**Behavioral and Psychiatric Symptoms of Dementia (BPSD)**

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle “Yes” if the symptom(s) have occurred in the last month. Otherwise, circle “No”**

|  |  |  |  |
| --- | --- | --- | --- |
| Activity |  | Thoughts |  |
| Agitation | Yes or No | Has false beliefs | Yes or No |
| Wandering | Yes or No | Hearing things that are not real | Yes or No |
| Unusually overactive | Yes or No | Seeing things that are not real | Yes or No |
| Verbal or physical aggression | Yes or No | Paranoia | Yes or No |
| Resisting care | Yes or No | **Mood** |  |
| Lack of interest or emotion | Yes or No | Anxiety | Yes or No |
| Impulsive behavior | Yes or No | Happy at inappropriate times | Yes or No |
| Socially inappropriate behaviors | Yes or No | Irritability | Yes or No |
| Eating disturbances | Yes or No | Mood swings | Yes or No |
| Sleep problems | Yes or No | **Falls** |  |
| Sleep cycle disturbances | Yes or No | Has had 2 or more falls without injury | Yes or No |
| Repetitive behavior | Yes or No | Has had 1 or more fall with injury | Yes or No |