A. Paranoid and Delusional Ideation
   (a delusion is a false conviction, not a misidentification)

1. "People are stealing things" delusion.
   (0) Not present.
   (1) Delusion that people are hiding objects.
   (2) Delusion that people are coming into the home and hiding or stealing objects.
   (3) Talking and listening to people coming into the home.

2. "One's house is not one's home" delusion.
   (0) Not present.
   (1) Conviction that the place in which one is residing is not one's home
       (e.g., packing to go home, complaints while at home of "take me home").
   (2) Attempt to leave domiciliary to go home.
   (3) Violence in response to attempts to forcibly restrict exit.

3. "Spouse (or other caregiver) is an imposter" delusion.
   (0) Not present.
   (1) Conviction that spouse (or other caregiver) is an imposter.
   (2) Anger towards spouse (or other caregiver) for being an imposter.
   (3) Violence towards spouse (or other caregiver) for being an imposter.

4. Delusion of abandonment (e.g., to an institution).
   (0) Not present.
   (1) Suspicion of caregiver plotting abandonment or institutionalization (e.g., on the telephone).
   (2) Accusation of a conspiracy to abandon or institutionalize.
   (3) Accusation of impending or immediate desertion or institutionalization.

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5. Delusion of infidelity (social and/or sexual unfaithfulness).

(0) Not present.
(1) Conviction that spouse, children, and/or other caregivers are unfaithful.
(2) Anger towards spouse, relative, or other caregiver for their infidelity.
(3) Violence toward spouse, relative, or other caregiver for their infidelity.

6. Suspiciousness/Paranoia other than above.

(0) Not present.
(1) Suspiciousness (e.g., hiding objects which they may later be unable to locate or a statement such as “I don't trust you”).
(2) Paranoid (i.e., fixed conviction with respect to suspicions and/or anger as a result of suspicions).
(3) Violence as a result of suspicions.

Unspecified?

Describe:


B. Hallucinations


(0) Not present.
(1) Vague, not clearly defined.
(2) Clearly defined hallucinations of objects and persons (e.g., sees other people at the table).
(3) Verbal or physical actions or emotional responses to the hallucinations.


(0) Not present.
(1) Vague, not clearly defined.
(2) Clearly defined hallucinations of words and phrases.
(3) Verbal or physical actions or emotional responses to the hallucinations.

10. Olfactory hallucinations.

(0) Not present.
(1) Vague, not clearly defined.
(2) Clearly defined hallucinations (e.g., smells a fire or "something burning").
(3) Verbal or physical actions or emotional responses to the hallucinations.

11. Haptic (sense of touch) hallucinations.

(0) Not present.
(1) Vague, not clearly defined.
(2) Clearly defined hallucinations (e.g., "something is crawling on my body").
(3) Verbal or physical actions or emotional responses to the hallucinations.

12. Other hallucinations.

(0) Not present.
(1) Vague, not clearly defined.
(2) Clearly defined hallucinations.
(3) Verbal or physical actions or emotional responses to the hallucinations.

Unspecified?________________________________________________________

Describe:________________________________________________________________

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C. Activity Disturbances.

13. Wandering (e.g., away from home or caregiver).

(0) Not present.
(1) Somewhat, but not sufficient as to require restraint.
(2) Sufficient as to require restraint.
(3) Verbal or physical actions or emotional responses to attempts to prevent wandering.


(0) Not present.
(1) Repetitive, purposeless activity (e.g., opening and closing pocketbook, packing and unpacking clothing, repeatedly putting on and removing clothing, insistent repeating of demands or questions).
(2) Pacing or other purposeless activity sufficient to require restraint.
(3) Abrasions or physical harm resulting from purposeless activity.

15. Inappropriate activity.

(0) Not present.
(1) Inappropriate activities (e.g., storing and hiding objects in inappropriate places, such as throwing clothing in wastebasket or putting empty plates in the oven, inappropriate sexual behavior such as inappropriate exposure).
(2) Present and sufficient to require restraint.
(3) Present and sufficient to require restraint, and accompanied by anger or violence when restraint is used.

