Is it possible that she/he is in pain? <input type="checkbox"/> Yes, see assessment according to <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>12. Is it possible that she/he has delusions or hallucinations?</p> <p>Delusions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p>Hallucinations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>13. Does s/he take drugs, which causes adverse side effects? <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Yes, which medication and which side effects: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>14. Does s/he have other significant illnesses, physical impairment or discomfort? <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Yes, please note: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |

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A: State of health and independence in everyday life

15. Is s/he emotionally burdened/stressed by being limited in self-maintenance/ self-care ability for daily life activities/everyday situations?

- | | | | |
|---|---|--|----------------------------------|
| Dependency with movement/locomotion | <input type="checkbox"/> No burden/stress | <input type="checkbox"/> Burden/stress | <input type="checkbox"/> Unclear |
| Dependency with physical care | <input type="checkbox"/> No burden/stress | <input type="checkbox"/> Burden/stress | <input type="checkbox"/> Unclear |
| Dependency with getting dresses | <input type="checkbox"/> No burden/stress | <input type="checkbox"/> Burden/stress | <input type="checkbox"/> Unclear |
| Dependency with fluid/food intake | <input type="checkbox"/> No burden/stress | <input type="checkbox"/> Burden/stress | <input type="checkbox"/> Unclear |
| Dependency with excretion | <input type="checkbox"/> No burden/stress | <input type="checkbox"/> Burden/stress | <input type="checkbox"/> Unclear |
| Other (for example getting in contact with others): _____ | | | |

- Clarification necessary
- Interventions necessary
- Stays important

16. Does nursing-assistance in everyday life activities/situations cause stress or burden for the resident?

- Yes, which: _____ No Unclear

- Clarification necessary
- Interventions necessary
- Stays important

Summary

A 1. Can the challenging behaviour be explained by the type or stage of dementia?

No

Probably yes please take down possible correlations

To be taken into account in interactions with the resident

Plan interventions:

A 2. Can the identified cognitive impairments explain the challenging behaviour?

No

- | | |
|---|--|
| <input type="checkbox"/> Events form the past | <input type="checkbox"/> Information about oneself |
| <input type="checkbox"/> Present living situation | <input type="checkbox"/> Orientation in important rooms |
| <input type="checkbox"/> Sense of time | <input type="checkbox"/> Complete activities |
| <input type="checkbox"/> Recognizing important everyday items | <input type="checkbox"/> Remembering information received a day or less beforehand |
| <input type="checkbox"/> Probably yes please take down possible correlations | |

To be taken into account in interactions with the resident

Plan interventions:

A 3. Can the identified physical impairment or discomfort somehow related to the challenging behaviour?

No

- | | | |
|---|---|---|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Fluid and food intake | <input type="checkbox"/> Excretion functions |
| <input type="checkbox"/> Sleep | <input type="checkbox"/> Vital physical functions | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Delusions/hallucinations | <input type="checkbox"/> Medication with adverse side-effects |
| <input type="checkbox"/> Other illnesses/physical impairments | | |
| <input type="checkbox"/> Probably yes please take down possible correlations | | |
-
-

To be taken into account in interactions with the resident

Plan interventions:

A 4. Can the identified stressful/burdening dependencies in everyday-life activities have provoked the challenging behaviour?

No

- | | |
|---|--|
| <input type="checkbox"/> Emotional burden/stress by care dependencies | <input type="checkbox"/> Emotional burden/stress by care interventions |
| <input type="checkbox"/> Probably yes please take down possible correlations | |
-
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To be taken into account in interactions with the resident

Plan interventions:

