

Revised Memory and Behavior Checklist

Instructions: The following is a list of problems patients sometimes have. Please indicate if any of these problems have occurred during the past week. If so, how much has this bothered or upset you when it happened Use the following scale for your reaction. Please read the description of the ratings carefully.

Has it occurred in the past week:

0 = No
1 = Yes

Reaction Ratings:

0 = not at all
1 = a little
2 = moderately
3 = very much
4 = extremely

Please answer all the questions for both frequency and reaction.

(RC11)

Problem	Has it occurred? (in past week)		Reaction (how much it bothered you)
	NO	YES	
1. Asking the same question over and over	NO	YES	
2. Trouble remembering recent events (i.e. items in newspaper or TV)	NO	YES	
3. Trouble remembering significant past events	NO	YES	
4. Losing or misplacing things	NO	YES	
5. Forgetting what day it is	NO	YES	
6. Starting, but not finishing, things	NO	YES	
7. Difficulty concentrating on a task	NO	YES	
8. Destroying property	NO	YES	
9. Doing things that embarrass you	NO	YES	
10. Waking you or other family members up at night	NO	YES	
11. Talking loudly and rapidly	NO	YES	
12. Appears anxious or worried	NO	YES	
13. Engaging in behavior that is potentially dangerous to self or others	NO	YES	
14. Threats to hurt oneself	NO	YES	
15. Threats to hurt others	NO	YES	
16. Aggressive to others verbally	NO	YES	
17. Appears sad or depressed	NO	YES	
18. Expressing feelings of hopelessness or sadness about the future	NO	YES	
19. Crying and tearfulness	NO	YES	
20. Commenting about death of self or others	NO	YES	
21. Talking about feeling lonely	NO	YES	
22. Comments about feeling worthless or being a burden to others	NO	YES	
23. Comments about feeling like a failure, or about not having any worthwhile accomplishments in life	NO	YES	
24. Arguing, irritability, and/or complaining	NO	YES	

Revised Memory and Behavior Checklist

RMBPC Scoring

Frequency Scoring: Sum items on subscales and total

Reaction Scoring: Sum scores on items that had a frequency rating of 1 or greater on subscales and total

- Memory: 7 items (#1, 2, 3, 4, 5, 6, 7)
Possible range: 0-28
Frequency: mean = 18.33, sd = 7.02, range 0-28
Reaction: mean = 11.12, sd = 6.34, range 0-28
- Depression: 9 items (#12, 14, 17, 18, 19, 20, 21, 22, 23)
Possible range: 0-36
Frequency: mean = 11.40, sd = 9.28, range 0-36
Reaction: mean = 18.73, sd = 8.47, range 0-36
- Disruption: 8 items (#8, 9, 10, 11, 13, 15, 16, 24)
Possible range: 0-32
Frequency: mean = 5.64, sd = 6.44, range 0-28
Reaction: mean = 14.85, sd = 8.34, range 0-32
- Total: 24 items
Possible range: 0-96
Frequency: mean = 33.59, sd = 16.56, range 1-87
Reaction: mean = 22.69, sd = 15.60, range 0-77

Revised Memory and Behavior Checklist

指示: 以下是一些病人有時會出現的問題。請表明如果這些問題在 過去一個星期內 是否曾發生。如果有的話，這是否令你覺得煩擾或懊惱呢？請使用以下的表來量度問題出現的次數和您的反應。請仔細閱讀每一項。

曾否發生	反應 (煩擾或懊惱)
0 = 沒有	0 = 不會
1 = 有	1 = 有一點
	2 = 中度
	3 = 非常
	4 = 極度

請回答所有問題。在曾否發生和反應的項目下，請選擇一個答案。

曾否發生		反應 (煩擾或懊惱)					
0	1	0	1	2	3	4	
0	1	0	1	2	3	4	1. 一再重複問過的問題
0	1	0	1	2	3	4	2. 有困難記得最近發生的事 (例子: 報紙或電視新聞)
0	1	0	1	2	3	4	3. 有困難記得重要的往事
0	1	0	1	2	3	4	4. 把東西丟失或放錯地方
0	1	0	1	2	3	4	5. 忘記今天的日期
0	1	0	1	2	3	4	6. 做事有頭無尾
0	1	0	1	2	3	4	7. 有困難集中精神做事
0	1	0	1	2	3	4	8. 破壞財物
0	1	0	1	2	3	4	9. 做使您困窘/尷尬的事
0	1	0	1	2	3	4	10. 在晚上吵醒你或家中其他人
0	1	0	1	2	3	4	11. 大聲及急速地說話

曾否發生	反應 (煩擾或懊惱)
0 = 沒有	0 = 不會
1 = 有	1 = 有一點
	2 = 中度
	3 = 非常
	4 = 極度

曾否發生	反應 (煩擾或懊惱)	
0 1	0 1 2 3 4	12. 看上去好像緊張或擔憂的
0 1	0 1 2 3 4	13. 做對自己或他人有潛在危險的行為
0 1	0 1 2 3 4	14. 恐嚇要傷害自己
0 1	0 1 2 3 4	15. 恐嚇要傷害其他人
0 1	0 1 2 3 4	16. 用言語攻擊其他人
0 1	0 1 2 3 4	17. 看上去好像悲哀或憂鬱
0 1	0 1 2 3 4	18. 對未來表示絕望或悲哀的感受 (例子: 『我生命中從來沒有意義過。』、 『我做甚麼事都做錯!)
0 1	0 1 2 3 4	19. 哭泣和淚容滿面
0 1	0 1 2 3 4	20. 說一些關於自己或其他人的死亡的評語(例子: 『不值得活著』、 『生不如死』)
0 1	0 1 2 3 4	21. 講述寂寞的感覺
0 1	0 1 2 3 4	22. 評論自己感覺無用或成爲別人的負擔
0 1	0 1 2 3 4	23. 評論自己感覺挫敗或沒有甚麼顯著的成就
0 1	0 1 2 3 4	24. 爭吵、暴躁、和/或抱怨