

Mild Behavioral Impairment Checklist (MBI-C)

Date: _____

Rated by: Clinician Informant Subject

Location: Clinic Research

Label

Circle “Yes” **only** if the behavior has been present for at least **6 months** (continuously, or on and off) and is a **change** from her/his longstanding pattern of behavior. Otherwise, circle “No”.

Please rate severity: **1 = Mild** (noticeable, but not a significant change); **2 = Moderate** (significant, but not a dramatic change); **3 = Severe** (very marked or prominent, a dramatic change). If more than 1 item in a question, rate the most severe.

	YES	NO	SEVERITY
<i>This domain describes interest, motivation, and drive</i>			
Has the person lost interest in friends, family, or home activities?	Yes	No	1 2 3
Does the person lack curiosity in topics that would usually have attracted her/his interest?	Yes	No	1 2 3
Has the person become less spontaneous and active – for example, is she/he less likely to initiate or maintain conversation?	Yes	No	1 2 3
Has the person lost motivation to act on her/his obligations or interests?	Yes	No	1 2 3
Is the person less affectionate and/or lacking in emotions when compared to her/his usual self?	Yes	No	1 2 3
Does she/he no longer care about anything?	Yes	No	1 2 3
<i>This domain describes mood or anxiety symptoms</i>			
Has the person developed sadness or appear to be in low spirits? Does she/she have episodes of tearfulness?	Yes	No	1 2 3
Has the person become less able to experience pleasure?	Yes	No	1 2 3
Has the person become discouraged about their future or feel that she/he is a failure?	Yes	No	1 2 3
Does the person view herself/himself as a burden to family?	Yes	No	1 2 3
Has the person become more anxious or worried about things that are routine (e.g. events, visits, etc.)?	Yes	No	1 2 3
Does the person feel very tense, having developed an inability to relax, or shakiness, or symptoms of panic?	Yes	No	1 2 3
<i>This domain describes the ability to delay gratification and control behavior, impulses, oral intake and/or changes in reward</i>			
Has the person become agitated, aggressive, irritable, or temperamental?	Yes	No	1 2 3
Has she/he become unreasonably or uncharacteristically argumentative?	Yes	No	1 2 3
Has the person become more impulsive, seeming to act without considering things?	Yes	No	1 2 3
Does the person display sexually disinhibited or intrusive behaviour, such as touching (themselves/others), hugging, groping, etc., in a manner that is out of character or may cause offence?	Yes	No	1 2 3

Has the person become more easily frustrated or impatient? Does she/he have troubles coping with delays, or waiting for events or for their turn?	Yes	No	1	2	3
Does the person display a new recklessness or lack of judgement when driving (e.g. speeding, erratic swerving, abrupt lane changes, etc.)?	Yes	No	1	2	3
Has the person become more stubborn or rigid, i.e., uncharacteristically insistent on having their way, or unwilling/unable to see/hear other views?	Yes	No	1	2	3
Is there a change in eating behaviors (e.g., overeating, cramming the mouth, insistent on eating only specific foods, or eating the food in exactly the same order)?	Yes	No	1	2	3
Does the person no longer find food tasteful or enjoyable? Are they eating less?	Yes	No	1	2	3
Does the person hoard objects when she/he did not do so before?	Yes	No	1	2	3
Has the person developed simple repetitive behaviors or compulsions?	Yes	No	1	2	3
Has the person recently developed trouble regulating smoking, alcohol, drug intake or gambling, or started shoplifting?	Yes	No	1	2	3
<i>This domain describes following societal norms and having social graces, tact, and empathy</i>					
Has the person become less concerned about how her/his words or actions affect others? Has she/he become insensitive to others' feelings?	Yes	No	1	2	3
Has the person started talking openly about very personal or private matters not usually discussed in public?	Yes	No	1	2	3
Does the person say rude or crude things or make lewd sexual remarks that she/he would not have said before?	Yes	No	1	2	3
Does the person seem to lack the social judgement she/he previously had about what to say or how to behave in public or private?	Yes	No	1	2	3
Does the person now talk to strangers as if familiar, or intrude on their activities?	Yes	No	1	2	3
<i>This domain describes strongly held beliefs and sensory experiences</i>					
Has the person developed beliefs that they are in danger, or that others are planning to harm them or steal their belongings?	Yes	No	1	2	3
Has the person developed suspiciousness about the intentions or motives of other people?	Yes	No	1	2	3
Does she/he have unrealistic beliefs about her/his power, wealth or skills?	Yes	No	1	2	3
Does the person describe hearing voices or does she/he talk to imaginary people or "spirits"?	Yes	No	1	2	3
Does the person report or complain about, or act as if seeing things (e.g. people, animals or insects) that are not there, i.e., that are imaginary to others?	Yes	No	1	2	3