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Pre admission assessment for resident seeking admission to The Village Residence using the Basoll The behavioural assessment scale of later life.

INTERVIEW FORM

NAME OF CLIENT

DOB

KEY WORKER COMPLETING BASOLL

NAME OF INTERVIEWEE

CURRENT PLACEMENT

DATE COMPLETED

DIAGNOSIS (if appropriate)

Instructions

This BASOLL can either be completed by the client's key worker or used as an interview with the client's family caregiver. It refers to the client's behaviour over the past week.

This BASOLL has four columns:

1. The first column describes an area of behaviour which may be a problem.

2. The second column gives a more specific description or the frequency with which the behaviour occurs.

3. The third column is only used when the checklist is being used as an interview with a family caregiver (the interviewee). It is an attempt to identify those behaviours which are stressful for the carer.
   If this column is used, say something like the following:

   "I am going to ask you some questions about how {the client} is at present. I want to know how {the client} has been during the last week. If we do identify problems then I shall want to know how much they bother you. I need to match your reactions to the ones marked on this card. {Show card with reaction ratings, as below.} It will become clearer as we go through the form."

   REACTION RATINGS: Is it a problem for you?
   Doesn't bother me at all = 0
   Find it a problem = 1
   Find it a very big problem = 2

   If the carer finds this too difficult, just ensure that a note of particular problems is made.

4. The fourth column is used to record comments.

At the back of the BASOLL you will find a summary sheet for scoring.

	Self-care	Description Does that mean that he/she ...	Carer's reaction scale How much of a problem is this?	Comments & notes
1	**Can he/she bathe self?**	**0** Has a bath without help. **1** Needs to be reminded to have a bath. **2** Finds bathing distressing. **3** Is unable to bath self.	**0 1 2**	Note any physical disability which makes bathing difficult. Note whether person has used bath regularly in the past.
2	**Can he/she wash self?**	**0** Washes self without help. **1** Washes self if reminded. **2** Needs some physical help to wash. **3** Unable to wash self at all.	**0 1 2**	
3	**Can he/she dress self?**	**0** Dresses unaided. **1** Occasionally misses buttons. **2** Puts things on in wrong order, or misses them out, or puts on more than one of the same item. **3** Unable to dress at all.	**0 1 2**	
4	**Is he/she able to keep self tidy, eg. hair, nails face?**	**0** Neatly dressed, well groomed, without assistance. **1** Grooms self adequately if reminded, eg. shaving. **2** Needs some assistance or supervision. **3** Unable to keep self tidy.	**0 1 2**	
5	**Does he/she use the toilet appropriately?**	**0** Fully continent. **1** Accidents occur at night (or would do if client was not taken to toilet). **2** Does not use toilet appropriately during the day (or would be incontinent if not taken). **3** Doubly incontinent.	**0 1 2**	CONTINENCE: If not using the toilet appropriately is he/she: (a) Misidentifying other objects as toilet, eg. urinating in the sink? (b) Not being able to reach the toilet quickly enough, eg. urgency incontinence? (c) Not being able to locate the toilet? (d) Unaware of bladder being full? Is the problem faecal incontinence only?
6	**Can he/she feed self?**	**0** Eats with knife and fork (or other appropriate utensils). **1** Eats with spoon only. **2** Eats finger food, eg. sandwiches. **3** Appears unable to feed self at all.	**0 1 2**	
7	**How well can he/she understand what you want him/her to do?**	**0** Understands without any difficulty. **1** Understands simple instructions. **2** Understands simple instructions only if much gesturing (and other non-verbal communication) used. **3** Appears to have no understanding.	**0 1 2**	Does the person have a hearing impairment?
8	**How well can he/she tell you what he/she wants?**	**0** Uses language normally. **1** Has difficulty finding correct words for things. **2** Can express self using simple words and gestures. **3** Unable to express self through language consistently.	**0 1 2**	Is speech slurred or impaired?
9	**Does he/she have enough concentration to complete simple tasks, eg. laying table?**	**0** Normal concentration. **1** Needs to be reminded to stay on task. **2** Needs supervision to complete. **3** Unable to concentrate at all.	**0 1 2**	
10	**Can he/she keep self occupied?**	**0** Most of the time. **1** Has long periods of inactivity (eg. 3 hours or more during the day) on some days. **2** Has long periods of inactivity (eg. 3 hours or more) every day. **3** Unable to occupy self at all.	**0 1 2**	

Add all the scores in column 2 for items 1–10 to get the TOTAL SELF-CARE SCORE. Transfer score to summary sheet.