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B: Communication

| | |
|--|---|
| <p>1. Does the resident hear properly?</p> <p><input type="checkbox"/> Without difficulties and without aids <input type="checkbox"/> Without troubles but with aids <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> With limitations <input type="checkbox"/> Without aids <input type="checkbox"/> With aids</p> <p>Remarks: _____</p> | <p>What has to be done?</p> <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>2. Can the resident see properly?</p> <p><input type="checkbox"/> Without difficulties and without aids <input type="checkbox"/> Without troubles but with aids <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> With limitations <input type="checkbox"/> Without aids <input type="checkbox"/> With aids</p> <p>Remarks: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>3. In what language can verbal communication with the resident take place?</p> <p><input type="checkbox"/> English <input type="checkbox"/> Other languages: _____ <input type="checkbox"/> Unclear</p> <p>Remarks: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>4. Is the resident's verbal/nonverbal communication understandable to others? <input type="checkbox"/> Unclear</p> <p>Verbal: <input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never Remarks: _____</p> <p>Nonverbal: <input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never Remarks: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>5. If verbal communication with the resident is possible, in what form does it take place (quality of verbal communication)?</p> <p><input type="checkbox"/> Speaks in coherent sentences <input type="checkbox"/> Uses single, but understandable words <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Uses word which do not make sense (for other people) <input type="checkbox"/> Uses only sounds</p> <p>Remarks: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>6. Does the resident comprehend verbal / non verbal utterances made by others? <input type="checkbox"/> Unclear</p> <p>Comprehends verbal communication</p> <p><input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never</p> <p><input type="checkbox"/> Reacts when being addressed <input type="checkbox"/> Does not react when being addressed</p> <p>Remarks: _____</p> <p>Comprehends non verbal communication</p> <p><input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never</p> <p><input type="checkbox"/> Reacts when being addressed <input type="checkbox"/> Does not react when being addressed</p> <p>Remarks: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |

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B: Communication

| | |
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| <p>7. Can the resident comprehend written messages?</p> <p><input type="checkbox"/> always <input type="checkbox"/> sometimes <input type="checkbox"/> never <input type="checkbox"/> Unclear</p> <p>Remarks: _____</p> | <p>What has to be done?</p> <p><input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important</p> |
| <p>8. Does the resident clearly utter her/his own wishes and needs (verbally/non-verbally)?</p> <p><input type="checkbox"/> Usually clearly utters personal wishes/needs <input type="checkbox"/> Seldom utters clearly personal wishes/needs <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Cannot clearly utter personal wishes/needs</p> <p>Remarks: _____</p> | <p><input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important</p> |
| <p>9. Is the resident capable of making contact to others?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p>Remarks: _____</p> | <p><input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important</p> |

Summary

B 1. Is it possible that the identified comprehension/ communication difficulties have triggered/ provoked the challenging behaviour? No

Hearing Seeing well Language of communication
 Comprehensibility of speech Quality of verbal communication Understands verbal communication
 Resident understands written language Contact to others Can communicate personal wishes/desires

Probably yes please take down possible correlations

To be taken into account in interactions with the resident Plan interventions:

B 2. Is it possible for the behaviour itself to present a form of communication and to explain the behaviour accordingly? No

Probably yes please take down possible correlations

To be taken into account in interactions with the resident Plan interventions:

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C: Personality and life style before the dementia

| | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------------------------|-----------------------------------|-----------------------|---|--------------------|------------------------------|---|--------------|---------------------------------------|---|------------------------|-------------------------------------|---|-----------------------------------|--------------|--|--|--|
| <p>1. How can the resident's character/personality prior to the onset of dementia be described best? (e.g. ten years before the onset of dementia - more than one answer is possible)</p> <p style="text-align: center;">Please mark the tendencies with x</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;">Emotionally tough, robust</td> <td style="width: 10%; text-align: center; border-right: 1px solid black;">←</td> <td style="width: 40%; padding: 5px;">emotionally sensitive, vulnerable</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">Extroverted, sociable</td> <td style="text-align: center; border-right: 1px solid black;">←</td> <td style="padding: 5px;">loner, introverted</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">Willing to try something new</td> <td style="text-align: center; border-right: 1px solid black;">←</td> <td style="padding: 5px;">conservative</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">Trustful, good-natured, ready to help</td> <td style="text-align: center; border-right: 1px solid black;">←</td> <td style="padding: 5px;">suspicious, egocentric</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">Purposeful, reliable, sense of duty</td> <td style="text-align: center; border-right: 1px solid black;">←</td> <td style="padding: 5px;">inattentive, erratic, spontaneous</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">Other: _____</td> <td></td> <td></td> </tr> </table> <p><input type="checkbox"/> Not known/not assessable <input type="checkbox"/> Unclear</p> | Emotionally tough, robust | ← | emotionally sensitive, vulnerable | Extroverted, sociable | ← | loner, introverted | Willing to try something new | ← | conservative | Trustful, good-natured, ready to help | ← | suspicious, egocentric | Purposeful, reliable, sense of duty | ← | inattentive, erratic, spontaneous | Other: _____ | | | <p>What has to be done?</p> <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| Emotionally tough, robust | ← | emotionally sensitive, vulnerable | | | | | | | | | | | | | | | | | |
| Extroverted, sociable | ← | loner, introverted | | | | | | | | | | | | | | | | | |
| Willing to try something new | ← | conservative | | | | | | | | | | | | | | | | | |
| Trustful, good-natured, ready to help | ← | suspicious, egocentric | | | | | | | | | | | | | | | | | |
| Purposeful, reliable, sense of duty | ← | inattentive, erratic, spontaneous | | | | | | | | | | | | | | | | | |
| Other: _____ | | | | | | | | | | | | | | | | | | | |
| <p>2. How high has the resident's stress and frustration tolerance been with regard to strain- and stressful situations?</p> <p><input type="checkbox"/> Stress tolerance at normal level (reacted balanced to stress situations) <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Low stress tolerance (easily stressed)</p> <p><input type="checkbox"/> High stress tolerance (could bear a lot of stress)</p> <p>Remarks: _____</p> <p><input type="checkbox"/> Not known/ not assessable</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important | | | | | | | | | | | | | | | | | | |
| <p>3. How did the resident usually cope with stressful situations before the onset of dementia (more than one answer is possible)?</p> <p><input type="checkbox"/> Rather active (for example movement/activity like sports, housework, crafting) <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Rather passive (for example relaxing through watching TV, listening to music, reading)</p> <p><input type="checkbox"/> Trough contact, talking to others</p> <p><input type="checkbox"/> Through being alone, introverted</p> <p><input type="checkbox"/> Being afraid, being reserved, unsure of herself/himself, giving up</p> <p><input type="checkbox"/> Over active, aggressive, very emotionally, short-tempered</p> <p>Other: _____</p> <p><input type="checkbox"/> Not known/not assessable</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important | | | | | | | | | | | | | | | | | | |

| | |
|--|--|
| <p>4. Have there been any particular past situations or events which have been strongly threatening to the person or related to negative emotions (incisive events)?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, which ones _____ _____ _____</p> <p><input type="checkbox"/> Not known/not assessable <input type="checkbox"/> Unclear</p> | <p>What has to be done?</p> <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| <p>5. Have there been any particular pleasant situations or events in the past which have had a positive influence on life or have been associated with strong positive feelings?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, which ones _____ _____ _____</p> <p><input type="checkbox"/> Not known/not assessable <input type="checkbox"/> Unclear</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| <p>6. Which leisure-activities have been preferred by the resident prior to her/his dementia (more than one answer is possible)?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rather passive activities (for example watching TV, reading, listening to music, relaxing) <input type="checkbox"/> Unclear <input type="checkbox"/> Rather active activities (for example sports, gardening, dancing, hiking) <input type="checkbox"/> Rather creative activities (for example drawing, knitting, tailoring, baking, playing music) <input type="checkbox"/> Group activities (for example team games, playing cards, bowling, cooking together) <input type="checkbox"/> Solidarity activities (for example individual sports, taking a stroll, museum visits, reading) <input type="checkbox"/> Different activities: _____ <input type="checkbox"/> Not known/not assessable | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| <p>7. Which kind of job/housework did the resident do before s/he fell ill (more than one answer is possible)?</p> <p>Please name the job: _____ <input type="checkbox"/> Unclear</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physically passive jobs (office work, driver, shop assistant) <input type="checkbox"/> Physically active jobs (building, farming, housework) <input type="checkbox"/> Much contact with other people at work <input type="checkbox"/> Hardly any contact to other people while working | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| <p>8. Has there been a stable daily rhythm or firm daily rituals to which the resident attached particular importance?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, which one(s): _____ <input type="checkbox"/> Unclear</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |

Summary

C 1. Can the challenging behaviour be an expression of the resident's personality?

No

- Personality before the onset of dementia
- Management of stressful situations before the dementia
- Probably yes** please take down possible correlations
- Stress tolerance resp. frustration tolerance

To be taken into account in interactions with the resident

Plan interventions:

C 2. Can the challenging behaviour be related to past life events or the person's former lifestyle?

