

BEHAVIOR PROFILE FORM

Resident: _____ Date: _____

What?

- What is happening? Assess and identify. _____

- Resident responses? _____

- Does the behavior have physical or emotional symptom or both? _____
- How many times has the resident exhibited this behavior? _____

Where?

- Where is the behavior displayed? _____
- Environmental triggers? _____
- Is the environment familiar? _____

When?

- When does the behavior happen? _____
- Specific timing? _____
- After what? ADLs? Family visits? Mealtime? _____

Who?

- Who is involved? Other residents? Staff? Family? Visitors? _____

Why?

- What happened before? _____
- Task too complicated? _____
- Poor communication? _____
- Physical/medical problems? _____
- Does the behavior put the resident or others at significant risks? How? _____
- Is the behavior an activity? _____
- Is the response consistent to the same trigger? Explain _____

Interventions?

- Approaches/interventions? _____
 - Cognitive
 - Physical
 - Non-pharmacological
 - Psychosocial
 - Environmental
- Changes needed? _____
- By whom? _____

Completed By: _____ Date: _____