



NEUROPSYCHIATRIC INVENTORY QUESTIONNAIRE

ID NUMBER: FORM CODE: DATE: 04/01/2016
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year0b. Staff ID:

Instructions: This form is administered to the informant. {S} refers to subject, please state subject's name 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."

	Yes	No	Severity		
			Mild	Moderate	Severe
1. DELUSIONS: Does {S} believe that others are stealing from him or her, or planning to harm him or her in some way?	1a. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	1b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
2. HALLUCINATIONS: Does {S} act as if he or she hears voices? Does he or she talk to people who are not there?	2a. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	2b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
3. AGITATION OR AGGRESSION: Is {S} stubborn and resistive to help from others?	3a. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	3b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
4. DEPRESSION OR DYSPHORIA: Does {S} act as if he or she is sad or in low spirits? Does he or she cry?	4a. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	4b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
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. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	5b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Severity

	Yes	No	Mild Moderate Severe		
6. ELATION OR EUPHORIA Does {S} appear to feel too good or act excessively happy?	6a. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	6b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
7. APATHY OR INDIFFERENCE: Does {S} seem less interested in his or her usual activities and plans of others?	7a. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	7b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
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. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	8b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
9. IRRITABILITY OR LABILITY: Is {S} impatient or cranky? Does he or she have difficulty coping with delays or waiting for planned activities?	9a. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	9b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
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. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	10b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
11. NIGHTTIME BEHAVIORS: Does {S} awaken you during the night, rise too early in the morning or take excessive naps during the day?	11a. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	11b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
12. APPETITE AND EATING: Has {S} lost or gained weight, or had a change in the food he or she likes?	12a. <input type="checkbox"/> _Y	<input type="checkbox"/> _N	12b. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃



INSTRUCTIONS FOR THE NEUROPSYCHIATRIC INVENTORY QUESTIONNAIRE (NPI-Q)

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.

NOTE THAT FOR ANY PARTICIPANT WHO BRINGS AN INFORMANT WITH HIM/HER TO THE VISIT, THE NPI IS TO BE ADMINISTERED TO THE INFORMANT. FOR ALL PARTICIPANTS, THE SELECTION ALGORITHM WILL DETERMINE WHO GOES ON TO STAGE 2 TO COMPLETE THE NPI OVER THE PHONE AT A LATER TIME.

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

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)