

APPENDIX 6.1. The Memory and Behavior Problems Checklist

INSTRUCTIONS TO CAREGIVER

“I am going to read you a list of common problems that people with dementia can have. Tell me whether your relative has had any of these problems. If so, how often has the problem occurred during the past week?” Hand the person the card on which the frequency ratings are printed. Read through the choices for the first problem reported as having occurred. For each subsequent item, ask whether the problem has occurred and then how often.

REACTION RATINGS

For each problem that the caregiver reports as having occurred (codes 1 through 4), ask, “How much did this problem bother or upset you when it happened?”

Frequency ratings	Reaction ratings
0 = Never occurred	0 = Not at all
1 = Has occurred, but not in the past week	1 = A little
2 = 1 or 2 times in the past week	2 = Moderately
3 = 3 to 6 times in the past week	3 = Very much
4 = Daily or more often	4 = Extremely
9 = Don't know/not applicable	

Behaviors	Frequency	Reaction
1. Asks the same question over and over again	0 1 2 3 4 9	0 1 2 3 4
2. Mixes up past and present (e.g., thinking a deceased parent is alive)	0 1 2 3 4 9	0 1 2 3 4
3. Loses, misplaces, or hides things	0 1 2 3 4 9	0 1 2 3 4
4. Wanders or gets lost	0 1 2 3 4 9	0 1 2 3 4
5. Does not recognize familiar people	0 1 2 3 4 9	0 1 2 3 4
6. Forgets what day it is	0 1 2 3 4 9	0 1 2 3 4
7. Unable to keep occupied or busy by him- or herself	0 1 2 3 4 9	0 1 2 3 4

(continued)

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Behaviors	Frequency					Reaction					
8. Follows you around	0	1	2	3	4	9	0	1	2	3	4
9. Constantly restless or agitated	0	1	2	3	4	9	0	1	2	3	4
10. Interrupts you when you are busy	0	1	2	3	4	9	0	1	2	3	4
11. Spends long periods of time inactive	0	1	2	3	4	9	0	1	2	3	4
12. Talks constantly	0	1	2	3	4	9	0	1	2	3	4
13. Talks little or not at all	0	1	2	3	4	9	0	1	2	3	4
14. Is suspicious or makes accusations	0	1	2	3	4	9	0	1	2	3	4
15. Wakes you up at night	0	1	2	3	4	9	0	1	2	3	4
16. Appears sad or depressed	0	1	2	3	4	9	0	1	2	3	4
17. Becomes angry	0	1	2	3	4	9	0	1	2	3	4
18. Strikes out or tries to hit	0	1	2	3	4	9	0	1	2	3	4
19. Engages in behavior that is potentially dangerous to others or self	0	1	2	3	4	9	0	1	2	3	4
20. Sees or hears things that are not there (hallucinations or illusions)	0	1	2	3	4	9	0	1	2	3	4
21. Talks in an aggressive or threatening manner	0	1	2	3	4	9	0	1	2	3	4
22. Cries or becomes tearful	0	1	2	3	4	9	0	1	2	3	4
23. Problems eating: Eats excessively or not at all	0	1	2	3	4	9	0	1	2	3	4
24. Incontinent of bowel or bladder	0	1	2	3	4	9	0	1	2	3	4
25. Is uncooperative when you want him or her to do something	0	1	2	3	4	9	0	1	2	3	4
26. Any other problems (specify):	0	1	2	3	4	9	0	1	2	3	4

Time of Day	Problem	What Went Before	What Happened After

FIGURE 12.2. Daily record of behavior problems.

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Medicare Consultation Release

It may be beneficial to you for me to contact your primary care physician regarding your psychological treatment or regarding any medical problems for which you are receiving treatment. In addition, Medicare requires that I notify your physician, by telephone or in writing, concerning services I provide unless you request that notification not be made.

Please check one of the following.

I authorize you to contact my primary care physician, whose name and address are shown below, to discuss the treatment I am receiving under your care and to obtain information concerning my medical diagnosis and treatment.

I do not authorize you to contact my primary care physician about the treatment I am receiving under your care or to obtain information concerning my medical diagnosis and treatment. I am providing you with the name and address of my primary care physician only for your records.

Signature and date

FIGURE 15.1. Sample release of information form.

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