

Frontal Behavioural Inventory. Modified Family-Caregiver version

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Please tick one box in each category that describes patient's current behaviour:

Apathy

- Patient has maintained interest in friends and social activities.
- Occasionally patient loses interest in friends or daily activities.
- Often patient loses interest in friends or daily activities.
- Most of the time patient loses interest in friends or daily activities.

Aspontaneity

- Patient does start doing appropriate things on own initiative.
- Occasionally patient does have to be asked to start doing appropriate things.
- Patient does have to be asked to start doing appropriate things.
- Most of the time patient does have to be asked to start doing appropriate things.

Indifference/Emotional flatness

- Patient responds to occasions of joy or sadness as much as ever.
- Occasionally patient does not respond to occasions of joy or sadness.
- Often patient does not respond to occasions of joy or sadness.
- Most of the time patient does not respond to occasions of joy or sadness.

Inflexibility

- Patient changes mind with reason and logic.
- Occasionally patient appears stubborn and rigid in thinking.
- Often patient appears stubborn and rigid in thinking.
- Most of the time patient appears stubborn and rigid in thinking.

Concreteness

- Patient interprets what is being said appropriately.
- Occasionally patient understands only the concrete meaning of what is being said.
- Often patient understands only the concrete meaning of what is being said.
- Most of the time patient understands only the concrete meaning of what is being said.

Personal neglect

- Patient takes usual care of personal hygiene and appearance.
- Occasionally patient needs prompting and assistance to be presentable.
- Often patient needs prompting and assistance to be presentable.
- Most of the time patient needs prompting and assistance to be presentable.

Disorganization

- Patient plans and organizes complex, multi-step activities as usual.
- Occasionally patient is easily distracted/confused when planning or organizing complex activities.
- Often patient is easily distracted/confused when planning or organizing complex activities.
- Most of the time patient is easily distracted/confused when organizing complex activities.

Inattention

- Patient pays attention to what is going on in the immediate environment and on the news.
- Occasionally patient seems to lose track or not follow what is going on.
- Often patient seems to lose track or not follow at all what is going on.
- Most of the time patient seems to lose track or not follow at all what is going on.

Loss of insight

- Patient is aware of problems or changes in self, and can discuss these changes.
- Occasionally patient seems unaware of problems or denies them when discussed.
- Often patient seems unaware of problems or denies them when discussed.
- Most of the time patient seems unaware of problems or denies them when discussed.

Logopenia

- Patient is as talkative as before.
- Patient's amount of speech has occasionally decreased somewhat.
- Patient's amount of speech has decreased noticeably and often.
- Patient's amount of speech has decreased significantly all of the time.

Verbal Apraxia

- Patient has been talking clearly as usual, and can find words easily in conversation.
- Occasionally patient has been making errors in speech with slurring or hesitation.
- Often patient has been making errors in speech with slurring or hesitation.
- Most of the time patient has been making errors in speech with slurring or hesitation.

Perseveration

- Patient responds normally to remarks or actions.
- Occasionally patient repeats remarks or actions to a marked degree.
- Often patient repeats remarks or actions to a marked degree.
- Most of the time patient repeats remarks or actions to a marked degree.

Irritability

- Patient reacts to stress or frustration as usual.
- Occasionally patient has been irritable or short-tempered in reacting to stress or frustration.
- Often patient has been irritable or short-tempered in reacting to stress or frustration.
- Most of the time patient has been irritable or short-tempered in reacting to stress or frustration.

Excessive jocularity

- Patient has shown appropriate humor in making jokes.
- Occasionally patient has been making jokes excessively or offensively, or at the wrong time.
- Patient has been making jokes excessively or offensively, or at the wrong time.
- Most of the time patient has been making jokes offensively or does not respond to others' humor now.

Poor judgement

- Patient has been using good judgement in decisions in driving or using machinery like the stove.
- Occasionally patient acts irresponsibly neglectful, dangerously while driving/using machinery.
- Often patient acts irresponsibly, neglectfully, dangerously while driving/using machinery.
- Most of the time patient acts irresponsibly or patient does not drive or use machinery any longer.

