

A3.21 Neuropsychiatric Inventory (NPI)

These questions are designed to evaluate (*participant*)'s behaviour. They can usually be answered 'yes' or 'no' so please try to be brief in your responses. The questions relate to changes in (*participant*)'s behaviour since he/she developed memory problems, and that have been present in the last four weeks.

A. DELUSIONS

Does (*participant*) 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.

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Does the participant believe that he/she is in danger – that others are planning to hurt him/her?	
2	Does the participant believe that others are stealing from him/her?	
3	Does the participant believe that his/her spouse is having an affair?	
4	Does the participant believe that unwelcome guests are living in his/her house?	
5	Does the participant believe that his/her spouse or others are not who they claim to be?	
6	Does the participant believe that that his/her house is not his/her home?	
7	Does the participant believe that family members plan to abandon him/her?	
8	Does the participant believe that television or magazine figures are actually present in the home? (Does he/she try to talk or interact with them?)	
9	Does the participant believe any other unusual things that I haven't asked?	

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or once or more per day?

FREQUENCY	Occasionally – less than once per week	1
	Often – about once per week	2
	Frequently – several times per week but less than every day	3
	Very frequently – once or more per day	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	Mild – delusions present but seem harmless and produce little distress in the participant	1
	Moderate – delusions are distressing and disruptive	2
	Marked – delusions are very disruptive and are a major source of behavioural disruption. (<i>If PRN medications are prescribed, their use signals that the delusions are of marked severity</i>)	3

B. HALLUCINATIONS

Does the participant have hallucinations such as false visions or 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 participant actually has abnormal experiences of sounds, or visions.

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Does the participant describe hearing voices or act as if he/she hears voices?	
2	Does the participant talk to people who are not there?	
3	Does the participant describe seeing things not seen by others or behave as if he/she is seeing things not seen by others (people, animals, lights etc)?	
4	Does the participant report smelling odours not smelled by others?	
5	Does the participant describe feeling things on his/her skin or otherwise appear to be feeling things crawling or touching him/her?	
6	Does the participant describe tastes that are without any known cause?	
7	Does the participant describe any other unusual sensory experience?	

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or once or more per day?

FREQUENCY	<i>Occasionally</i> – less than once per week	1
	<i>Often</i> – about once per week	2
	<i>Frequently</i> – several times per week but less than every day	3
	<i>Very frequently</i> – once or more per day	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	<i>Mild</i> – hallucinations are present but harmless and cause little distress for the participant	1
	<i>Moderate</i> – hallucinations are distressing and are disruptive to the participant	2
	<i>Marked</i> – hallucinations are very disruptive and are a major source of behavioural disturbance. (<i>PRN medications may be required to control them</i>)	3

C. AGITATION / AGGRESSION

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

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Does the participant get upset with those trying to care for him/her or resist activities such as bathing or changing clothes?	
2	Is the participant stubborn, having to have things his/her way?	
3	Is the participant uncooperative, resistant to help from others?	
4	Does the participant have any other behaviours that make him/her hard to handle?	
5	Does the participant shout or curse angrily?	
6	Does the participant slam doors, kick furniture, throw things?	
7	Does the participant attempt to hurt or hit others?	
8	Does the participant have any other aggressive or agitated behaviours?	

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than daily, or once or more per day?

FREQUENCY	<i>Occasionally</i> – less than once per week	1
	<i>Often</i> – about once per week	2
	<i>Frequently</i> – several times per week but less than daily	3
	<i>Very frequently</i> – once or more per day	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	<i>Mild</i> – behaviour is disruptive but can be managed with redirection or reassurance	1
	<i>Moderate</i> – behaviours disruptive and difficult to redirect or control	2
	<i>Marked</i> – agitation is very disruptive and a major source of difficulty; there may be a threat of personal harm. Medications are often required.	3

D. DEPRESSION / DYSPHORIA

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

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

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

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or essentially continuously present?

FREQUENCY	<i>Occasionally</i> – less than once per week	1
	<i>Often</i> – about once per week	2
	<i>Frequently</i> – several times per week but less than everyday	3
	<i>Very often</i> – essentially continuously present	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	<i>Mild</i> – depression is distressing but usually responds to redirection or reassurance	1
	<i>Moderate</i> – depression is distressing, depressive symptoms are spontaneously voiced by the participant and difficult to alleviate	2
	<i>Marked</i> – depression is very distressing and a major source of suffering for the participant.	3

E. ANXIETY

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

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Does the participant say that he/she is worried about planned events?	
2	Does the participant have periods of feeling shaky, unable to relax, or feeling excessively tense?	
3	Does the participant have periods of [or complain of] shortness of breath, gasping or sighing for no other reason other than nervousness?	
4	Does the participant 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]	
5	Does the participant avoid certain places or situations that make him/her more nervous such as riding in the car, meeting with friends, or being in crowds?	
6	Does the participant become nervous when separated from you [or his/her caregiver?] [Does he/she cling to you to keep from being separated?]	
7	Does the participant show any other signs of anxiety?	