Unspecified? ____________________________________________________________

Describe: ______________________________________________________________

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______________________________________________________________________
D. Aggressiveness.

16. Verbal Outbursts.

(0) Not present.
(1) Present (including unaccustomed use of foul or abusive language).
(2) Present and accompanied by anger.
(3) Present, accompanied by anger, and clearly directed at other persons.

17. Physical threats and/or violence.

(0) Not present.
(1) Threatening behavior.
(2) Physical violence.
(3) Physical violence accompanied by vehemence.

18. Agitation (other than above).
(e.g. non-verbal anger; negativity including refusal to bathe, dress, continue walking, take medications, etc.; hyperventilation).

(0) Not present.
(1) Present.
(2) Present with emotional component.
(3) Present with emotional and physical component.

E. Diurnal Rhythm Disturbances

19. Day/Night disturbance.

(0) Not present.
(1) Repetitive wakening during night (except for purpose of toileting).
(2) 50% to 75% of former sleep cycle at night.
(3) Complete disturbance of diurnal rhythm (less than 50% of former sleep cycle at night).
F. Affective Disturbance

20. **Tearfulness** (or whimpering or other "crying sounds").

   (0) Not present.
   (1) Present.
   (2) Present accompanied by a clear affective component.
   (3) Present and accompanied by affective and physical component
       (e.g., wringing of hands or other gestures).

21. **Depressed mood, other**.

   (0) Not present.
   (1) Present (e.g., occasional statement "I wish I were dead," or "I'm going to kill myself," or "I feel like
        nothing," without clear affective concomitants).
   (2) Present with clear concomitants (e.g., thoughts of death).
   (3) Present with emotional and physical concomitants (e.g., suicidal gestures).

Unspecified?

Describe:

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G. Anxieties and Phobias

22. **Anxiety regarding upcoming events (Godot syndrome)**.

   (0) Not present.
   (1) Present with repeated queries and/or other activities regarding upcoming appointments and/or
       events (e.g., when are we going?).
   (2) Present and disturbing to caregivers.
   (3) Present and intolerable to caregivers.
23. **Other anxieties.**
   (e.g., regarding money, the future, being away from home, health, memory, etc.; or generalized anxiety such as thinking everything is "terribly wrong").
   
   (0) Not present.
   (1) Present.
   (2) Present and disturbing to caregivers.
   (3) Present and intolerable to caregivers.

Unspecified? ____________________________________________

Describe: ____________________________________________

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24. **Fear of being left alone.**

   (0) Not present.
   (1) Present with vocalized fear of being alone.
   (2) Vocalized and sufficient to require specific action on the part of caregiver.
   (3) Vocalized and sufficient to require patient to be accompanied at all times (e.g., patient must see the caregiver at all times).

25. **Other phobias.**
   (e.g. fear of crowds, travel, darkness, people/strangers, bathing, etc.)

   (0) Not present.
   (1) Present
   (2) Present and of sufficient magnitude to require specific action by caregiver.
   (3) Present and sufficient to prevent patient activities.

Unspecified? ____________________________________________

Describe: ____________________________________________

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TOTAL SEVERITY SCORE: ____________________________
PART 2: Global Rating

Circle one choice. Are the symptoms which have been noted of sufficient magnitude as to be:

(0) Not at all troubling to the caregiver or dangerous to the patient.
(1) Mildly troubling to the caregiver or dangerous to the patient.
(2) Moderately troubling to the caregiver or dangerous to the patient.
(3) Severely troubling to the caregiver or dangerous to the patient.

Symptom most troubling to caregiver

"With respect to the symptoms which have been noted, which is the biggest problem for you and/or other caregivers?" (More than one symptom can be listed, but please give numerical order.)


Clinician: ____________________________ Date: _____/_____/______

Comments: ____________________________


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