

# Kingston Standardized Behavioural Assessment



## COMMUNITY FORM\* - KSBA(comm)

Patient Name \_\_\_\_\_ [Case # \_\_\_\_\_]

Sex M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_ Years of Illness \_\_\_\_\_

Date \_\_\_\_\_ Your Relationship to Patient \_\_\_\_\_

Lives in Community \_\_\_ **or** Lives in Care Facility \_\_\_

**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 spouse/relative/client'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.

<b>1 Daily Activities</b>	
<input type="checkbox"/>	1 No longer takes part in favourite pastimes (or greatly reduced).
<input type="checkbox"/>	2 Reduced personal hygiene . (e.g. Would not take a bath unless told to do so, or wears the same clothes for days unless made to change).
<input type="checkbox"/>	3 If left on his/her own, doesn't eat properly.
<input type="checkbox"/>	4 Unsafe in daily activities, if left unsupervised.
<input type="checkbox"/>	5 No longer uses some common objects properly (e.g. telephone).
<input type="checkbox"/>	6 Unable to handle personal finances.
<input type="checkbox"/>	7 Is unable to perform usual household tasks.
<input type="checkbox"/>	8 Gets confused in places other than home.
<input type="checkbox"/>	9 Overly dependent, wants more guidance than usual.
<input type="checkbox"/>	10 Trouble appreciating subtleties in conversations (e.g. recognizing humor).
<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"/>	<b>&lt; Total Daily Activities</b>

<b>2 Attention/Concentration/Memory</b>	
<input type="checkbox"/>	18 Can't concentrate, pay attention for long.
<input type="checkbox"/>	19 Misplaces things more than usual.
<input type="checkbox"/>	20 Has difficulty organizing his/her time or daily activities.

<input type="checkbox"/>	21 Forgets activities, conversations of only a short time before.
<input type="checkbox"/>	22 Forgets important everyday information.
<input type="checkbox"/>	<b>&lt; Total Attention/Concentration/Memory</b>

<b>3 Emotional Behaviour</b>	
<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"/>	<b>&lt; Total Emotional Behaviour</b>

<b>4 Aggressive Behaviour</b>	
<input type="checkbox"/>	27 Verbally abusive at times.
<input type="checkbox"/>	28 Uncharacteristically excitable, easy to upset; reacts catastrophically.
<input type="checkbox"/>	29 Attempts to hit/strike out at others.
<input type="checkbox"/>	<b>&lt; Total Aggressive Behaviour</b>

<b>5 Misperceptions/Misidentifications</b>	
<input type="checkbox"/>	30 Claims an object/possession looks similar to, but is not the real one.
<input type="checkbox"/>	31 Claims a family member looks similar but is not the true one.
<input type="checkbox"/>	32 Thinks present dwelling is not their place of living.
<input type="checkbox"/>	33 Thinks people are present who aren't.
<input type="checkbox"/>	<b>&lt; Total Misperception Behaviour</b>

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

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

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

<b>6 Paranoid Behaviour</b>
<input type="checkbox"/> 34 Suspicious of family and friends.
<input type="checkbox"/> 35 Suspicious about money issues.
<input type="checkbox"/> 36 Accuses others of stealing his or her things.
<input type="checkbox"/> 37 Accuses spouse of infidelity.
<input type="checkbox"/> 38 Expresses suspicion around taking medication.
<input type="checkbox"/> < <b>Total Paranoid Behaviour</b>

<b>7 Judgement/Insight</b>
<input type="checkbox"/> 39 Shows poor judgement in social situations.
<input type="checkbox"/> 40 Shows poor judgement about driving.
<input type="checkbox"/> 41 Shows uncharacteristic change in his or her concern about money.
<input type="checkbox"/> 42 Poor choices in dressing. (e.g. wears clothes that are inappropriate for season or temperature, wears the same clothes for days).
<input type="checkbox"/> 43 Makes inappropriate sexual advances.
<input type="checkbox"/> 44 Shows less self control than usual.
<input type="checkbox"/> 45 Unable to identify personal safety risks.
<input type="checkbox"/> < <b>Total Judgement/Insight</b>

<b>8 Perseveration</b>
<input type="checkbox"/> 46 Repeats same actions over and over.
<input type="checkbox"/> 47 Repeats same words or phrases.
<input type="checkbox"/> 48 Repeatedly shouts or calls out.
<input type="checkbox"/> < <b>Total Perseveration</b>

<b>9 Motor Restlessness</b>
<input type="checkbox"/> 49 Desire to pace or walk almost constantly.
<input type="checkbox"/> 50 Can't sit still, restless, fidgety.
<input type="checkbox"/> 51 Tries doors, windows.
<input type="checkbox"/> < <b>Total Motor Restlessness</b>

<b>10 Sleep/Activity/Sundowning</b>
<input type="checkbox"/> 52 Falls asleep at uncharacteristic times.
<input type="checkbox"/> 53 Gets up and wanders or awakens frequently at night, more than usual.
<input type="checkbox"/> 54 Sleeps more.
<input type="checkbox"/> 55 Behaviour more agitated or impaired in late afternoon.
<input type="checkbox"/> < <b>Total Sleep/Activity/Sundowning</b>

