ADDTC BEHAVIOR CHECKLIST

Patient Name: ______________________________ Date: ______________

Caregiver Name **(person filling out this form):** ______________________________

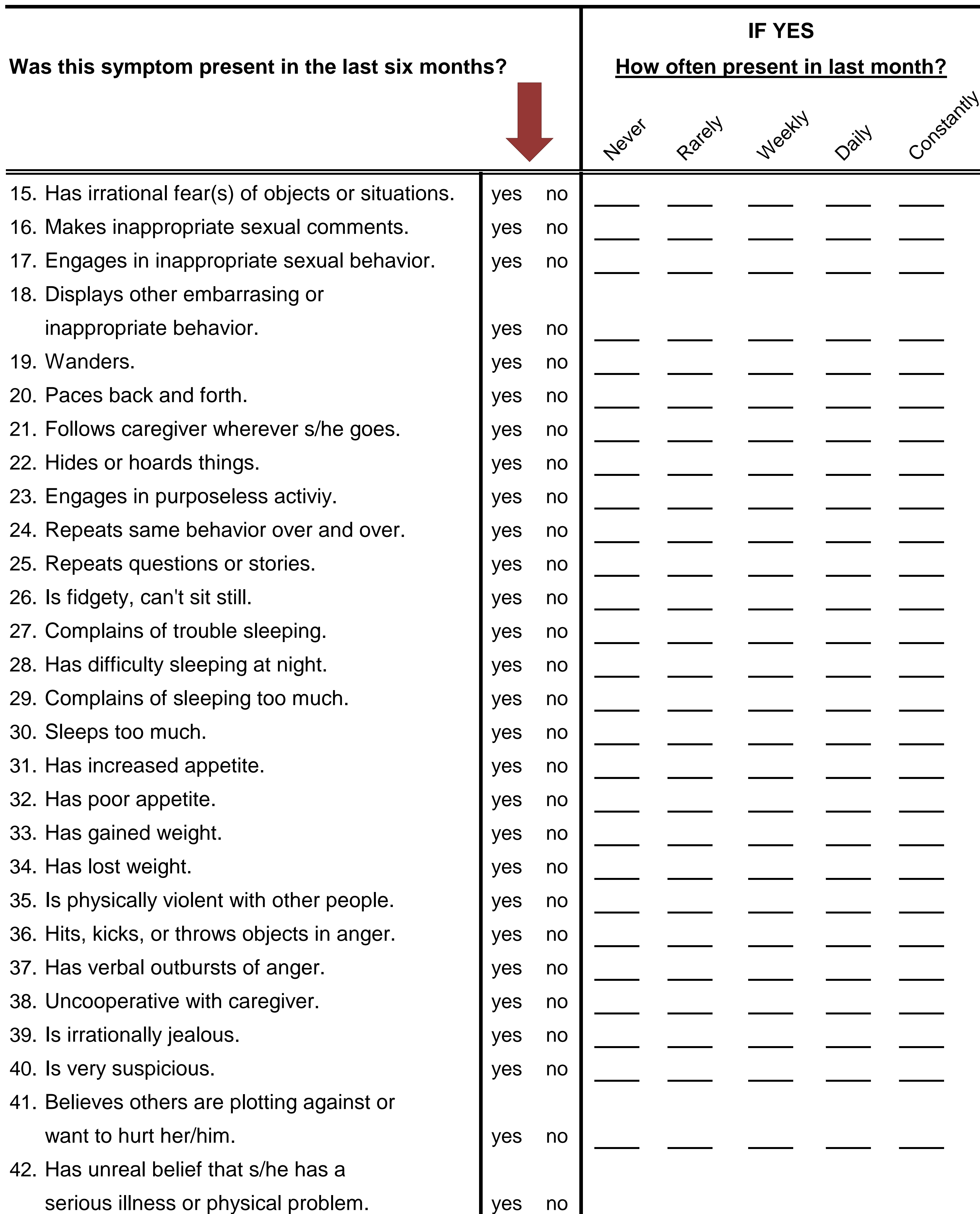
Relationship to Patient: ______________________________

Do you spend most of every day with the patient? yes / no

This questionnaire lists behavior problems or kinds of behavior change. Please place a check mark in the "Present in the Last 6 Months" column to indicate any behavior that has been present in the last six months, even if you don't consider it a problem. Then, for each behavior indicate how often it has been present during the last month. Indicate how often it occurred in the last month as follows:

Never	Has not occurred in the last month.
Rarely	Has occurred once or twice in the last month.
Weekly	Has occurred once a week or every few days.
Daily	Has occurred almost every day or daily
Constantly	Has occurred many times each day.

