

# Kingston Standardized Behavioural Assessment

## LONG TERM CARE FORM - KSBA<sub>(LTC)</sub>

Patient Name \_\_\_\_\_ Case: \_\_\_\_\_  
 Sex: M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_ Years of Illness \_\_\_\_\_  
 Date: \_\_\_\_\_ Rater/Informant: \_\_\_\_\_  
 Lives in: Facility Type \_\_\_\_\_



KINGSTON SCALES

Please check all of the following behaviours that have occurred in the last month or are presently occurring, and that are a change from your client/patient's earlier behaviour (prior to illness). Indicate whether they apply by marking the box beside the appropriate statement. The Total Score equals number of boxes checked.

### 1 Daily Activities

- |                          |    |  |
|--------------------------|----|--|
| <input type="checkbox"/> | 1  | No longer takes part in favourite pastimes (or greatly reduced). |
| <input type="checkbox"/> | 2  | Resistant to bathing.  |
| <input type="checkbox"/> | 3  | Refuses to leave own room.                                       |
| <input type="checkbox"/> | 4  | No longer uses some common objects properly (e.g. silverware).   |
| <input type="checkbox"/> | 5  | Does not like being touched.                                     |
| <input type="checkbox"/> | 6  | Combines foods not usually eaten together.                       |
| <input type="checkbox"/> | 7  | Refuses to eat.  |
| <input type="checkbox"/> | 8  | Drools on self, clothing.  |
| <input type="checkbox"/> | 9  | Overly dependent, wants more guidance than usual.                |
| <input type="checkbox"/> | 10 | Eats other's food at meal time.                                  |
| <input type="checkbox"/> | 11 | Difficulty judging the passing of time.                          |
| <input type="checkbox"/> | 12 | Wanders aimlessly.   |
| <input type="checkbox"/> | 13 | Hides things.  |
| <input type="checkbox"/> | 14 | Hoards objects.  |
| <input type="checkbox"/> | 15 | Fails to recognize family or friends.                            |
| <input type="checkbox"/> | 16 | Incontinence of urine/faeces in clothes in daytime.              |
| <input type="checkbox"/> | 17 | Voids in non-toilet areas.                                       |
| <input type="checkbox"/> | 18 | Smears faeces.   |
| <input type="checkbox"/> | <  | <b>Total Daily Activities</b>                                    |

### 2 Attention/Concentration/Memory

- |                          |    |  |
|--------------------------|----|--|
| <input type="checkbox"/> | 19 | Can't concentrate, pay attention for long. |
| <input type="checkbox"/> | 20 | Misplaces things more than usual.          |

- |                          |    |   |
|--------------------------|----|---|
| <input type="checkbox"/> | 21 | Easily distracted by surrounding noises.    |
| <input type="checkbox"/> | 22 | Places things in inappropriate places.      |
| <input type="checkbox"/> | <  | <b>Total Attention/Concentration/Memory</b> |

### 3 Emotional Behaviour

- |                          |    |   |
|--------------------------|----|---|
| <input type="checkbox"/> | 23 | Shows little or no emotion.                                 |
| <input type="checkbox"/> | 24 | Mood changes for no apparent reason.                        |
| <input type="checkbox"/> | 25 | Expresses inappropriate emotions, either type or intensity. |
| <input type="checkbox"/> | 26 | Makes uncharacteristically pessimistic statements.          |
| <input type="checkbox"/> | 27 | Expresses suicidal feelings, threatens to hurt him/herself. |
| <input type="checkbox"/> | <  | <b>Total Emotional Behaviour</b>                            |

### 4 Aggressive Behaviour

- |                          |    |   |
|--------------------------|----|---|
| <input type="checkbox"/> | 28 | Verbally abusive at times.  |
| <input type="checkbox"/> | 29 | Uncharacteristically excitable, easy to upset; reacts catastrophically. |
| <input type="checkbox"/> | 30 | Throws things at, or pinches others.                                    |
| <input type="checkbox"/> | 31 | Attempts to hit/strike out at others.                                   |
| <input type="checkbox"/> | <  | <b>Total Aggressive Behaviour</b>                                       |

### 5 Misperceptions/Misidentifications

- |                          |    |  |
|--------------------------|----|--|
| <input type="checkbox"/> | 32 | Claims an object/possession looks similar to, but is not the real one. |
| <input type="checkbox"/> | 33 | Claims a family member looks similar but is not the true one.          |
| <input type="checkbox"/> | 34 | Thinks present dwelling is not their place of living.                  |
| <input type="checkbox"/> | 35 | Thinks people are present who aren't.                                  |
| <input type="checkbox"/> | 36 | Sees or hears things that are not there.                               |
| <input type="checkbox"/> | 37 | Talks to pictures or mirrors.  |
| <input type="checkbox"/> | <  | <b>Total Misperception Behaviour</b>                                   |

**6 Paranoid Behaviour**

- 38 Suspicious of family and staff.
- 39 Suspicious about money issues.
- 40 Accuses others of stealing his or her things.
- 41 Accuses spouse of infidelity.
- 42 Expresses suspicion around taking medication.

< **Total Paranoid Behaviour**

**7 Judgement/Insight**

- 43 Seeks constant attention.
- 44 Eats non-food items.
- 45 Grabs others nearby.
- 46 Shows increased sexual drive, interest.
- 47 Makes inappropriate sexual advances.
- 48 Accident prone, gets hurt a lot.
- 49 Unconcerned about personal safety.
- 50 Invades personal space.