<b>11 Motor/Spatial Problems</b>
<input type="checkbox"/> 56 Poor coordination seen in limb/finger movements.
<input type="checkbox"/> 57 Slowness of movement.
<input type="checkbox"/> 58 Unsteadiness when walking.
<input type="checkbox"/> 59 Has trouble dressing, especially with buttons or shoelaces.
<input type="checkbox"/> 60 Difficulty judging object sizes or how near an object is from themselves.
<input type="checkbox"/> < <b>Total Motor Spatial Problems</b>

<b>12 Language Difficulties</b>
<input type="checkbox"/> 61 Reads far less frequently than previously.
<input type="checkbox"/> 62 Substitutes some words for others.
<input type="checkbox"/> 63 Does not watch or follow television.
<input type="checkbox"/> 64 Does not speak unless spoken to. (e.g. Does not participate in conversations.)
<input type="checkbox"/> 65 Often cannot find the right word.
<input type="checkbox"/> 66 Trouble pronouncing words.
<input type="checkbox"/> 67 Does not understand simple commands, explanations.
<input type="checkbox"/> 68 Does not produce meaningful speech.
<input type="checkbox"/> < <b>Total Language Difficulties</b>

<b>NPL Total (1,2, 10 - 12)**</b>
<b>NPT Total (3 - 9)**</b>

<b>TOTAL SCORE (1 - 12)</b>
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\*\* see Manual page 8

# KSBA(comm) - ANALYSIS FORM

## BEHAVIOURAL PROFILE

## TOTAL SCORE

## ANALYSIS

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

COMM		INST	
Total Score	Total Score Descriptions	Total Score	Total Score Descriptions
68		67	
67	CONSIDER	66	CRISIS
66		65	
64		64	
63		63	
62		62	
61		61	
60		60	
58		58	
56		56	
54		PLACEMENT	
52	52		
50	50		
48	48		
46	46		
44	44		
42	42		
40	40		
38	38		
36	CONSULT / CONCERN		36
34		34	
32		32	
30		30	
28		28	
26		26	
24		24	
22		22	
20		20	
19		18	
17	16		
16	14		
14	12		
11	10		
9	8		
6	6		
5	5		
4	4		
3	3		
2	2		
1	1		
0	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. (COM = community living; INST = institutional living).

# KSBA<sub>(comm)</sub> Behavioural Analysis Procedures

**STEP 1**  
CIRCLE SUM  
OF TOTAL  
ITEMS SCORED

**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	COMM	
	Daily Activities	Attention/Concentration/Memory	Emotional Behaviour	Aggressive Behaviour	Misperceptions	Paranoid Behaviour	Judgement/Insight	Perseveration	Motor Restlessness	Sleep/Activity/Sundowning	Motor/Spatial Problems	Language Difficulties	All Items	Total Score Descriptions
10	17	5	4	3	4	5	7	8	3	4	5	8	68	CONSIDER PLACEMENT
9.5	16												67	
9	15						6					7	66	
8.5	14												64	
8	13	4				4					4		63	
7.5	12		3		3		5			3		6	62	
7	11			2				2	2				61	
6.5	10											5	60	
6	9	3				3	4				3	5	58	
5.5	8												56	
5	8		2		2					2		4	54	
4.5	7						3						52	
4	6	2				2					2	3	50	
3.5	6			1				1	1				48	
3	5						2						46	
2.5	4		1		1					1		2	44	
2	3	1				1					1		42	
1.5	2						1						40	
1	1											1	38	
.5	1												36	
0	0	0	0	0	0	0	0	0	0	0	0	0	34	
	0	0	0	0	0	0	0	0	0	0	0	0	32	
	0	0	0	0	0	0	0	0	0	0	0	0	30	
	0	0	0	0	0	0	0	0	0	0	0	0	28	
	0	0	0	0	0	0	0	0	0	0	0	0	26	
	0	0	0	0	0	0	0	0	0	0	0	0	24	
	0	0	0	0	0	0	0	0	0	0	0	0	22	
	0	0	0	0	0	0	0	0	0	0	0	0	20	
	0	0	0	0	0	0	0	0	0	0	0	0	18	
	0	0	0	0	0	0	0	0	0	0	0	0	16	
	0	0	0	0	0	0	0	0	0	0	0	0	14	
	0	0	0	0	0	0	0	0	0	0	0	0	12	
	0	0	0	0	0	0	0	0	0	0	0	0	10	
	0	0	0	0	0	0	0	0	0	0	0	0	8	
	0	0	0	0	0	0	0	0	0	0	0	0	6	
	0	0	0	0	0	0	0	0	0	0	0	0	5	
	0	0	0	0	0	0	0	0	0	0	0	0	4	
	0	0	0	0	0	0	0	0	0	0	0	0	3	
	0	0	0	0	0	0	0	0	0	0	0	0	2	
	0	0	0	0	0	0	0	0	0	0	0	0	1	
	0	0	0	0	0	0	0	0	0	0	0	0	0	

**\*For long term care residents, use the KSBA<sub>(ltc)</sub> form.**

\*\* For explanations and samples as to how to use this form see KSBA Administration and Interpretation Manual, which can be downloaded free of charge from [www.kingstonscales.ca](http://www.kingstonscales.ca)

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