Was this symptom present in the last six months?			**IF YES** **How often present in last month?**				
			Never	Rarely	Weekly	Daily	Constantly
1. Is forgetful or has poor memory.	yes	no	____	____	____	____	____
2. Becomes confused or disoriented.	yes	no	____	____	____	____	____
3. Is easily distracted.	yes	no	____	____	____	____	____
4. Has problems expressing self verbally.	yes	no	____	____	____	____	____
5. Gets lost easily.	yes	no	____	____	____	____	____
6. Talks about feeling sad or depressed.	yes	no	____	____	____	____	____
7. Is tearful.	yes	no	____	____	____	____	____
8. Talks about being a failure, inadequate or worthless.	yes	no	____	____	____	____	____
9. Talks about things s/he has done wrong.	yes	no	____	____	____	____	____
10. Complains of problems with thinking or concentration.	yes	no	____	____	____	____	____
11. Says life is not worth living.	yes	no	____	____	____	____	____
12. Talks about suicide.	yes	no	____	____	____	____	____
13. Worries too much about little things.	yes	no	____	____	____	____	____
14. Has episodes of extreme anxiety or panic.	yes	no	____	____	____	____	____



Was this symptom present in the last six months?			IF YES How often present in last month?				
			Never	Rarely	Weekly	Daily	Constantly
15. Has irrational fear(s) of objects or situations.	yes	no	____	____	____	____	____
16. Makes inappropriate sexual comments.	yes	no	____	____	____	____	____
17. Engages in inappropriate sexual behavior.	yes	no	____	____	____	____	____
18. Displays other embarrasing or inappropriate behavior.	yes	no	____	____	____	____	____
19. Wanders.	yes	no	____	____	____	____	____
20. Paces back and forth.	yes	no	____	____	____	____	____
21. Follows caregiver wherever s/he goes.	yes	no	____	____	____	____	____
22. Hides or hoards things.	yes	no	____	____	____	____	____
23. Engages in purposeless activiy.	yes	no	____	____	____	____	____
24. Repeats same behavior over and over.	yes	no	____	____	____	____	____
25. Repeats questions or stories.	yes	no	____	____	____	____	____
26. Is fidgety, can't sit still.	yes	no	____	____	____	____	____
27. Complains of trouble sleeping.	yes	no	____	____	____	____	____
28. Has difficulty sleeping at night.	yes	no	____	____	____	____	____
29. Complains of sleeping too much.	yes	no	____	____	____	____	____
30. Sleeps too much.	yes	no	____	____	____	____	____
31. Has increased appetite.	yes	no	____	____	____	____	____
32. Has poor appetite.	yes	no	____	____	____	____	____
33. Has gained weight.	yes	no	____	____	____	____	____
34. Has lost weight.	yes	no	____	____	____	____	____
35. Is physically violent with other people.	yes	no	____	____	____	____	____
36. Hits, kicks, or throws objects in anger.	yes	no	____	____	____	____	____
37. Has verbal outbursts of anger.	yes	no	____	____	____	____	____
38. Uncooperative with caregiver.	yes	no	____	____	____	____	____
39. Is irrationally jealous.	yes	no	____	____	____	____	____
40. Is very suspicious.	yes	no	____	____	____	____	____
41. Believes others are plotting against or want to hurt her/him.	yes	no	____	____	____	____	____
42. Has unreal belief that s/he has a serious illness or physical problem.	yes	no	____	____	____	____	____