	Memory & orientation	Description Does that mean that he/she ...?	Carer's reaction scale How much of a problem is this?	Comments & notes
11	**Does he/she relive situations from the past, eg. talking as if mother was still alive?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Daily or has no speech.	**0 1 2**	
12	**Does he/she keep asking the same questions over and over?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Daily or has no speech.	**0 1 2**	Does this happen at particular times of the day?
13	**Does he/she do the same actions over and over again, eg. folding papers, picking at clothes?**	**0** Never. **1** Has done in the past. **2** Has done in the past week. **3** Does so daily or is completely inactive.	**0 1 2**	
14	**Does he/she lose or misplace things?**	**0** Very rarely. **1** Has occurred in the past. **2** Has occurred in the past week. **3** Does so daily or is unaware of possessions.	**0 1 2**	
15	**Can he/she hold a conversation that makes sense to others?**	**0** Almost always. **1** Has been a problem in the past. **2** Can very occasionally hold a conversation. **3** No conversation.	**0 1 2**	
16	**Does he/she forget what day it is?**	**0** Never occurs. **1** Has occurred in the past. **2** Has occurred in the past week. **3** Appears not to be aware of time.	**0 1 2**	
17	**Does he/she become very restless, eg. pacing around?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Occurs daily.	**0 1 2**	Does this happen at particular times of the day?
18	**Does he/she recognize familiar people, eg. neighbours, grandchildren?**	**0** Always recognizes. **1** Has not recognized familiar people in the past. **2** Has failed to recognize in the past week. **3** Fails to recognize daily or seems unaware of people's identity.	**0 1 2**	Does he/she recognize main carer?
19	**Does he/she hide things eg. money?**	**0** Very rarely. **1** Has occurred in the past. **2** Has occurred in the past week. **3** Does so daily or seems unaware of possessions.	**0 1 2**	

Add all the scores in column 2 for items 11–19 to get the TOTAL MEMORY & ORIENTATION SCORE. Transfer score to summary sheet.

	Challenging behaviours	Description Does that mean that he/she …?	Carer's reaction scale How much of a problem is this?	Comments & notes
20	**Does he/she threaten to harm you or other people?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Daily.	**0 1 2**	
21	**Is he/she destructive of materials around him/her, eg. clothes, furniture?**	**0** Never. **1** Has been in the past. **2** Has been in the past week. **3** Occurs daily.	**0 1 2**	
22	**Does he/she do things that could be disturbing to other people?**	**0** Never. **1** Has done in the past. **2** Has done in the past week. **3** Occurs daily.	**0 1 2**	Circle which: swearing a lot, removing clothes in public, losing temper, hitting, spitting, being over-familiar, injuring self.
23	**Does he/she do things that could be dangerous to self or others?**	**0** Never. **1** Has done in the past. **2** Has happened in the past week. **3** Occurs daily.	**0 1 2**	Circle which: careless smoking, leaving cooking/kettle unattended, turning gas on without igniting, putting things too close to fire, inflicting self-injury, eg. biting self, leaving front door open, wandering off, other – please state.
24	**Does he/she withdraw from social contact?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Whenever possible.	**0 1 2**	

Add all the scores in column 2 for items 20–24 to get the TOTAL CHALLENGING BEHAVIOUR SCORE. Transfer score to summary sheet.

