

# Newcastle Behaviour Checklist (OH)

Newcastle Challenging Behaviour Service, NTW NHS FT  
 (reproduced with permission of ianandrew.james@ntw.nhs.uk)

(i) Description of the problematic behaviour

Please give a brief description of the behaviour:

.....

.....

.....

.....

Please tick ALL the items that best describe the behavioural problem.			
Physical aggression	<input type="checkbox"/>	Resistive to care	<input type="checkbox"/>
Verbal aggression	<input type="checkbox"/>	Disruptive repetitive noise	<input type="checkbox"/>
General agitation	<input type="checkbox"/>	Over-activity	<input type="checkbox"/>
Interfering with others' items	<input type="checkbox"/>	Following others/Trailing	<input type="checkbox"/>
Hoarding things	<input type="checkbox"/>	Masturbating in public areas	<input type="checkbox"/>
Excessive walking & pacing (previously called wandering)	<input type="checkbox"/>	Inappropriate exposure of parts of body	<input type="checkbox"/>
Falling intentionally	<input type="checkbox"/>	Constant requests for help	<input type="checkbox"/>
Handling things inappropriately	<input type="checkbox"/>	Repetitive questions	<input type="checkbox"/>
Dismantling objects	<input type="checkbox"/>	Eating inappropriately	<input type="checkbox"/>
Smearing	<input type="checkbox"/>	Screaming	<input type="checkbox"/>
Physical sexual assault	<input type="checkbox"/>	Throwing things	<input type="checkbox"/>
Verbal sexual disinhibition	<input type="checkbox"/>	Acts of self harm	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Inappropriate urination	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

(ii) Where the behaviour takes place

<b>Please tick the rooms in which the problem behaviour happens</b>			
Bedroom	<input type="checkbox"/>	Bathroom	<input type="checkbox"/>
Corridor	<input type="checkbox"/>	Toilet	<input type="checkbox"/>
Dining room	<input type="checkbox"/>	Other, please specify:	
Communal room	<input type="checkbox"/>		
Kitchen	<input type="checkbox"/>		
	<input type="checkbox"/>		

(iii) Triggers and interactions associated with the behaviour

<p><b>Many behaviours are triggered when you need to intervene in order to reduce risk or to maintain his/her wellbeing.</b></p> <p><b>Please tick any of your actions that might be triggering the problem behaviour.</b></p> <p><b>It is acknowledged such actions are generally done in his/her 'best interests'.</b></p>			
<b><i>Trying to assist the person ...</i></b>		<b><i>Trying to prevent the person ...</i></b>	
To get out of bed	<input type="checkbox"/>	Leaving the house	<input type="checkbox"/>
To go to bed	<input type="checkbox"/>	Shouting continuously	<input type="checkbox"/>
To get out of soiled sheets or clothes	<input type="checkbox"/>	Removing too many clothes	<input type="checkbox"/>
To get dressed/undressed	<input type="checkbox"/>	Seeking reassurance excessively	<input type="checkbox"/>
To go back to their room (eg. to preserve dignity)	<input type="checkbox"/>	Walking excessively around the house	<input type="checkbox"/>
To take medication	<input type="checkbox"/>	Being aggressive to someone	<input type="checkbox"/>
To eat something	<input type="checkbox"/>	Being overly possessive	<input type="checkbox"/>
To return an item they've taken that was not theirs	<input type="checkbox"/>	Going into someone else's room	<input type="checkbox"/>
To go to the toilet	<input type="checkbox"/>	Putting too many clothes on	<input type="checkbox"/>
To wear continence pads	<input type="checkbox"/>	Packing their bags because they want to leave	<input type="checkbox"/>
To do something it would be in the person's best interests to do	<input type="checkbox"/>	Doing something they shouldn't be doing in general.	<input type="checkbox"/>
To bathe/shower	<input type="checkbox"/>	Harming him/herself	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Please think about the person's behaviour, and answer the following questions regarding:

- (i) The causes of his/her behaviour.
- (ii) The ways the situation could be improved.

**(i) POSSIBLE CAUSES OF CHALLENGING BEHAVIOUR**

<b><u>EMOTIONAL</u></b>	<b><u>Definitely</u></b>	<b><u>Probably</u></b>	<b><u>Unsure</u></b>	<b><u>Probably</u></b>	<b><u>Definitely</u></b>
	<b><u>not</u></b>	<b><u>not</u></b>		<b><u>yes</u></b>	<b><u>yes</u></b>
1. Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Depressed/Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Embarrassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Anxious/Fearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Boredom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Frustration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Grief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <b><u>PHYSICAL/MEDICAL</u></b>					
8. Pain (e.g. arthritic, dental, spinal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Infection (e.g. urinary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sensory impairment (e.g. poor sight or vision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Poor sleep pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Stress associated with people visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Diarrhoea/overflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b><u>Definitely</u></b> <b><u>not</u></b>	<b><u>Probably</u></b> <b><u>not</u></b>	<b><u>Unsure</u></b>	<b><u>Probably</u></b> <b><u>yes</u></b>	<b><u>Definitely</u></b> <b><u>yes</u></b>
14. Other physical health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Eating poorly, leading to distress & confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Delirium due to infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Speech and language difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Side effects of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Drinking poorly, leading to distress and confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Problematic constipation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MENTAL**

21. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Seeing people or things (i.e. visual hallucinations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Hearing voices (i.e. auditory hallucinations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Impulsive behaviour (frontal impulsiveness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Memory difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Suspicious thoughts (i.e. paranoid ideas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Holding a belief leading to agitation (eg. I need to collect child from school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b><u>Definitely</u></b>	<b><u>Probably</u></b>	<b><u>Unsure</u></b>	<b><u>Probably</u></b>	<b><u>Definitely</u></b>
	<b><u>not</u></b>	<b><u>not</u></b>		<b><u>yes</u></b>	<b><u>yes</u></b>
29. Misidentifying people (i.e. mistaking someone for another person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Disorientation with time and the setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ENVIRONMENTAL/SOCIAL**

31. Not liking current environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Not liking other people (e.g. you, visitor, neighbour)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Lack of activity in environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Feeling alone or abandoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Your actions unintentionally causing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Inadequate support (e.g. inadequate help)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Your poor health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Noisy, overly crowded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Inadequate resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**(ii) FEATURES THAT MAY HELP IMPROVE THE SITUATION**

1. Better information about how to deal with situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Activity therapy (eg. art, reminiscence, music, exercise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Definitely not</b>	<b>Probably not</b>	<b>Unsure</b>	<b>Probably yes</b>	<b>Definitely yes</b>
3. Initiating/increasing pain relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Taking account of person's likes & dislikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Providing 1:1 support time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Giving person more choice about his/her own care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Being less critical of the person's mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Getting more training in challenging behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Getting greater levels of outside help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Doing care tasks slower to reduce levels of confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Spending more time providing reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Spending more time trying to understand the causes of challenging behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Using greater consistency in your approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Providing more structure and repetition for the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Using appropriately targeted therapeutic lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<b>Definitely not</b>	<b>Probably not</b>	<b>Unsure</b>	<b>Probably yes</b>	<b>Definitely yes</b>
16. Increasing levels of meaningful activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Better signage around home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Providing access to garden and outdoor facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Physical investigations (GP visit, urine test, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Improving person's home/living environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Adding/altering mental health medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Adding/altering physical health medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Better person-centred style of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any further comments regarding:

(i) Causes

(ii) Features to improve the behaviour