

NVCL-20

Nijmegen-Venray Confabulation List

Name patient: _____

Name rater: _____

Relation with patient: _____

Date: _____

Instructions

Confabulating is talking about experiences or memories that are incorrect. It is not the same as lying: people who lie deliberately tell stories that are not true, but the patient who confabulates does not deliberately do this. The patient is often convinced of the truth of his/her story. This questionnaire was developed to measure spontaneous confabulations, that is, confabulations that the patient produces without a prompt or in reply to a specific question. Some of the questions do address provoked confabulations (in reaction to a question), but this is then specifically stated. In addition, several questions address the patient's memory and orientation.

Every question has five possible answers. Please encircle the answer that is most appropriate for the behaviour of the patient at the time of completing the instrument. If you feel that none of the options are appropriate, please circle the first option:

There is space at the end for possible remarks or comments.

How often have you seen the patient or spoken to him/her?

- 1 hardly, less than 5 days of contact with the patient
- 2 not often, more than 5 days but less than 15 days of contact with the patient
- 3 frequently, I have been in contact with the patient several days a week during several weeks
- 4 often, I have been in contact with the patient several days a week during a period of 1 to 3 months
- 5 very frequently, several days a week for a period longer than 3 months

1. Does the patient confabulate spontaneously? Does (s)he spontaneously tell stories that are incorrect with respect to time and/or place?
 - 1 never
 - 2 rarely
 - 3 sometimes
 - 4 often
 - 5 (almost) always

2. How often does the patient spontaneously confabulate?
 - 1 rarely to never
 - 2 a few times a week
 - 3 almost every day
 - 4 several times a day
 - 5 this happens almost continuously

3. Is the content of the confabulations realistic? Would someone who does not know the patient believe him/her (does the patient want to go out to work, or does (s)he tell you that (s)he has a meeting with the Queen?)
 - 1 the stories are realistic (if the context is not being taken into account)
 - 2 some elements of the story do not seem to be plausible
 - 3 an outsider would have doubts about the truth of the story (meeting a famous person, being very rich)
 - 4 it is obvious that some elements of the story cannot be true
 - 5 the stories are very hard to believe

4. Does the patient tell you or others that (s)he has an appointment with others (family, doctor) when this is not the case?
 - 1 never
 - 2 rarely
 - 3 sometimes
 - 4 often
 - 5 (almost) always

5. Does the patient tell you or others that (s)he had visitors who in fact never visited him/her?
 - 1 never
 - 2 rarely
 - 3 sometimes
 - 4 often
 - 5 (almost) always

6. Does the patient believe to be somewhere else than where (s)he actually is?
- 1 never
 - 2 rarely
 - 3 sometimes
 - 4 often
 - 5 (almost) always
7. Are the confabulations coherent stories, or are they difficult to follow and highly associative?
- 1 the stories are coherent and easy to follow
 - 2 the stories are usually easy to follow, but some details are incorrect
 - 3 the gist of the stories is clear, but details are incorrect and the patient frequently changes the subject
 - 4 the stories are difficult to follow, the patient often changes the subject
 - 5 the patient rambles and tells stories that are difficult to follow, swerves off topic
8. Can the patient be corrected when telling these stories?
- 1 yes, the patient immediately assumes that (s)he is incorrect
 - 2 yes, it only takes a little persuasion to convince the patient that (s)he is mistaken
 - 3 sometimes, the patient occasionally sticks to his/her conviction
 - 4 usually not, only confronting him/her with the incorrectness of a story results in reconsideration (e.g., an outside temperature of 25°C when the patient states that it is winter)
 - 5 no, the patient cannot be convinced of the reality and reacts negatively on efforts to do so
9. Does the patient recognizes acquaintances correctly?
- 1 yes, always
 - 2 often
 - 3 sometimes
 - 4 rarely
 - 5 no, never
10. Does the patient show incorrect familiarity ('recognize' strangers, or mistake people for someone else)?
- 1 never
 - 2 rarely
 - 3 sometimes
 - 4 often
 - 5 (almost) always

