

FRONTAL BEHAVIORAL INVENTORY (FBI)

Name: _____ Age: _____ Date: _____

Duration: _____ Caregiver: _____ Examiner: _____

Explain to the caregiver that you are looking for a change in behavior and personality. Ask the caregiver these questions in the absence of the patient. Elaborate if necessary. At the end of each question, ask about the extent of behavioral change, and then score it according to the following:

0 = none 1 = mild, occasional 2 = moderate 3 = severe, most of the time

1. Apathy: Has she/he lost interest in friends or daily activities? ____
2. Spontaneity: Does she/he start things on his/her own, or does she/he have to be asked? ____
3. Indifference, Emotional Flatness: Does she/he respond to occasions of joy or sadness much as ever, or has she/he lost emotional responsiveness? ____
4. Inflexibility: Can she/he change his/her mind with reason or does she/he appear stubborn or rigid in thinking lately? ____
5. Concreteness: Does she/he interpret what is being said appropriately or does she/he choose only the concrete meanings of what is being said? ____
6. Personal Neglect: Does she/he take as much care of his/her personal hygiene and appearance as usual? ____
7. Disorganization: Can she/he plan and organize complex activity or is she/he easily distractible, impersistent, or unable to complete a job? ____
8. Inattention: Does she/he pay attention to what is going on or does she/he seem to lose track or not follow at all? ____
9. Loss of Insight: Is she/he aware of any problems or changes, or does she/he seem unaware of them or deny them when discussed? ____
10. Logopenia: Is she/he as talkative as before or has the amount of speech significantly decreased? ____
11. Verbal Apraxia: Has she/he been talking clearly or has she/he been making errors in speech? Is there slurring or hesitation? ____
12. Perservation: Does she/he repeat or perseverate actions or remarks? ____
13. Irritability: Has she/he been irritable, short-tempered or is she/he reacting to stress or frustration as she/he always had? ____
14. Excessive Jocularly: Has she/he been making jokes excessively or offensively or at the wrong time? ____
15. Poor Judgment: Has she/he been using good judgment in decisions or in driving, or has she/he acted irresponsibly, neglectfully or in poor judgment? ____
16. Inappropriateness: Has she/he kept social rules or has she/he said or done things outside what are acceptable? Has she/he been rude or childish? ____
17. Impulsivity: Has she/he acted or spoken without thinking about consequences, on the spur of the moment? ____
18. Restlessness: Has she/he been restless or hyperactive, or is the activity level normal? ____
19. Aggression: Has she/he shown aggression, or shouted at anyone or hurt him or her physically? ____
20. Hyperorality: Has she/he been drinking more than usual, eating excessively anything in sight, or even putting objects in his/her mouth? ____
21. Hyper Sexuality: Has sexual behavior been unusual or excessive? ____
22. Utilization Behavior: Does she/he seem to need to touch, feel, examine, or pick up objects within reach and sight? ____
23. Incontinence: Has she/he wet or soiled his or herself? (Excluding physical illness, such as urinary infection or immobility). ____
24. Alien hand: Does she/he have any problem using a hand, and does it interfere with the other hand? (Excluding arthritis, trauma, paralysis, etc). ____

Total Score _____