Was this symptom present in the last six months?			IF YES How often present in last month?				
			Never	Rarely	Weekly	Daily	Constantly
43. Has unreal belief that her/his body is not working properly.	yes	no	____	____	____	____	____
44. Has unreal belief that s/he has exceptional powers, talents or abilities.	yes	no	____	____	____	____	____
45. Believes that people are stealing things from her/him.	yes	no	____	____	____	____	____
46. Believes spouse or significant other has been unfaithful.	yes	no	____	____	____	____	____
47. Believes s/he will be abandoned.	yes	no	____	____	____	____	____
48. Believes that spouse or caregiver is an impostor.	yes	no	____	____	____	____	____
49. Believes that place s/he is living is not her/his home.	yes	no	____	____	____	____	____
50. Believes TV shows are real.	yes	no	____	____	____	____	____
51. Does not recognize own image in mirror.	yes	no	____	____	____	____	____
52. Does not recognize or misidentifies familiar people.	yes	no	____	____	____	____	____
53. Sees people or objects that aren't there.	yes	no	____	____	____	____	____
54. Sees lights or colors that aren't there.	yes	no	____	____	____	____	____
55. Hears words or voices that aren't there.	yes	no	____	____	____	____	____
56. Hears sounds that aren't there.	yes	no	____	____	____	____	____
57. Feels sensations (like being touched) when there's nothing there.	yes	no	____	____	____	____	____
58. Smells odors that aren't there.	yes	no	____	____	____	____	____
59. Tastes things that aren't there.	yes	no	____	____	____	____	____
60. Hears a sound but thinks it is something else (e.g. thinks a phone ring is a siren).	yes	no	____	____	____	____	____
61. Sees something but thinks it is something else (e.g. thinks a pillow is a person).	yes	no	____	____	____	____	____
62. Feels a sensation but thinks it is something else (e.g. something thouching her/him).	yes	no	____	____	____	____	____

Changes in mood and emotion are listed below. Please indicate the degree of each item or how much you have been aware of it, DURING THE LAST MONTH. Use the following guidelines for ratings:

Not Present The behavior has not been observed.

Mild The behavior can be seen by someone who is looking for it. It is abnormal, but it is not very intense.If you do something to help, or change the situation, the behavior often will improve.

Moderate The behavior is easily noticed. Intensity is moderate. The behavior is often seen throughout the day. Changes in the situtation or strong efforts by others to help may improve the behavior a little.

Severe The behavior is unmistakable. Intensity is high. The behavior may be almost the only thing you notice about the person. Almost nothing helps.

	Not Present	**Mild**	**Moderate**	**Severe**
1. Appears to be sad or depressed.	____	____	____	____
2. Does not seem to enjoy anything.	____	____	____	____
3. Has low energy, becomes tired easily.	____	____	____	____
4. Is nervous, anxious or tense.	____	____	____	____
5. Reacts angrily to minor frustrations.	____	____	____	____
6. Demands must be met immediately.	____	____	____	____
7. Is excitable or impulsive.	____	____	____	____
8. Is agitated or distressed.	____	____	____	____
9. Mood or emotions change quickly and dramatically.	____	____	____	____
10. Has little or no interest in things.	____	____	____	____
11. Does not seem to care about anything.	____	____	____	____
12. Not interested in interacting with others.	____	____	____	____
13. Shows little emotional response.	____	____	____	____
14. Has little sense of humor.	____	____	____	____
15. Is restless or overactive.	____	____	____	____
16. Speaks or moves slowly.	____	____	____	____
17. Shows excessive or inappropriate humor.	____	____	____	____
18. Has craving for sweet foods.	____	____	____	____
19. Thinks slowly.	____	____	____	____

Caregiver Experience Questions

The following questions refer to how you, the caregiver, feel. Please answer these questions about how things have gone for **you** in the last month.

	Never	Rarely	Quite Frequently	Nearly Always
1. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	____	____	____	____
2. Are you afraid what the future holds for your relative?	____	____	____	____
3. Do you feel downhearted, blue, and sad?	____	____	____	____
4. Do you have crying spells or feel like it?	____	____	____	____
5. Do you get tired for no reason?	____	____	____	____
6. Overall, how burdened do you feel in caring for your relative?	____	____	____	____