

DEMENTIA OBSERVATION SYSTEM

| | | | | | | | | | | | |
|--|--------------------------|-----------------|----------------------|----------------------|---------------|---------------------|----------------------|--------------------------|---------------------|-----------|--|
| <p>Use corresponding numbers to record behaviours in 30 min intervals over the course of 7 days. Do <u>NOT</u> color code.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Sleeping in bed</td> <td style="width: 50%;">6. Exit Seeking</td> </tr> <tr> <td>2. Sleeping in chair</td> <td>7. Vocal Disruptions</td> </tr> <tr> <td>3. Awake/Calm</td> <td>8. At-Risk Physical</td> </tr> <tr> <td>4. Noisy Expressions</td> <td>9. Resistiveness to Care</td> </tr> <tr> <td>5. Restless, Pacing</td> <td>10. _____</td> </tr> </table> | 1. Sleeping in bed | 6. Exit Seeking | 2. Sleeping in chair | 7. Vocal Disruptions | 3. Awake/Calm | 8. At-Risk Physical | 4. Noisy Expressions | 9. Resistiveness to Care | 5. Restless, Pacing | 10. _____ | <p>Patient Name: _____ PHN: _____ DOB: _____ Date DOS Started: _____</p> <p>Fax Completed Form to Dementia Assessment Team <u>1-306-655-3934</u></p> |
| 1. Sleeping in bed | 6. Exit Seeking | | | | | | | | | | |
| 2. Sleeping in chair | 7. Vocal Disruptions | | | | | | | | | | |
| 3. Awake/Calm | 8. At-Risk Physical | | | | | | | | | | |
| 4. Noisy Expressions | 9. Resistiveness to Care | | | | | | | | | | |
| 5. Restless, Pacing | 10. _____ | | | | | | | | | | |

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