BSO-DOS©

Behavioural Supports Ontario-Dementia Observation System

Worksheet

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

Reason for Completing BSO-DOS©:

- ❑ Baseline/Admission
- ❑ Transition/Move
- ❑ New behaviour: _____
- ❑ Change in behaviour(s)
- ❑ 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)*

		Total the Blocks for Each Day (Add up the number of blocks for each category per day)						**Total the ½ Hour Blocks** (Add up the number of blocks for each category over 5 days)		**Calculate the Average Hours Per Day** (Divide the total ½ hour blocks by 10) Hint: Move the decimal point one space to the left	**Concerns**		
		Day #1	Day #2	Day #3	Day #4	Day #5					Frequency	Duration	Risk
1	Sleeping						=		÷10		❑	❑	❑
2	Awake/Calm						=		÷10		❑	❑	❑
3	Positively Engaged						=		÷10		❑	❑	❑
4	Vocal Expressions						=		÷10		❑	❑	❑
5	Motor Expressions						=		÷10		❑	❑	❑
6	Sexual Expression of Risk						=		÷10		❑	❑	❑
7	Verbal Expression of Risk						=		÷10		❑	❑	❑
8	Physical Expression of Risk						=		÷10		❑	❑	❑
9							=		÷10		❑	❑	❑
10							=		÷10		❑	❑	❑

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: _____

DOS Working Group (2019). *Behavioural Supports Ontario-Dementia Observation System (BSO-DOS©).* Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Ontario, Canada.

BSO-DOS©

Behavioural Supports Ontario-Dementia Observation System

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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1000															
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0500															
0530															
0600															
0630															

*Mandatory column

Observed Behaviours	
1	Sleeping
2	Awake/Calm
3	Positively Engaged
For #3-8 check as you observe:	
❑ Activity	❑ Hugging
❑ Conversing	❑ Singing
❑ Hand holding	❑ Smiling
❑ Other:	
4	Vocal Expressions (Repetitive)
❑ Crying	❑ Questions
❑ Grunting	❑ Requests
❑ Humming	❑ Sighing
❑ Moaning	❑ Words
❑ Other:	
5	Motor Expressions (Repetitive)
❑ Banging	❑ Grinding teeth
❑ Collecting/Hoarding	❑ Pacing
❑ Disrobing	❑ Rattling
❑ Exploring/Searching	❑ Rocking
❑ Fidgeting	❑ Rummaging
❑ Other:	
6	Sexual Expression of Risk
❑ Explicit sexual comments	
❑ Public masturbation	
❑ Touching others - genitals	
❑ Touching others - non-genitals	
❑ Other:	
7	Verbal Expression of Risk
❑ Insults	❑ Swearing
❑ Screaming	❑ Threatening
❑ Other:	
8	Physical Expression of Risk
❑ Biting	❑ Punching
❑ Choking others	❑ Pushing
❑ Grabbing	❑ Scratching
❑ Hair pulling	❑ Self-injurious
❑ Hitting	❑ Slapping
❑ Kicking	❑ Spitting
❑ Pinching	❑ Throwing
❑ Other:	
9	
10	

Context	
A	**A**lone
L	**L**oud/busy environment
Q	**Q**uiet environment
F	**F**amily/visitors present
C	Personal **C**are (e.g. bathing, incontinent care, toileting)
N	**N**utrition - eating/drinking
M	**M**edication for behaviours given
P	**P**ain medication given
T	**T**reatment (e.g. wound care, creams)
R	Expressions directed at **R**esident/patient/visitor(s)
S	Expressions directed at **S**taff
X	
Y	

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