	Mood	Description Does that mean that he/she ...?	Carer's reaction scale How much of a problem is this?	Comments & notes
25	**Does he/she wake up at night?**	**0** Very rarely. **1** Has done in the past. **2** Has done in the past week. **3** Wakes every night.	**0 1 2**	Bed time ..... Rising time ..... (a) Does he/she seem confused at night? (b) Does he/she have problems getting off to sleep? (c) Does he/she wake up repeatedly through the night?
26	**Does he/she complain of feeling depressed?**	**0** Very rarely. **1** Has in the past. **2** Has in the past week. **3** Daily.	**0 1 2**	
27	**Does he/she express thoughts about suicide, death?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Daily.	**0 1 2**	
28	**Is he/she continually 'going on' about things, eg. his/her bowels, cleanliness, checking safety measures, plugs, locks?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Daily.	**0 1 2**	
29	**Does he/she complain of poor appetite/inability to eat?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Daily.	**0 1 2**	Does the client say why he/she cannot eat? Does the client appear to have lost weight lately?
30	**Does he/she act in a suspicious or secretive manner?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Daily.	**0 1 2**	Give a full description.
31	**Does he/she see or hear things that are not there?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Daily.	**0 1 2**	Give a full description.
32	**Does he/she imagine strange things or have odd thoughts, eg. that he/she has a terminal illness?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Daily.	**0 1 2**	Give a full description.
33	**Does he/she think others are trying to do him/her harm or plotting against him/her?**	**0** Never. **1** Has in the past. **2** Has in the past week. **3** Daily.	**0 1 2**	Give a full description.

Add all the scores in column 2 for items 25–33 to get the TOTAL MOOD SCORE. Transfer score to summary sheet.

	Sensory abilities	Description Does that mean that he/she …?	Carer's reaction scale How much of a problem is this?	Comments & notes
34	**How well can he/she see?**	**0** Able to see print or fine details. **1** Able to find way round without bumping into things. **2** Perceives light. **3** Totally blind.	**0 1 2**	Spectacles YES NO Registered blind YES NO
35	**How well can he/she hear?**	**0** No problem. **1** Need to speak very clearly. **2** Need to shout. **3** Deaf.	**0 1 2**	Hearing aid? YES NO

Add the scores in column 2 for items 34 and 35 to get the TOTAL SENSORY ABILITIES SCORE. Transfer score to summary sheet.

	Mobility	Description Does that mean that he/she …?	Carer's reaction scale How much of a problem is this?	Comments & notes
36	**Can he/she walk?**	**0** Walks unaided. **1** Ambulant with assistance of: stick, frame walker, railing, another person. **2** Sits unsupported in chair or wheelchair but cannot propel self without help. **3** Cannot sit unsupported.	**0 1 2**	If YES to 0, 1 or 2, ask the following (circle responses): Can he/she get on toilet? YES NO WITH AID Can he/she rise from chair? YES NO WITH AID Can he/she transfer from bed to chair? YES NO WITH AID

Note the score in column 2 for item 36 to get the TOTAL MOBILITY SCORE. Transfer score to summary sheet.

SUMMARY SHEET

Behaviour scale	Question numbers	Score	Percentage score	Comments & notes
Self-care	1 to 10	☐ out of 30	score divided by 30 multiplied by 100 = ☐	
Memory & orientation	11 to 19	☐ out of 27	score divided by 27 multiplied by 100 = ☐	
Challenging behaviour	20 to 24	☐ out of 15	score divided by 15 multiplied by 100 = ☐	
Mood	25 to 33	☐ out of 27	score divided by 27 multiplied by 100 = ☐	
Sensory abilities	34 to 35	☐ out of 6	score divided by 6 multiplied by 100 = ☐	
Mobility	36	☐ out of 3	score divided by 3 multiplied by 100 = ☐	
			TOTAL CARER'S REACTION SCORE (Total all scores in column 3 of BASDAL)	☐

Summary sheet

Which are the most distressing behaviours identified by the carer?

Which are the priority needs in terms of care planning?

Assessor Name_____ Date_____