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or once or more per day?

FREQUENCY	<i>Occasionally</i> – less than once per week	1
	<i>Often</i> – about once per week	2
	<i>Frequently</i> – several times per week but less than every day	3
	<i>Very frequently</i> – once or more per day	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	<i>Mild</i> – anxiety is distressing but usually responds to redirection or reassurance	1
	<i>Moderate</i> – anxiety is distressing, anxiety symptoms are spontaneously voiced by the participant and difficult to alleviate	2
	<i>Marked</i> – anxiety is very distressing and a major source of suffering for the participant.	3

F. ELATION / EUPHORIA

Does the participant 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 participant has a persistent and abnormally good mood or finds humour where others do not.

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Does the participant appear to feel too good or to be too happy, different from his/her usual self?	
2	Does the participant find humour and laugh at things that others do not find funny?	
3	Does the participant seem to have a childish sense of humour with a tendency to giggle or laugh inappropriately (such as when something unfortunate happens to others)?	
4	Does the participant tell jokes or make remarks that have little humour for others but seem funny to him/her?	
5	Does he/she play childish pranks such as pinching or playing "keep away" (<i>i.e. taking things and refusing to give them back</i>) for the fun of it?	
6	Does the participant "talk big" or claim to have more abilities or wealth than is true?	
7	Does the participant show any other signs of feeling too good or being too happy?	

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or essentially continuously present?

FREQUENCY	Occasionally – less than once per week	1
	Often – about once per week	2
	Frequently – several times per week but less than every day	3
	Very frequently – essentially continuously present	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	Mild – elation is notable to friends and family but is not disruptive	1
	Moderate – elation is notably abnormal	2
	Marked – elation is very pronounced; participant is euphoric and finds nearly everything to be humorous	3

G. APATHY / INDIFFERENCE

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

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Does the participant seem less spontaneous and less active than usual?	
2	Is the participant less likely to initiate a conversation?	
3	Is the participant less affectionate or lacking in emotions when compared to his/her usual self?	
4	Does the participant contribute less to household chores?	
5	Does the participant seem less interested in the activities and plans of others?	
6	Has the participant lost interest in friends and family members?	
7	Is the participant less enthusiastic about his/her usual interests?	
8	Does the participant show any other signs that he/she doesn't care about doing new things?	

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or nearly always present?

FREQUENCY	Occasionally – less than once per week	1
	Often – about once per week	2
	Frequently – several times per week but less than every day	3
	Very frequently – nearly always present	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	Mild – apathy is notable but produces little interference with daily routines; only mildly different from participant's usual behaviour; participant responds to suggestions to engage in activities	1
	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	2
	Marked – apathy is very evident and usually fails to respond to any encouragement or external events	3

H. DISINHIBITION

Does the participant 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?

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Does the participant act impulsively without appearing to consider the consequences?	
2	Does the participant talk to total strangers as if he/she knew them?	
3	Does the participant say things to people that are insensitive or hurt their feelings?	
4	Does the participant say crude things or make sexual remarks that they would not usually have said?	
5	Does the participant talk openly about very personal or private matters not usually discussed in public?	
6	Does the participant take liberties or touch or hug others in way that is out of character for him/her?	
7	Does the participant show any other signs of loss of control of his/her impulses?	

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or essentially continuously present?

FREQUENCY	<i>Occasionally</i> – less than once per week	1
	<i>Often</i> – about once per week	2
	<i>Frequently</i> – several times per week but less than every day	3
	<i>Very often</i> – essentially continuously present	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	<i>Mild</i> – disinhibition is notable but usually responds to redirection and guidance	1
	<i>Moderate</i> – disinhibition is very evident and difficult to overcome by the caregiver	2
	<i>Marked</i> – disinhibition usually fails to respond to any intervention by the caregiver, and is a source of embarrassment or social distress	3

I. IRRITABILITY/ LABILITY

Does the participant 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 participant has abnormal irritability, impatience, or rapid emotional changes different from his/her usual self.