11. Does the patient see or hear things that are not present?

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 (almost) always

12. When the patient is being asked about the reason for admittance, does he/she respond correctly?

- 1 yes, always; the patient responds correctly where he/she is and why
- 2 often
- 3 sometimes
- 4 rarely
- 5 no never; the patient does not know where (s)he is and why

13. When the patient is being asked what (s)he did yesterday, does (s)he answer correctly?

- 1 yes, always
- 2 often
- 3 sometimes
- 4 rarely
- 5 no, never

14. When the patient is being asked about plans for the day or the next weekend, does the patient answer correctly?

- 1 yes, always
- 2 often
- 3 sometimes
- 4 rarely
- 5 no, never

15. When the patient is being asked about something (s)he does not remember anymore, does (s)he admit this?

- 1 yes, always
- 2 often
- 3 sometimes
- 4 rarely
- 5 no, never

16. Does the patient act upon his/her confabulations? Does (s)he for example walk to the door to wait for somebody or does (s)he get up during a conversation to take care of the dog?
- 1 never
 - 2 rarely
 - 3 sometimes
 - 4 often
 - 5 (almost) always
17. How often does the patient act or want to act upon the confabulations?
- 1 rarely to never
 - 2 a few times a week
 - 3 almost daily
 - 4 several times per day
 - 5 this happens almost continuously
18. Is the patient well oriented to place?
- 1 yes, the patient can correctly name the location and name of the clinic
 - 2 fairly, the patient is usually able to correctly tell where (s)he is
 - 3 so-so, the patient cannot always correctly provide the location or the clinic's name
 - 4 poorly, the patient cannot correctly tell where (s)he is and often thinks he is somewhere else
 - 5 very poorly, the patient is convinced to be somewhere else (at home, at work)
19. Is the patient well oriented to time?
- 1 yes, the patient can correctly name the date and day
 - 2 fairly, the patient is sometimes one day wrong
 - 3 so-so, the patient can tell the month and year correctly
 - 4 poorly, the patient can tell which season it is, but not the date or month
 - 5 very poorly, the patient cannot name the date and is often several months or years off
20. Is the patient capable of remembering things, such as names of other patients or appointments?
- 1 yes, (s)he can do this without problems
 - 2 fairly, it is sometimes necessary to repeat things
 - 3 so-so, information must be presented several times
 - 4 poorly, only names of patients which whom (s)he is in frequent contact will be remembered
 - 5 very poorly, the patient does not seem to profit from repetition and names of other patients are not remembered

Scoring

There are five possible answers per question. Please encircle the number in front of the description which represents the behavior of the patient best. The encircled numbers can be summed to form category scores. There are four possible category scores: 1) spontaneous confabulation 2) provoked confabulation 3) memory & orientation and 4) total confabulation score.

1. The category *spontaneous confabulation* consists of items: 1, 2, 3, 4, 5, 6, 10, 16 and 17. The minimum score for spontaneous confabulation is 9 (a score of 1 on each of the previously mentioned items). The maximum score is 45 (a score of 5 on each of the previously mentioned items)
2. The category *provoked confabulation* consists of items: 13, 14, and 15. The minimum category score is 3 and the maximum category score is 15.
3. The category *memory & orientation* consists of items: 6, 12, 18, 19 and 20. The minimum category score is 5 and the maximum category score is 25.
4. The *total confabulation score* is obtained by summing the answers on all items. The minimum category score is 20 and the maximum category score is 100.

Note: The minimum scores are not equal to 4. All items are positively keyed, there are no reversed items.

A category score indicates how often behavior from this category is observed. The higher the score, the more spontaneous/provoked confabulation behavior or problems with memory & orientation are observed. For example: Patient A is awarded a score of 9 on the *spontaneous confabulation category* and Patient B is rewarded a score of 57. This indicates that patient B expresses more spontaneous confabulation behavior than patient A.

TOT	1-20	
SPON	1, 2, 3, 4, 5, 7, 10, 16, 17	
PROV	13, 14, 15	
MEM	6, 12, 18, 19, 20	