Inappropriateness

- Patient has been polite, and showed good social skills, especially in public.
- Occasionally patient says/does things that are not socially acceptable (rude & childish).
- Often patient says/does things that are not socially acceptable (rude & childish).
- Most of the time patient says/does things that are not socially acceptable (rude & childish).

Impulsivity

- Patient has shown appropriate adult restraint in behaviors and in conversations with others.
- Occasionally patient has acted/spoken impulsively, without thinking about the consequences.
- Often patient has acted/spoken impulsively, without thinking about the consequences.
- Most of the time patient has acted/spoken impulsively, without thinking about the consequences.

Restlessness

- Patient's activity level has been normal (anxiety or agitation always have a realistic origin).
- Occasionally patient has been restless or agitated when there is no reason for nervousness.
- Often patient has been restless or agitated when there is no reason for nervousness.
- Most of the time patient has been restless or agitated when there is no reason for nervousness.

Aggression

- Patient has shown self-control with no aggressiveness in interactions with other people.
- Occasionally patient has shouted at someone aggressively or hurt them physically.
- Often patient has shouted at someone aggressively or hurt them physically.
- Most of the time patient has shouted at someone aggressively or hurt them physically.

Hyperorality

- Patient has been drinking and eating as usual, and has not put unusual objects into mouth.
- Occasionally patient has consumed anything in sight, or has put unusual objects into mouth.
- Often patient has consumed anything in sight, or has put unusual objects into mouth.
- Most of the time patient has consumed anything in sight, or has put unusual objects into mouth.

Hypersexuality

- Patient has not shown any unusual or inappropriate sexual behavior.
- Occasionally patient has shown unusual, excessive, or embarrassing sexual behavior.
- Often patient has shown unusual, excessive, or embarrassing sexual behavior.
- Most of the time patient has shown unusual, excessive, or embarrassing sexual behavior.

Utilization behaviour

- Patient has shown normal restraint and respect for other's belongings.
- Occasionally patient has shown unusual need to touch, feel, examine, pick-up objects.
- Often patient has shown unusual need to touch, feel, examine, pick-up objects.
- Most of the time patient has shown unusual need to touch, feel, examine, pick-up objects.

Incontinence

- Patient has no problems with incontinence (no urinary or bowel accidents), or patient reacts appropriately to wet or soiled underclothing and attempts to clean self promptly.
- Occasionally patient ignores or is unaware of wet or soiled underclothing.
- Often patient ignores or is unaware of wet or soiled underclothing.
- Most of the time patient ignores or is unaware of wet or soiled underclothing.

Alien hand

- Patient does not make involuntary, bizarre movements with his/her hands.
- Occasionally patient makes involuntary, bizarre movements with his/her hands.
- Often patient makes involuntary, bizarre movements with his/her hands.
- Most of the time patient makes involuntary, bizarre movements with his/her hands.

This questionnaire is an adaptation of the Kertesz A, Davidson W, and Fox H. assessment instrument, recorded in an article called 'Frontal behavioral inventory: diagnostic criteria for frontal lobe dementia.', in the Canadian Journal of Neurological Science 1997;24:29 –36. Adaptation by Marilee Monnot, PhD, Meg Brosey, MS, and Elliott Ross, MD: Screening for Dementia: Family Caregiver Questionnaires Reliably Predict Dementia, published in the Journal of the American Board of Family Medicine, July-August 2005 vol. 18 no. 4 240-256.

A summary of Monnot, Brosey and Ross' research can be found [here](#).

On experimental application of this questionnaire Monnot, Brosey and Ross found that:

95% of patients with dementia scored 19 or more points

95% of patients without dementia scored less than 7 points

Questionnaire data, whilst of great value in the diagnostic process can never render a conclusive diagnosis. Many diseases are associated with symptoms as recorded in questionnaires of this sort, and where significant scores are registered on any of them, more specific and specialized assessment and investigation is indicated.

ALL questionnaire data must be evaluated for significance by a clinician qualified to do so.

Further examination is usually a multidisciplinary process, and in cases of dementia, typically involves EEG, brain imaging (with MRI and CT scans), clinical-neurological examination and neuropsychometric assessment.

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