Assessment Tool	Domains of Behavior	Who Administers and How	Number of Items	Response Categories	Estimated Time to Administer	Setting and Target Population	Reliability and Validity				
	Part II: Specific Behavior Scales- Agitation Scales										
	Agitation: physically aggressive, physically non- aggressive, verbally agitated, and hiding/hoarding behaviors	Informant interview	29 items Short form is 14 items Community form is 37 items	Based on prior 2 weeks Rated 1 = never to 7 = several times in an hour Range 0-203 Higher scores indicate greater agitation		Originally designed for Nursing home residents but also used in community settings	Internal consistency reliability a = 0.86-0.91 based on shift worked. Interrater reliability for the total score was 0.41. Pearson product-moment correlations between CMAI and Behave-AD and BSSD range from .03045177 depending on shift.				

Assessment Tool	Domains of Behavior	Who Administers and How	Number of Items	Response Categories	Estimated Time to Administer	Setting and Target Population	Reliability and Validity
17. Agitated Behavior in Dementia Scale (ABID)	Agitation	Informant/ caregiver interview	16 items and caregiver distress	Frequency rated on past 2 weeks - each week rated separately Frequency rated 0 = did not occur in the week to 3 = occurred daily or more often 2 weekly scores are added together for a final score on each item of 0 to 6 Range 0-48 Higher scores indicate greater agitation Caregiver reaction only rated once in 2 weeks Caregiver reaction rated 0 = not upsetting to 4 = extremely upsetting Reaction range 0 to 64. Higher scores indicate greater reaction	<20 minutes	Dementia patients residing in community	Internal consistency = .70 Test-retest reliability .6073 Validity confirmed with correlation to RMBPC (r = .74, p<.0001,), BRSD (r = .65, p<.0001), and the CMAI (r = .62, p<.0001).

Assessment Tool	Domains of Behavior	Who Administers and How	Number of Items	Response Categories	Estimated Time to Administer	Setting and Target Population	Reliability and Validity
18. Pittsburgh Agitation Scale (PAS)	Agitation 4 behavior groups: Aberrant Vocalization Motor Agitation Aggressiveness Resistance to care	Direct observation and scoring by trained health professionals	Frequency and intensity of behavior	Period of observation ranged from 1 to 8 hours Scale is 0 to 4: each group has different scoring criteria based on the behavior of interest Scores are not totaled	<5 minutes	In-patient unit for dementia patients with behavioral problems and nursing home residents with dementia	Interclass correlation r = +.82-+.93 for total score Individual item r = +.54 - +.88. Validity is confirmed by th difference in scores when interventions to reduce agitation were initiated compared to no interventions.
19. Brief Agitation Rating Scale (BARS) (short-form of Cohen-Mansfield Agitation Inventory)	Agitation	Informant Review	10 items	Based on prior 2 weeks Rated 1 = none to 7 = several times a day Range 10-70 Higher scores indicate greater agitation	Not specified.	Nursing Home residents with dementia	a = 0.74 to 0.82. The intra-class correlation r = 0.73. The score correlated well with a CMAI done on the patient.

Assessment Tool	Domains of Behavior	Who Administers and How	Number of Items	Response Categories	Estimated Time to Administer	Setting and Target Population	Reliability and Validity
20. Overt Agitation Severity Scale (OASS)	Agitation (3 domains: Vocalizations and oral/facial movements Upper torso and upper extremity movements Lower extremity movements)	15-minute observation	12 items (3 domains)	Rated during 15 minute observation period Intensity in 3 domains scored as 1-4 with each domain having different descriptions of intensity. Item frequency rated as 0 = not present to 4 = always present Intensity and frequency are multiplied for each item to give a severity score Severity scores are totaled for the OASS total score Higher scores indicate greater agitation	15 minutes	Adult psychiatric patients, including those dementia	Pearson correlation coefficient (r = .90, p<.01) Convergent construct validity through strong association with PAS (r = .81, p<.01 for rater 1 and r = .82, p<.01 for rater 2). Discriminant validity established by low correlation between OASS and OAS (r = .28, p<.01).
21. Disruptive Behavior Rating Scales (DBRS)	Physical aggression Verbal aggression Agitation Wandering	Direct observation, chart review, staff report, or patient self- report	21 items		5-10 minutes		Inter-rater reliability: Physical aggression (r=.91) Verbal aggression (r=.83) Agitation (r=.84) Wandering (r=.71) Total (r=.93) Validity: Total score correlation with nurse's assessment rating for severity (r=.73, p<.001) and with distress (r=.85, p<.001).

Assessment Tool	Domains of Behavior	Who Administers and How	Number of Items	Response Categories	Estimated Time to Administer	Target	Reliability and Validity
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Table 1. Notes

The Behavioral Domain column lists area using the labeling of behaviors as reported within the cited article.

a = Cronbach's alpha

ABID = Agitated Behavior in Dementia Scale

ABS = Aggressive Behavior Scale

ADL = Activities of Daily Living

AES - C = Apathy Evaluation Scale - Clinician

AES - I = Apathy Evaluation Scale - Informant

AES - S = Apathy Evaluation Scale - Self

AES = Apathy Evaluation Scale

AI = Activity Inventory

AWS = Algase Wandering Scale

V2 = version 2

BAI = Beck Anxiety Inventory

BARS = Brief Agitation Rating Scale

BDI = Beck Depression Inventory

BEHAVE-AD = Behavioral Pathology in Alzheimer's Disease

BRSD = CERAD Behavior Rating Scale for Dementia

BSSD = Behavioral Syndromes Scale for Dementia

CABOS = Computer Assisted Behavioral Observation Systems

CCL - A = Cognition Checklist for Anxiety

CCL - D = Cognition Checklist for Depression

CDR = Clinical Dementia Rating Scale

CES-D = Center for Epidemiologic Studies Depression Scale

CMAI = Cohen Mansfield Agitation Inventory

CMAI = Cohen-Mansfield Agitation Inventory

CSDD = Cornell Scale for Depression in Dementia

DAIR = Dementia Apathy Interview and Rating Scale

DASS = Depression Anxiety Stress Scale

DBD = Dementia Behavior Disturbance Scale

DBRS = Disruptive Behavior Rating Scales

DMAS = The Dementia Mood Assessment Scale

DSM-IV = Diagnostic and Statistical Manual of Mental Disorders IV

Assessment Tool	Domains of Behavior	Who Administers and How	Number of Items	Response Categories	Estimated Time to Administer	Setting and Target Population	Reliability and Validity							
DSS = Dementia Signs and Symptoms Scale														
ESS = Epworth Sleepiness Scale														
FrSBe = Frontal Syst	tem Behavioral Scale													
GAI = Geriatric Anxi	ety Inventory													
GDS = Geriatric Depression Scale														
HADS = Hospital Anxiety and Depression Scale														
HAM-A = Hamilton Rating Scale for Anxiety														
HAM-D = Hamilton R	Rating Scale for Depress	sion												
						·								

HD = Huntington's Disease

IADL = Instrumental Activities of Daily Living

IAS = Irritability Apathy Scale

KBCI = Key Behavior Change Inventory

LARS = Lille Apathy Rating Scale

MCI = Mild Cognitive Impairment

MDS = Minimum Data Set

mMMSE = Modified Mini-Mental Status Exam

MOAS = Modified Overt Aggression Scale

NHBPS = The Nursing Home Behavior Problem Scale

NOISE = Nurse Oriented Scale for Inpatient Evaluation

NOSGER = Nurses' Observation Scale for Geriatric Patients

NPI = Neuropsychiatric Inventory

NPI-C = Neuropsychiatric Inventory - Clinician

NPI-Q = Neuropsychiatric Inventory - Questionnaire

NRS = The Neuro-behavioral Rating Scale

OAS = Overt Aggression Scale

OASS = Overt Agitation Severity Scale

PANSS = Positive and Negative Symptom Scale

PAS = Pittsburgh Agitation Scale

PD = Parkinson's Disease

PHQ-9 = Patient Health Questionnaire - 9

PLUT = Plutchik Scale

PSQI = Pittsburgh Sleep Quality Index

RAGE = Rating Scale for Aggressive Behavior in the Elderly

RAID = Rating Anxiety in Dementia

RAS = Ryden Aggression Scale

Assessment Tool	Domains of Behavior	Who Administers and How	Number of Items	Response Categories	Estimated Time to Administer	Target	Reliability and Validity
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RMBPC = Revised Memory and Behavior Problem Checklist

SANS = Scale for the Assessment of Negative Symptoms

SDI = The Sleep Disorders Inventory

SF - 20 = 20-item Short Form Survey

TBI = Traumatic Brain Injury

Brief Psychiatric Rating Scale not included since generally used to assess psychosis in patients with schizophrenia.

Scale for the Assessment of Negative Symptoms (SANS) and Positive and Negative Symptom Scale (PANSS) are not included since primarily used in patients with schizophrenia.

Unified Parkinson's Disease rating scale not included as it is a single item for apathy that does not have any reliability measure.

Hamilton Depression Rating Scale not included because it was first published in 1960 and is no longer considered the gold standard. While it has adequate internal reliability, many of the items do not contribute to depression severity, response options are not optimal, and the retest reliability is poor. Content validity has also been found to be poor (Bagby, Ryder, Schuller & Marshall, 2004).

The Mini Nutritional Assessment was not included because it does not address behavior. The Nutritional Risk Index and DETERMINE Your Nutritional Health Checklist were not included because they do not address behavior and because validity has not been established.

GDS was not included as at least two studies have found it not to be as reliable and valid in a dementia population as in the general geriatric population (Burke, 1989; Korner, 2006).

CES-D was not included as there was no evidence of reliability and validity in a dementia population.

State/Trait anxiety scale: originally published prior to 1980.

Geriatric Evaluation by Relative's Rating Instrument (GERRI) Schwartz, G. (1983). Development and validation of the Geriatric Evaluation by Relative's Rating Instrument (GERRI). Psychological Reports. 53:479-88-not included because there is no subscale for neuropsychiatric symptoms.

Clinical Assessment of Psychopathology among Elderly Residents (CAPER): Reichenfeld (1992) not included because it does not address specific behaviors of dementia-it is for diagnosis of psychotic disorders. It is also based on psychiatrist interview.