



Worksheet

Step #1: Background (Complete prior to Data Collection Sheet)

Reason for Completing BSO-DOS®:

- Baseline/Admission, Transition/Move, New behaviour, Change in behaviour, Implementation of a new strategy/intervention, Adjustment of medications, Support for urgent referral/transfer, Other

BSO-DOS® start date: Section completed by (print name):

BSO-DOS® stop date: Signature:

Step #2: Complete the Data Collection Sheet & highlight the numbers according to the colour-coded legend

Step #3: Analysis & Planning (Use completed Data Collection Sheet)

Table with columns: Total the Blocks for Each Day (Day #1-5), Total the 1/2 Hour Blocks, Calculate the Average Hours Per Day, Concerns (Frequency, Duration, Risk). Rows include categories like Sleeping, Awake/Calm, Positively Engaged, etc.

What the BSO-DOS® data reveal (e.g. types of behaviours expressed, patterns, time of day, broken sleep):

Possible causes and contributing factors (consider collected context and personhood information):

Next Steps (check all that apply):

- Continue BSO-DOS® for another 5 days, Repeat BSO-DOS® in 4-6 weeks, No further BSO-DOS® completion at this time, ABC charting around particular events/behaviour, Clinical huddle/meeting, Progress note written, Consult/meet with Substitute Decision Maker (SDM), Medication adjustment/review, Non-pharmacological interventions suggested, Care plan updated, Referral, Other

Section completed by (print name): Signature:

Data Collection Sheet

	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*	Observed Behaviour	Context	Initials*
D/M/Y															
0700															
0730															
0800															
0830															
0900															
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0600															
0630															

*Mandatory column

Observed Behaviours	
1	Sleeping
2	Awake/Calm
3	Positively Engaged
<i>For #3-8 check as you observe:</i>	
<input type="checkbox"/>	Activity
<input type="checkbox"/>	Conversing
<input type="checkbox"/>	Hand holding
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Hugging
<input type="checkbox"/>	Singing
<input type="checkbox"/>	Smiling
4	Vocal Expressions (Repetitive)
<input type="checkbox"/>	Crying
<input type="checkbox"/>	Grunting
<input type="checkbox"/>	Humming
<input type="checkbox"/>	Moaning
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Questions
<input type="checkbox"/>	Requests
<input type="checkbox"/>	Sighing
<input type="checkbox"/>	Words
5	Motor Expressions (Repetitive)
<input type="checkbox"/>	Banging
<input type="checkbox"/>	Collecting/Hoarding
<input type="checkbox"/>	Disrobing
<input type="checkbox"/>	Exploring/Searching
<input type="checkbox"/>	Fidgeting
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Grinding teeth
<input type="checkbox"/>	Pacing
<input type="checkbox"/>	Rattling
<input type="checkbox"/>	Rocking
<input type="checkbox"/>	Rummaging
6	Sexual Expression of Risk
<input type="checkbox"/>	Explicit sexual comments
<input type="checkbox"/>	Public masturbation
<input type="checkbox"/>	Touching others - genitals
<input type="checkbox"/>	Touching others - non-genitals
<input type="checkbox"/>	Other:
7	Verbal Expression of Risk
<input type="checkbox"/>	Insults
<input type="checkbox"/>	Screaming
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Swearing
<input type="checkbox"/>	Threatening
8	Physical Expression of Risk
<input type="checkbox"/>	Biting
<input type="checkbox"/>	Choking others
<input type="checkbox"/>	Grabbing
<input type="checkbox"/>	Hair pulling
<input type="checkbox"/>	Hitting
<input type="checkbox"/>	Kicking
<input type="checkbox"/>	Pinching
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Punching
<input type="checkbox"/>	Pushing
<input type="checkbox"/>	Scratching
<input type="checkbox"/>	Self-injurious
<input type="checkbox"/>	Slapping
<input type="checkbox"/>	Spitting
<input type="checkbox"/>	Throwing
9	
10	
Context	
A	Alone
L	Loud/busy environment
Q	Quiet environment
F	Family/visitors present
C	Personal Care (e.g. bathing, incontinent care, toileting)
N	Nutrition - eating/drinking
M	Medication for behaviours given
P	Pain medication given
T	Treatment (e.g. wound care, creams)
R	Expressions directed at Resident/patient/visitor(s)
S	Expressions directed at Staff
X	
Y	