**<INSERT ORGANISATION NAME> DEMENTIA-FRIENDLY ENVIRONMENT: AUDIT CHECKLIST**

| **DEMENTIA-FRIENDLY ENVIRONMENT: AUDIT CHECKLIST** |
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| Insert the correct number against each criterium to get a good overall picture of whether your care service provides for a dementia-friendly environment: | **No.** |
| How many people with dementia do you currently care for? |  |
| How many incidents of ‘challenging’ behaviour has there been over the last month? |  |
| How many incidences of agitation and/or aggression have there been over the last month? |  |
| How many people with dementia have fallen over the last month? |  |
| How many episodes of staff sickness have there been over the last month? |  |
| How many people with dementia have had their sleep interrupted on three or more consecutive nights? |  |
| How many people with dementia have a BMI of 25? |  |
| How many people with dementia are dehydrated (using the pinched skin test)? |  |