No

- Events, which were connected with negative emotions or events which were threatening
- Events which were associated with positive impact/emotions
- Leisure time before the onset of dementia
- Occupation
- Daily rhythm/daily rituals with special importance
- Probably yes** please take down possible correlations

To be taken into account in interactions with the resident

Plan interventions:

C 3. Can the challenging behaviour be a reaction to stress?

No

- Probably yes** please take down possible correlations

To be taken into account in interactions with the resident

Plan interventions:

IdA Innovative Dementia Orientated Assessment Tool

D: Moods and emotions

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|----|----|----|-----|-----|---|---|---|---|---|---|---|----|----|----|----|-----|---|---|---|---|---|---|---|---|----|----|----|-----|---|---|---|---|---|---|---|---|----|----|----|---|
| <p>1. Does the resident convey the impression that s/he is scared? <input type="checkbox"/> No</p> <p><input type="checkbox"/> sometimes <input type="checkbox"/> often <input type="checkbox"/> Not assessable <input type="checkbox"/> Unclear</p> | <p>What has to be done?</p> <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Are there situations/times of the day that trigger states of anxiety? <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, which: _____ <input type="checkbox"/> Unclear</p> <p>_____</p> <p><input type="checkbox"/> Not assessable</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Does the resident convey the impression to be tired or fatigued? <input type="checkbox"/> No</p> <p><input type="checkbox"/> Sometimes, at which times of the day? <input type="checkbox"/> Unclear</p> <table border="1" data-bbox="309 584 1563 616"> <tr> <td>1am</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> <td>1pm</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> </table> <p><input type="checkbox"/> Often, at which times of the day?</p> <table border="1" data-bbox="309 695 1563 727"> <tr> <td>1am</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> <td>1pm</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> </table> <p><input type="checkbox"/> Not assessable</p> | 1am | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1pm | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1am | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1pm | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| 1am | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1pm | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1am | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1pm | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Are there certain events/ situations which exhaust or tire out the resident? <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, which: _____ <input type="checkbox"/> Unclear</p> <p>_____</p> <p><input type="checkbox"/> Not assessable</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Does the resident convey the impression of loneliness or isolation? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Sometimes, at which times of the day?</p> <table border="1" data-bbox="309 1050 1563 1082"> <tr> <td>1am</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> <td>1pm</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> </table> <p><input type="checkbox"/> Often, at which times of the day?</p> <table border="1" data-bbox="309 1161 1563 1193"> <tr> <td>1am</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> <td>1pm</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> </table> <p><input type="checkbox"/> Not assessable</p> | 1am | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1pm | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1am | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1pm | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| 1am | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1pm | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1am | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1pm | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6. Are there people, who have a closer relationship with the resident? <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, which people: _____ <input type="checkbox"/> Unclear</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Summary

D 1. Can the challenging behaviour be an expression of certain moods and emotions?

No

Being afraid

Tiredness/exhaustion

Closer relationship to the resident

Relationship show confidence, safety etc.

Times without occupation

Boredom

Occupational activities/leisure time activities/structure of the day do not match the residents personal preferences

Probably yes please take down possible correlations

To be taken into account in interactions with the resident

Plan interventions:

D 2. Can the challenging behaviour serve as self-stimulation?

No

Probably yes please take down possible correlations

To be taken into account in interactions with the resident

Plan interventions:

IdA Innovative Dementia Orientated Assessment Tool

E: Environmental influences

| | |
|---|--|
| <p>1. What characterizes the environment in which the resident spends most of her/his time?</p> <p>a. Lighting? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> dark <input type="checkbox"/> bright/harsh</p> <p><input type="checkbox"/> A lot of shadows/reflections <input type="checkbox"/> Unpleasant/cold light</p> <p><input type="checkbox"/> Same lighting throughout the day <input type="checkbox"/> Light which cannot be adjusted individually</p> <p><input type="checkbox"/> Lighting at night</p> <p><input type="checkbox"/> Does not fit <input type="checkbox"/> Other: _____</p> | <p>What has to be done?</p> <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| <p>i. Noises in the environment? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> noisy <input type="checkbox"/> quiet</p> <p><input type="checkbox"/> Many different noises, permanent music, telephone, signal of nurse call button etc.</p> <p><input type="checkbox"/> Does not fit <input type="checkbox"/> Other: _____</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| <p>b. Smells/odours? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Unpleasant smells <input type="checkbox"/> Many different smells</p> <p><input type="checkbox"/> No homely/known smells</p> <p><input type="checkbox"/> Does not fit <input type="checkbox"/> Other: _____</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| <p>c. The furnishing / the equipment? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Not personal <input type="checkbox"/> Only practical, not home like</p> <p><input type="checkbox"/> Uncomfortable/unfriendly</p> <p><input type="checkbox"/> Does not fit <input type="checkbox"/> Other: _____</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |
| <p>d. Sense of safety/familiarity? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Strange, unknown surroundings <input type="checkbox"/> People I do not recognize</p> <p><input type="checkbox"/> No obvious orientation signs/no orientation signs that suit cognitive abilities</p> <p><input type="checkbox"/> Danger of injuries/falls <input type="checkbox"/> Danger of getting lost</p> <p><input type="checkbox"/> Restricted movement</p> <p><input type="checkbox"/> Does not fit <input type="checkbox"/> Other: _____</p> | <ul style="list-style-type: none"> <input type="radio"/> Clarification necessary <input type="radio"/> Interventions necessary <input type="radio"/> Stays important |

IdA Innovative Dementia Orientated Assessment Tool

E: Environmental influences

| | |
|--|---|
| <p>1. What characterizes the environment in which the resident spends most of her/his time?</p> <p><i>a. Sense of privacy?</i> <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> No possibility to be on ones' own/to retreat <input type="checkbox"/> No protected privacy</p> <p><input type="checkbox"/> No possibility to fulfill private desires <input type="checkbox"/> No possibility for ones' own time structure</p> <p><input type="checkbox"/> No individual daily rhythm</p> <p><input type="checkbox"/> Does not fit <input type="checkbox"/> Other: _____</p> | <p>What has to be done?</p> <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p><i>b. Positive stimuli/stimulation (persons or objects)?</i> <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> A little/few stimuli, boring surroundings (understimulation)</p> <p><input type="checkbox"/> Lots of stimuli (overstimulation)</p> <p><input type="checkbox"/> Does not fit <input type="checkbox"/> Other: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>2. Does the resident's environment provide enough chances for making contact with others? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> No possibility to get in touch without help <input type="checkbox"/> Long time intervals without verbal stimulation</p> <p><input type="checkbox"/> No persons who fit the resident's communication interests and levels</p> <p><input type="checkbox"/> Other: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>3. Does the resident prefer certain carer/ caregivers as significant others (closer relationship, easier intercourse, more profound quality of relationship, empathy, gender)?</p> <p><input type="checkbox"/> Yes: Please take notes (cues) _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |
| <p>4. How long is an individual caregiver responsible for a certain resident? <input type="checkbox"/> Unclear</p> <p><input type="checkbox"/> Same caregiver for the week including weekend in the <input type="checkbox"/> Early day shift <input type="checkbox"/> Late day shift</p> <p><input type="checkbox"/> Same caregiver throughout the week excluding weekend in the <input type="checkbox"/> Early day shift <input type="checkbox"/> Late day shift</p> <p><input type="checkbox"/> Same caregiver at least three days a week in the <input type="checkbox"/> Early day shift <input type="checkbox"/> Late day shift</p> <p><input type="checkbox"/> Different/new caregiver every day in the <input type="checkbox"/> Early day shift <input type="checkbox"/> Late day shift</p> <p><input type="checkbox"/> Other: _____</p> | <p><input type="radio"/> Clarification necessary</p> <p><input type="radio"/> Interventions necessary</p> <p><input type="radio"/> Stays important</p> |

Summary

E 1. Can the challenging behaviour have to do with certain environmental characteristics? No

Lighting Noise in the surroundings Smells
 Furnishing Privacy Getting in touch with others Positive stimuli/stimulations
 Probably yes please take down possible correlations

To be taken into account in interactions with the resident Plan interventions:

E 2. Can the challenging behaviour have to do with a lacking sense of security and familiarity? No

Probably yes please take down possible correlations

To be taken into account in interactions with the resident Plan interventions:

E 3. Can staff structure have an impact on the challenging behaviour? No

Preference of caregiver As a primary caregiver Continuity of primary caregivers
 Probably yes please take down possible correlations

To be taken into account in interactions with the resident Plan interventions: