Neuropsychiatric Inventory Questions

A. DELUSIONS **(NA)**

Does the patient have beliefs that you know are not true (for example, insisting that people are trying to harm him/her or steal from him/her)? Has he/she said that family members are not who they say they are or that the house is not their home? I'm not asking about mere suspiciousness; I am interested if the patient is convinced that these things are happening to him/her.

☐ Yes (If yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient believe that he/she is in danger - that others are planning to hurt him/her?	☐ Yes	☐ No
2. Does the patient believe that others are stealing from him/her?	☐ Yes	☐ No
3. Does the patient believe that his/her spouse is having an affair?	☐ Yes	☐ No
4. Does the patient believe that unwelcome guests are living in his/her house?	☐ Yes	☐ No
5. Does the patient believe that his/her spouse or others are not who they claim to be?	☐ Yes	☐ No
6. Does the patient believe that his/her house is not his/her home?	☐ Yes	☐ No
7. Does the patient believe that family members plan to abandon him/her?	☐ Yes	☐ No
8. Does the patient believe that television or magazine figures are actually present in the home? (Does he/she try to talk or interact with them?)	☐ Yes	☐ No
9. Does the patient believe any other unusual things that I haven't asked about?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the delusions.

Frequency:

☐ 1. Rarely – less than once per week

☐ 2. Sometimes – about once per week

☐ 3. Often – several times per week but less than every day

☐ 4. Very often – once or more per day

Severity:

☐ 1. Mild – delusions present but seem harmless and produce little distress in the patient.

☐ 2. Moderate – delusions are distressing and disruptive.

☐ 3. Severe – delusions are very disruptive and are a major source of behavioral disruption. (If PRN medications are prescribed, their use signals that the delusions are of marked severity.)

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

B. HALLUCINAIONS **(NA)**

Does the patient have hallucinations such as seeing false visions or hearing false voices? Does he/she seem to see, hear or experience things that are not present? By this question we do not mean just mistaken beliefs such as stating that someone who has died is still alive; rather we are asking if the patient actually has abnormal experiences of sounds or visions.

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient describe hearing voices or act as if he/she hears voices?	☐ Yes	☐ No
2. Does the patient talk to people who are not there?	☐ Yes	☐ No
3. Does he/she describe seeing things not seen by others or behave as if he/she is seeing things not seen by others (people, animals, lights, etc)?	☐ Yes	☐ No
4. Does he/she report smelling odors not smelled by others?	☐ Yes	☐ No
5. Does he/she describe feeling things on his/her skin or otherwise appear to be feeling things crawling or touching him/her?	☐ Yes	☐ No
6. Does he/she describe tastes that are without any known cause?	☐ Yes	☐ No
7. Does he/she describe any other unusual sensory experiences?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the hallucinations.

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – once or more per day.

Severity:

☐ 1. Mild – hallucinations are present but harmless and cause little distress for the patient.

☐ 2. Moderate – hallucinations are distressing and are disruptive to the patient.

☐ 3. Severe – hallucinations are very disruptive and are a major source of behavioral disturbance. PRN medications may be required to control them.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

C. AGITATION/AGGRESSION (NA)

Does the patient have periods when he/she refuses to cooperate or won't let people help him/her? Is he/she hard to handle?

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient get upset with those trying to care for him/her or resist activities such as bathing or changing clothes?	☐ Yes	☐ No
2. Is the patient stubborn, having to have things his/her way?	☐ Yes	☐ No
3. Is the patient uncooperative, resistive to help from others?	☐ Yes	☐ No
4. Does the patient have any other behaviors that make him/her hard to handle?	☐ Yes	☐ No
5. Does the patient shout or curse angrily?	☐ Yes	☐ No
6. Does the patient slam doors, kick furniture, throw things?	☐ Yes	☐ No
7. Does the patient attempt to hurt or hit others?	☐ Yes	☐ No
8. Does the patient have any other aggressive or agitated behaviors?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the agitation/aggression.

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – once or more per day.

Severity:

☐ 1. Mild – agitation is disruptive but can be managed with redirection or reassurance.

☐ 2. Moderate – agitation is disruptive and difficult to redirect or control.

☐ 3. Severe – agitation is very disruptive and a major source of difficulty; there may be a threat of personal harm. Medications are often required.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

D. DEPRESSION/DYSPHORIA (NA)

Does the patient seem sad or depressed? Does he/she say that he/she feels sad or depressed?

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient have periods of tearfulness or sobbing that seem to indicate sadness?	☐ Yes	☐ No
2. Does the patient say, or act as if, he/she is sad or in low spirits?	☐ Yes	☐ No
3. Does the patient put him/herself down or say that he/she feels like a failure?	☐ Yes	☐ No
4. Does the patient say that he/she is a bad person or deserves to be punished?	☐ Yes	☐ No
5. Does the patient seem very discouraged or say that he/she has no future?	☐ Yes	☐ No
6. Does the patient say he/she is a burden to the family or that the family would be better off without him/her?	☐ Yes	☐ No
7. Does the patient express a wish for death or talk about killing himself/herself?	☐ Yes	☐ No
8. Does the patient show any other signs of depression or sadness?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the depression/dysphoria.

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – essentially continuously present.

Severity:

☐ 1. Mild – depression is distressing but usually responds to redirection or reassurance.

☐ 2. Moderate – depression is distressing; depressive symptoms are spontaneously voiced by the patient and difficult to alleviate.

☐ 3. Severe – depression is very distressing and a major source of suffering for the patient.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

E. ANXIETY **(NA)**

Is the patient very nervous, worried, or frightened for no apparent reason? Does he/she seem very tense or fidgety? Is the patient afraid to be apart from you?

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient say that he/she is worried about planned events?	☐ Yes	☐ No
2. Does the patient have periods of feeling shaky, unable to relax, or feeling excessively tense?	☐ Yes	☐ No
3. Does the patient have periods of [or complain of] shortness of breath, gasping, or sighing for no apparent reason other than nervousness?	☐ Yes	☐ No
4. Does the patient complain of butterflies in his/her stomach, or of racing or pounding of the heart in association with nervousness? (Symptoms not explained by ill health)	☐ Yes	☐ No
5. Does the patient avoid certain places or situations that make him/her more nervous such as riding in the car, meeting with friends, or being in crowds?	☐ Yes	☐ No
6. Does the patient become nervous and upset when separated from you (or his/her caregiver)? (Does he/she cling to you to keep from being separated?)	☐ Yes	☐ No
7. Does the patient show any other signs of anxiety?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the anxiety.

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – once or more per day.

Severity:

☐ 1. Mild –anxiety is distressing but usually responds to redirection or reassurance.

☐ 2. Moderate – anxiety is distressing, anxiety symptoms are spontaneously voiced by the patient and difficult to alleviate.

☐ 3. Severe – anxiety is very distressing and a major source of suffering for the patient.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

F. ELATION/EUPHORIA (NA)

Does the patient seem too cheerful or too happy for no reason? I don't mean the normal happiness that comes from seeing friends, receiving presents, or spending time with family members. I am asking if the patient has a persistent and abnormally good mood or finds humor where others do not.

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient appear to feel too good or to be too happy, different from his/her usual self?	☐ Yes	☐ No
2. Does the patient find humor and laugh at things that others do not find funny?	☐ Yes	☐ No
3. Does the patient seem to have a childish sense of humor with a tendency to giggle or laugh inappropriately (such as when something unfortunate happens to others)?	☐ Yes	☐ No
4. Does the patient tell jokes or make remarks that are not funny to others but seem funny to him/her?	☐ Yes	☐ No
5. Does he/she play childish pranks such as pinching or playing "keep away" for the fun of it?	☐ Yes	☐ No
6. Does the patient "talk big" or claim to have more abilities or wealth than is true?	☐ Yes	☐ No
7. Does the patient show any other signs of feeling too good or being too happy?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the elation/euphoria.

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – essentially continuously present.

Severity:

☐ 1. Mild – elation is notable to friends and family but is not disruptive.

☐ 2. Moderate – elation is notably abnormal.

☐ 3. Severe – elation is very pronounced; patient is euphoric and finds nearly everything to be humorous.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

G. APATHY/INDIFFERENCE (NA)

Has the patient lost interest in the world around him/her? Has he/she lost interest in doing things or does he/she lack motivation for starting new activities? Is he/she more difficult to engage in conversation or in doing chores? Is the patient apathetic or indifferent?

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient seem less spontaneous and less active than usual?	☐ Yes	☐ No
2. Is the patient less likely to initiate a conversation?	☐ Yes	☐ No
3. Is the patient less affectionate or lacking in emotions when compared to his/her usual self?	☐ Yes	☐ No
4. Does the patient contribute less to household chores?	☐ Yes	☐ No
5. Does the patient seem less interested in the activities and plans of others?	☐ Yes	☐ No
6. Has the patient lost interest in friends and family members?	☐ Yes	☐ No
7. Is the patient less enthusiastic about his/her usual interests?	☐ Yes	☐ No
8. Does the patient show any other signs that he/she doesn't care about doing new things?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the apathy/indifference.

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – nearly always present.

Severity:

☐ 1. Mild – apathy is notable but produces little interference with daily routines; only mildly different from patient's usual behavior; patient responds to suggestions to engage in activities.

☐ 2. Moderate – apathy is very evident; may be overcome by the caregiver with coaxing and encouragement; responds spontaneously only to powerful events such as visits from close relatives or family members.

☐ 3. Severe – apathy is very evident and usually fails to respond to any encouragement or external events.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

H. DISINHIBITION (NA)

Does the patient seem to act impulsively without thinking? Does he/she do or say things that are not usually done or said in public? Does he/she do things that are embarrassing to you or others?

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient act impulsively without appearing to consider the consequences?	☐ Yes	☐ No
2. Does the patient talk to total strangers as if he/she knew them?	☐ Yes	☐ No
3. Does the patient say things to people that are insensitive or hurt their feelings?	☐ Yes	☐ No
4. Does the patient say crude things or make sexual remarks that he/she would not usually have said?	☐ Yes	☐ No
5. Does the patient talk openly about very personal or private matters not usually discussed in public?	☐ Yes	☐ No
6. Does the patient take liberties or touch or hug others in way that is out of character for him/her?	☐ Yes	☐ No
7. Does the patient show any other signs of loss of control of his/her impulses?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the disinhibition.

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – essentially continuously present.

Severity:

☐ 1. Mild – disinhibition is notable but usually responds to redirection and guidance.

☐ 2. Moderate – disinhibition is very evident and difficult to overcome by the caregiver.

☐ 3. Severe – disinhibition usually fails to respond to any intervention by the caregiver, and is a source of embarrassment or social distress.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

I. IRRITABILITY/LABILITY (NA)

Does the patient get irritated and easily disturbed? Are his/her moods very changeable? Is he/she abnormally impatient? We do not mean frustration over memory loss or inability to perform usual tasks; we are interested to know if the patient has abnormal irritability, impatience, or rapid emotional changes different from his/her usual self.

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient have a bad temper,"flying off the handle" easily over little things?	☐ Yes	☐ No
2. Does the patient rapidly change moods from one to another, being fine one minute and angry the next?	☐ Yes	☐ No
3. Does the patient have sudden flashes of anger?	☐ Yes	☐ No
4. Is the patient impatient, having trouble coping with delays or waiting for planned activities?	☐ Yes	☐ No
5. Is the patient cranky and irritable?	☐ Yes	☐ No
6. Is the patient argumentative and difficult to get along with?	☐ Yes	☐ No
7. Does the patient show any other signs of irritability?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the irritability /lability.

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – essentially continuously present.

Severity:

☐ 1. Mild – irritability or lability is notable but usually responds to redirection and reassurance.

☐ 2. Moderate – irritability and lability are very evident and difficult to overcome by the caregiver.

☐ 3. Severe – irritability and lability are very evident; they usually fail to respond to any intervention by the caregiver, and they are a major source of distress.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

J. ABERRANT MOTOR BEHAVIOR (NA)

Does the patient pace, do things over and over such as opening closets or drawers, or repeatedly pick at things or wind string or threads?

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient pace around the house without apparent purpose?	☐ Yes	☐ No
2. Does the patient rummage around opening and unpacking drawers or closets?	☐ Yes	☐ No
3. Does the patient repeatedly put on and take off clothing?	☐ Yes	☐ No
4. Does the patient have repetitive activities or "habits" that he/she performs over and over?	☐ Yes	☐ No
5. Does the patient engage in repetitive activities such as handling buttons, picking, wrapping string, etc?	☐ Yes	☐ No
6. Does the patient fidget excessively, seem unable to sit still, or bounce his/her feet or tap his/her fingers a lot?	☐ Yes	☐ No
7. Does the patient do any other activities over and over?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the aberrant motor activity:

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – essentially continuously present.

Severity:

☐ 1. Mild – abnormal motor activity is notable but produces little interference with daily routines.

☐ 2. Moderate – abnormal motor activity is very evident; can be overcome by the caregiver.

☐ 3. Severe – abnormal motor activity is very evident, usually fails to respond to any intervention by the caregiver and is a major source of distress.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

K. SLEEP AND NIGHTTIME BEHAVIOR DISORDERS (NA)

Does the patient have difficulty sleeping (do not count as present if the patient simply gets up once or twice per night only to go to the bathroom and falls back asleep immediately)? Is he/she up at night? Does he/she wander at night, get dressed, or disturb your sleep?

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Does the patient have difficulty falling asleep?	☐ Yes	☐ No
2. Does the patient get up during the night (do not count if the patient gets up once or twice per night only to go to the bathroom and falls back asleep immediately)?	☐ Yes	☐ No
3. Does the patient wander, pace, or get involved in inappropriate activities at night?	☐ Yes	☐ No
4. Does the patient awaken you during the night?	☐ Yes	☐ No
5. Does the patient wake up at night, dress, and plan to go out, thinking that it is morning and time to start the day?	☐ Yes	☐ No
6. Does the patient awaken too early in the morning (earlier than was his/her habit)?	☐ Yes	☐ No
7. Does the patient sleep excessively during the day?	☐ Yes	☐ No
8. Does the patient have any other nighttime behaviors that bother you that we haven't talked about?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the nighttime behavior.

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – once or more per day (every night).

Severity:

☐ 1. Mild – nighttime behaviors occur but they are not particularly disruptive.

☐ 2. Moderate – nighttime behaviors occur and disturb the patient and the sleep of the caregiver; more than one type of nighttime behavior may be present.

☐ 3. Severe – nighttime behaviors occur; several types of nighttime behavior may be present; the patient is very distressed during the night and the caregiver's sleep is markedly disturbed.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

L. APPETITE AND EATING CHANGES (NA)

Has he/she had any change in appetite, weight, or eating habits (count as NA if the patient is incapacitated and has to be fed)? Has there been any change in type of food he/she prefers?

☐ Yes (if yes, please proceed to subquestions)
☐ No (if no, please proceed to next screening question) ☐ N/A

1. Has he/she had a loss of appetite?	☐ Yes	☐ No
2. Has he/she had an increase in appetite?	☐ Yes	☐ No
3. Has he/she had a loss of weight?	☐ Yes	☐ No
4. Has he/she gained weight?	☐ Yes	☐ No
5. Has he/she had a change in eating behavior such as putting too much food in his/her mouth at once?	☐ Yes	☐ No
6. Has he/she had a change in the kind of food he/she likes such as eating too many sweets or other specific types of food?	☐ Yes	☐ No
7. Has he/she developed eating behaviors such as eating exactly the same types of food each day or eating the food in exactly the same order?	☐ Yes	☐ No
8. Have there been any other changes in appetite or eating that I haven't asked about?	☐ Yes	☐ No

If the screening question is confirmed, determine the frequency and severity of the changes in eating habits or appetite.

Frequency:

☐ 1. Rarely – less than once per week.

☐ 2. Sometimes – about once per week.

☐ 3. Often – several times per week but less than every day.

☐ 4. Very often – once or more per day or continuously.

Severity:

☐ 1. Mild – changes in appetite or eating are present but have not led to changes in weight and are not disturbing.

☐ 2. Moderate – changes in appetite or eating are present and cause minor fluctuations in weight.

☐ 3. Severe – obvious changes in appetite or eating are present and cause fluctuations in weight, are embarrassing, or otherwise disturb the patient.

Distress: How emotionally distressing do you find this behavior?

☐ 0. Not at all

☐ 1. Minimally (almost no change in work routine)

☐ 2. Mildly (almost no change in work routine but little time rebudgeting required)

☐ 3. Moderately (disrupts work routine, requires time rebudgeting)

☐ 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

☐ 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

(05/27/09: JLC)

NPI

Neuropsychiatric Inventory

Scoring Summary

CENTER #	SCREENING #	PATIENT #	PATIENT INITIALS	VISIT	DATE
☐☐☐	☐☐☐☐☐	☐☐☐☐	☐☐☐ (F M L)	☐☐	☐☐☐ (M D Y)

Please transcribe appropriate categories from the NPI Worksheet into the boxes provided.

For each domain:
- If symptoms of a domain did not apply, check the "N/A" box.
- If symptoms of a domain were absent, check the "0" box.
- If symptoms of a domain were present, check one score each for Frequency and Severity.
- Multiply Frequency score x Severity score and enter the product in the space provided.
- Total all Frequency x Severity scores and record the Total Score below.
- If symptoms of a domain were present, check one score for Distress; total all distress scores for a summary score.

Rater's Initials: ☐☐☐

DOMAIN	N/A[1]	ABSENT	FREQUENCY	SEVERITY	FREQUENCY X SEVERITY	CAREGIVER DISTRESS
		0	1 2 3 4	1 2 3		0 1 2 3 4 5
A. Delusions	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
B. Hallucinations	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
C. Agitation/Aggression	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
D. Depression/Dysphoria	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
E. Anxiety	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
F. Elation/Euphoria	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
G. Apathy/Indifference	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
H. Disinhibition	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
I. Irritability/Lability	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
J. Aberrant Motor Behavior	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
TOTAL SCORE:					☐☐☐	☐☐
K. Sleep and Nighttime Behavior Disorders	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐
L. Appetite/Eating Changes	☐	☐	☐☐☐☐	☐☐☐	☐☐	☐☐☐☐☐☐

NPI	Neuropsychiatric Inventory
	Worksheet

Directions: Read all items from the NPI "Instructions for Administration of the NPI". Mark Caregiver's responses on this worksheet before scoring the Frequency, Severity, and Caregiver Distress for each item.