< **Total Judgement/Insight**

**8 Perseveration**

- 51 Repeats same actions over and over.
- 52 Repeats same words or phrases.
- 53 Talks about same topic over and over again.
- 54 Repeatedly shouts or calls out.
- 55 Clapping/noise making.

< **Total Perseveration**

**9 Motor Restlessness**

- 56 Desire to pace or walk almost constantly.
- 57 Can't sit still, restless, fidgety.
- 58 Tries doors, windows.
- 59 Repeatedly rearranges furniture.
- 60 Bangs head deliberately.

< **Total Motor Restlessness**

**10 Sleep/Activity/Sundowning**

- 61 Falls asleep at uncharacteristic times.
- 62 Gets up and wanders or awakens frequently at night, more than usual.
- 63 Sleeps more.
- 64 Behaviour more agitated or impaired in late afternoon.

< **Total Sleep/Activity/Sundowning**

**11 Motor/Spatial Problems**

- 65 Poor coordination seen in limb/finger movements.
- 66 Slowness of movement.
- 67 Unsteadiness when walking.
- 68 Difficulty judging object sizes or how near an object is from themselves.

< **Total Motor Spatial Problems**

**12 Language Difficulties**

- 69 Substitutes some words for others.
- 70 Does not speak unless spoken to. (e.g. Does not participate in conversations.)
- 71 Often cannot find the right word.
- 72 Trouble pronouncing words.
- 73 Does not understand simple commands, explanations.
- 74 Speaks in meaningless phrases, or unintelligible language.

< **Total Language Difficulties**

**NPL Total (1,2,10-12) \***

**NPT Total (3-9) \***

**TOTAL SCORE**

\* see Manual page 8

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Case Num: \_\_\_\_\_

## KSBA<sub>(LTC)</sub> - ANALYSIS FORM BEHAVIOUR PROFILE

## TOTAL Score ANALYSIS

COMPARISON SCALE	1	2	3	4	5	6	7	8	9	10	11	12
	Daily Activities	Attention/Concentration/Memory	Emotional Behaviour	Aggressive Behaviour	Misperceptions/Misidentifications	Paranoid Behaviour	Judgement/Insight	Perseveration	Motor Restlessness	Sleep/Activity/Sundowning	Motor/Spatial Problems	Language Difficulties
10	18	4	5	4	6	5	8	5	5	4	4	6
9.5	17											
9	16						7					
8.5	15				5						5	
8	14		4			4		4	4			
7.5	13	3		3			6			3	3	
7	12				4						4	
6.5	11						5					
6	10		3			3		3	3			
5.5	9											
5	8	2		2	3		4			2	2	3
4.5	7											
4	6		2			2		2	2			
3.5	5						3					
3	4				2							2
2.5	3	1		1			2			1	1	
2			1			1		1	1			
1.5	2				1							1
1							1					
.5	1											
0	0	0	0	0	0	0	0	0	0	0	0	0

All Items	Total Score Descriptions
74	CONSULT
72	
70	
68	
66	
64	
62	
60	
58	
56	
54	CONCERN
52	
50	
48	
46	
44	
42	
40	
38	
36	
34	FREQUENTLY REPORTED
32	
30	
28	
26	
24	
22	
20	
18	
16	
14	
12	
10	
8	
6	
5	
4	
3	
2	
1	
0	

To produce a behaviour profile, count the number of items checked for each behavioural group and circle that number on the above chart in the appropriate column. To the right of the profile chart are columns for total score analysis. Select the appropriate column and circle the number matching the total score.

# KSBA<sub>(LTC)</sub> Behavioural Analysis PROCEDURES

**STEP 1**  
CIRCLE SUM OF TOTAL ITEMS SCORED  
(See arrow).

**STEP 2**  
READ TOTAL SCORE PERFORMANCE CLASSIFICATION IN COLUMN TO RIGHT  
(See arrow).

**STEP 3**  
CREATE BEHAVIOURAL PROFILE BY CIRCLING SUM OF ITEMS SCORED FOR EACH BEHAVIOURAL GROUP  
(See arrows).  
CONNECT CIRCLES, IF DESIRED

COMPARISON SCALE	1	2	3	4	5	6	7	8	9	10	11	12	Total Score Descriptions	
	Daily Activities	Attention/Concentration/Memory	Emotional Behaviour	Aggressive Behaviour	Misperceptions/Misidentifications	Paranoid Behaviour	Judgement/Insight	Perseveration	Motor Restlessness	Sleep/Activity/Sundowning	Motor/Spatial Problems	Language Difficulties	All Items	
10	18	4	5	4	6	5	8	5	5	4	4	6	74	CONSULT
9.5	17												72	
9	16						7						70	
8.5	15				5							5	68	
8	14		4			4		4	4				66	
7.5	13	3		3			6			3	3		64	
7	12												62	
6.5	11				4							4	60	
6	10		3			3							58	
5.5	9						5						56	
5	8	2		2	3		4			2	2	3	54	CONCERN
4.5	7												52	
4	6					2							50	
3.5	5						3		2				48	
3	4												46	
2.5	3	1		1			2			1	1		44	
2	2		1			1		1	1				42	
1.5	2				1							1	40	
1	1												38	
0.5	1												36	
0	0	0	0	0	0	0	0	0	0	0	0	0	34	FREQUENTLY
													32	
													30	
													28	
													26	
													24	
													22	
													20	
													18	
													16	

For explanations and samples as to how to use this form see

KSBA Administration and Interpretation Manual, which can be freely downloaded from: [www.kingstonscales.org](http://www.kingstonscales.org)

or email: [kscales@queensu.ca](mailto:kscales@queensu.ca)