

**Agitated Behavior Scale (ABS) – Modified Behavioral Constant Observation Record**

Nurse Signature: \_\_\_\_\_ Period of Observation: From: \_\_\_\_\_  am  p.m.  
 To: \_\_\_\_\_  am  p.m.

At the end of the observation period, indicate whether the behavior described in each item was present and, if so, to what degree: slight, moderate, extreme.

Use the following numerical values and criteria for your rating in #1-9:

- 1 **Absent:** the behavior is not present.
- 2 **Present to slight degree:** the behavior is present but does not prevent the conduct of other, contextually appropriate behavior (the individual may redirect spontaneously, or the continuation of the agitated behavior does not disrupt appropriate behavior).
- 3 **Present to a moderate degree:** the individual needs to be redirected from and agitated state to an appropriate behavior, but benefits from such cueing.
- 4 **Present to an extreme degree:** the individual is not able to engage in appropriate behavior due to the interference of the agitated behavior, even when external cueing or redirection is provided.

**DO NOT LEAVE BLANKS**

- 1. \_\_\_\_\_ Short attention span, easy distractibility, inability to cooperate.
- 2. \_\_\_\_\_ Impulsive, impatient, low tolerance for pain or frustration
- 3. \_\_\_\_\_ Uncooperative, resistant to care, demanding.
- 4. \_\_\_\_\_ Violent and/or threatening violence toward people or property.
- 5. \_\_\_\_\_ Explosive and/or unpredictable anger.
- 6. \_\_\_\_\_ Rocking, rubbing, moaning or other self-stimulating behavior.
- 7. \_\_\_\_\_ Repetitive behavior, motor and/or verbal.
- 8. \_\_\_\_\_ Easily initiated or excessive crying and/or laughter.
- 9. \_\_\_\_\_ Self-abusiveness, physical and/or verbal

**For Numbers 10-14, see ABS Behavioral Constant Observation Record (on back) for number of documented observations**

Number of Documented Observations during 12 hour shift	ABS Score
0	1
1 – 2	2
3 – 6	3
Greater than 6	4

- 10. \_\_\_\_\_ Pulling at tubes, restraints, etc.
- 11. \_\_\_\_\_ Restlessness, pacing, excessive movement.
- 12. \_\_\_\_\_ Rapid, loud or excessive talking.
- 13. \_\_\_\_\_ Sudden changes of mood/hallucinations.
- 14. \_\_\_\_\_ Wandering from treatment areas / attempting to get out of bed.

\_\_\_\_\_ Total Score  
 (Add 1-14 for total score)

**Agitated Behavior Scale (ABS) - Modified Behavioral Constant Observation Record**

Period of Observation: Date: \_\_\_\_\_  
Shift: \_\_\_\_\_

If behavior is observed, please put a check mark in box. There can be more than one check mark per box  
Please initial after each entry

Patient Activity	Pulling At tubes etc.	Restless/Pacing/ Excessive Movement	Rapid/Loud/ Belligerent/ Excessive Talking	Sudden changes of mood/ Hallucinations	Wandering	Getting out of chair	Getting out of bed	Drowsy/ Quiet	Alert And Oriented	Sleeping	Eating Or Drinking	Initials
7-8												
8-9												
9-10												
10-11												
11-12												
12-1												
1-2												
2-3												
3-4												
4-5												
5-6												
6-7												

**BEHAVIORAL OBSERVATION: 12-HOUR SUMMARY**

What activity(ies) helped the patient? \_\_\_\_\_  
\_\_\_\_\_

What activity(ies) frustrated the patient? \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Signature / Title \_\_\_\_\_ Date \_\_\_\_\_ Signature / Title \_\_\_\_\_ Date \_\_\_\_\_