### NEUROPSYCHIATRIC INVENTORY QUESTIONNAIRE

**ADMINISTRATIVE INFORMATION**

0a. Completion Date: [ ] [ ] [ ]

0b. Staff ID: [ ] [ ] [ ]

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**Instructions:** This form is administered to the informant. {S} refers to subject, please state subject’s name in where {S} is found below. The following questions are based upon changes in neuropsychiatric symptoms over the previous month.

**Script:** “Now I will ask you questions about your husband/ wife/ brother/ sister/ parent/ friend’s behavior and personality.”

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<table>
<thead>
<tr>
<th>1. DELUSIONS:</th>
<th>2a. Yes</th>
<th>2b. No</th>
<th>1b. Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does {S} believe that others are stealing from him or her, or planning to harm him or her in some way?</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. HALLUCINATIONS:</th>
<th>3a. Yes</th>
<th>3b. No</th>
<th>2b. Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does {S} act as if he or she hears voices? Does he or she talk to people who are not there?</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. AGITATION OR AGGRESSION:</th>
<th>4a. Yes</th>
<th>4b. No</th>
<th>3b. Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is {S} stubborn and resistive to help from others?</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>4. DEPRESSION OR DYSPHORIA:</th>
<th>4b. Yes</th>
<th>4a. No</th>
<th>4b. Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does {S} act as if he or she is sad or in low spirits? Does he or she cry?</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ] [ ]</td>
</tr>
</tbody>
</table>

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ID NUMBER: [ ] [ ] [ ] [ ]

FORM CODE: N P I

DATE: 06/01/2011

Version 1.0
5. ANXIETY:
   Does (S) become upset when separated from you? Does he or she have any other signs of nervousness, such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?

   5a. □  □  5b. □  □  □

6. ELATION OR EUPHORIA
   Does (S) appear to feel too good or act excessively happy?

   6a. □  □  6b. □  □  □

7. APATHY OR INDIFFERENCE:
   Does (S) seem less interested in his or her usual activities and plans of others?

   7a. □  □  7b. □  □  □

8. DISINHIBITION:
   Does (S) seem to act impulsively? For example, does the patient talk to strangers as if he or she know them, or does the patient say things that may hurt people’s feelings?

   8a. □  □  8b. □  □  □

9. IRRITABILITY OR LABILITY:
   Is (S) impatient or cranky? Does he or she have difficulty coping with delays or waiting for planned activities?

   9a. □  □  9b. □  □  □

10. MOTOR DISTURBANCE:
    Does (S) engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?

    10a. □  □  10b. □  □  □

11. NIGHTTIME BEHAVIORS:
    Does (S) awaken you during the night, rise too early in the morning or take excessive naps during the day?

    11a. □  □  11b. □  □  □

12. APPETITE AND EATING:
    Has (S) lost or gained weight, or had a change in the food he or she likes?

    12a. □  □  12b. □  □  □
INSTRUCTIONS FOR THE NEUROPSYCHIATRIC INVENTORY QUESTIONNAIRE (NPI) FORM

I. General Instructions
The Neuropsychiatric Inventory Questionnaire (NPI-Q) is an informant-based interview that assesses neuropsychiatric symptoms of the participant over the previous month. This should be administered, either in person or over the phone, immediately following the CDR Informant interview. Initial response to each question are “Yes” (present) or “No” (absent). If the response to the question is "No", the interviewer goes to the next question. If "Yes", then ask the informant to rate the Severity of the symptoms present within the last month on a 3-point scale (1=mild, 2=moderate, 3=severe).

Read: “Now I will ask you questions about your husband/ wife/ brother/ sister/ parent/ friend's behavior and personality.”

II. Detailed Instructions for Each Item
0a. Enter the date on which the participant was seen in the clinic.
0b. Enter the staff ID for the person who completed this form.
1-12. Choose “Yes” only if the symptom(s) has been present in the last month. Otherwise, choose “No”. For each item marked “Yes” rate the SEVERITY of the symptom (how it affects the participant):
   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)