A. DELUSIONS: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Fear of harm ☐ 2. Fear of theft ☐ 3. Spousal affair ☐ 4. Phantom boarder ☐ 5. Spouse imposter ☐ 6. House not home ☐ 7. Fear of abandonment ☐ 8. Talks to TV, etc. ☐ 9. Other _____	**B. HALLUCINATIONS**: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Hears voices ☐ 2. Talks to people not there ☐ 3. Sees things not there ☐ 4. Smells things not there ☐ 5. Feels things not there ☐ 6. Unusual taste sensations ☐ 7. Other _____
C. AGITATION/AGGRESSION: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Upset with caregiver; resists ADL's ☐ 2. Stubbornness ☐ 3. Uncooperative; resists help ☐ 4. Hard to handle ☐ 5. Cursing or shouting angrily ☐ 6. Slams doors; kicks, throws things ☐ 7. Hits, harms others ☐ 8. Other _____	**D. DEPRESSION/DYSPHORIA**: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Tearful and sobbing ☐ 2. States, acts as if sad ☐ 3. Puts self down, feels like failure ☐ 4. "Bad person", deserves punishment ☐ 5. Discouraged, no future ☐ 6. Burden to family ☐ 7. Talks about dying, killing self ☐ 8. Other _____
E. ANXIETY: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Worries about planned events ☐ 2. Feels shaky, tense ☐ 3. Sobs, sighs, gasps ☐ 4. Racing heart, "butterflies" ☐ 5. Phobic avoidance ☐ 6. Separation anxiety ☐ 7. Other _____	**F. ELATION/EUPHORIA**: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Feels too good, too happy ☐ 2. Abnormal humor ☐ 3. Childish, laughs inappropriately ☐ 4. Jokes or remarks not funny to others ☐ 5. Childish pranks ☐ 6. Talks "big", grandiose ☐ 7. Other _____

CONTINUES ON NEXT PAGE

NPI	Neuropsychiatric Inventory
	Worksheet

G. APATHY/INDIFFERENCE: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Less spontaneous or active ☐ 2. Less likely to initiate conversation ☐ 3. Less affectionate, lacking emotions ☐ 4. Contributes less to household chores ☐ 5. Less interested in others ☐ 6. Lost interest in friends or family ☐ 7. Less enthusiastic about interests ☐ 8. Other _____	**H. DISINHIBITION**: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Acts impulsively ☐ 2. Excessively familiar with strangers ☐ 3. Insensitive or hurtful remarks ☐ 4. Crude or sexual remarks ☐ 5. Talks openly of private matters ☐ 6. Inappropriate touching of others ☐ 7. Other _____
I. IRRITABILITY/LIBILITY: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Bad temper, "flies off handle" easily ☐ 2. Rapid changes in mood ☐ 3. Sudden flashes of anger ☐ 4. Impatient, trouble coping with delays ☐ 5. Cranky, irritable ☐ 6. Argues, difficult to get along with ☐ 7. Other _____	**J. ABERRANT MOTOR BEHAVIOR**: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Paces without purpose ☐ 2. Opens or unpacks closets or drawers ☐ 3. Repeatedly dresses and undresses ☐ 4. Repetitive activities or "habits" ☐ 5. Handling, picking, wrapping behavior ☐ 6. Excessively fidgety ☐ 7. Other _____
K. SLEEP AND NIGHTTIME BEHAVIOR DISORDERS: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Difficulty falling asleep ☐ 2. Up during the night ☐ 3. Wanders, paces, inappropriate activity ☐ 4. Awakens others at night ☐ 5. Wakes and dresses to go out at night ☐ 6. Early morning awakening ☐ 7. Sleeps excessively during the day ☐ 8. Other _____	**L. APPETITE/EATING CHANGES**: ☐Yes ☐No ☐N/A Frequency_____ Severity_____ Distress _____ ☐ 1. Loss of appetite ☐ 2. Increased appetite ☐ 3. Weight loss ☐ 4. Weight gain ☐ 5. Change in eating habits ☐ 6. Change in food preferences ☐ 7. Eating rituals ☐ 8. Other _____