

Behavior & Brain Aging Evaluation:

Client Name: _____

Patient Name: _____

Rating: 0 = None 1 = Mild 2 = Moderate 3 = Severe

	Initial:	30 Days:	60 Days:
Dates:			
Disorientation			
Gets lost in familiar places			
Goes to the wrong side of the door, e.g. hinge side			
Gets stuck or cannot navigate around or over obstacles			
Relationships / Social Behavior			
Decreased interest in petting or contact			
Decreased greeting behavior			
Alterations / problems with social hierarchy			
Needs constant contact, e.g. overly dependent, clingy			
Activity: Increased or Repetitive			
Stares, fixates or snaps at objects			
Paces or aimlessly wanders			
Vocalization			
Increased appetite, e.g. volume or speed			
Activity: Decreased			
Decreased exploration or activity			
Decreased self grooming			
Appetite decrease or disinterest			
Anxiety or Irritability			
Separation anxiety			
Increased irritability			
Reverse Sleep-Wake Cycle			
House Soiling			
Indoor elimination: random sites or within view			
Goes outdoors but eliminates indoors upon return			
Learning and Memory: Work, Tasks & Commands			
Decreased recognition of familiar people or pets			
Decreased responsiveness to known commands / tricks			
Decreased ability to perform tasks			
Slow or unable to learn new tasks, e.g. must retrain			