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Does the participant have a bad temper, flying "off the handle" easily over little things?	
2	Does the participant rapidly change moods from one to another, being fine one minute and angry the next?	
3	Does the participant have sudden outbursts of anger?	
4	Is the participant impatient, having trouble coping with delays or waiting for planned activities?	
5	Is the participant cranky and irritable?	
6	Is the participant argumentative and difficult to get along with?	
7	Does the participant show any other signs of irritability?	

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or essentially continuously present?

FREQUENCY	Occasionally – less than once per week	1
	Often – about once per week	2
	Frequently – several times per week but less than every day	3
	Very frequently – essentially continuously present	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	Mild – irritability or lability is notable but usually responds to redirection and reassurance	1
	Moderate – irritability and lability are very evident and difficult to overcome by the caregiver	2
	Marked – 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	3

J. ABERRANT MOTOR BEHAVIOUR

Does the participant pace, do things over and over again such as opening closets (*i.e. cupboards*) or drawers, or repeatedly pick at things or wind strings or threads?

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Does the participant pace around the house without any apparent purpose?	
2	Does the participant rummage around opening and unpacking drawers or closets (<i>i.e. cupboards</i>)?	
3	Does the participant repeatedly put on and take off clothing?	
4	Does the participant have repetitive activities or "habits" that he/she performs over and over?	
5	Does the participant engage in repetitive activities such as handling buttons, picking, wrapping string etc.?	
6	Does the participant fidget excessively, seem unable to sit still, or bounce his/her feet or tap his/her fingers a lot?	
7	Does the participant do any other activities over and over?	

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or essentially continuously present?

FREQUENCY	Occasionally – less than once per week	1
	Often – about once per week	2
	Frequently – several times per week but less than every day	3
	Very frequently – essentially continuously present	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	Mild – abnormal motor activity is notable but produce little interference with daily routines	1
	Moderate – abnormal motor activity is very evident; can be overcome by the caregiver	2
	Marked – abnormal motor activity is very evident, it usually fails to respond to any intervention by the caregiver, and is a major source of distress	3

K. SLEEP

Does the participant have difficulty sleeping (do not count as present if the participant 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?

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Does the participant have difficulty falling asleep?	
2	Does the participant get up during the night (do not count if the participant simply gets up once or twice per night only to go to the bathroom and falls back asleep immediately)?	
3	Does the participant wander, pace, or get involved in inappropriate activities at night?	
4	Does the participant awaken you during the night?	
5	Does the participant awaken during the night, dress and plan to go out thinking that it is morning and time to start the day?	
6	Does the participant awaken too early in the morning (earlier than was his/her habit)?	
7	Does the participant sleep excessively during the day?	
8	Does the participant have any other night-time behaviours that bother you that we haven't talked about?	

If the screening question is confirmed, determine the frequency and severity of the night-time behaviour.

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or once or more per day (every night)?

FREQUENCY	<i>Occasionally</i> – less than once per week	1
	<i>Often</i> – about once per week	2
	<i>Frequently</i> – several times per week but less than every day	3
	<i>Very frequently</i> – once or more per day (every night)	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	<i>Mild</i> – night-time behaviours occur but they are not particularly disruptive	1
	<i>Moderate</i> – night-time behaviours occur and disturb the participant and the sleep of the caregiver; more than one type of night-time behaviour may be present	2
	<i>Marked</i> – night-time behaviours occur; several types of night-time behaviour may be present; the participant is very distressed during the night and the caregiver's sleep is markedly disturbed	3

L. APPETITE AND EATING DISORDERS

Has he/she had any change in appetite, weight, or eating habits (count as "77" if the participant is incapacitated and has to be fed)? Has there been any change in type of food he/she prefers?

0	NO (<i>proceed to next screening question</i>)
1	YES (<i>proceed to subquestions</i>)
77	Not applicable
88	Not able to evaluate

Instructions: Insert '1' if present, '0' if absent, '77' if deemed unnecessary, '88' if unable to evaluate

1	Has he/she had a loss of appetite?	
2	Has he/she had an increase in appetite?	
3	Has he/she had a loss of weight?	
4	Has he/she gained weight?	
5	Has he/she had a change in eating behaviour such as putting too much food in his/her mouth at once?	
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?	
7	Has he/she developed eating behaviours such as eating exactly the same types of food each day or eating the food in exactly the same order?	
8	Have there been any other changes in appetite or eating that I haven't asked about?	

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

Now I want to find out how often these things (*define using the description of the behaviours they noted as most problematic on the subquestions*) occur. Would you say that they occur less than once per week, about once per week, several times per week but less than everyday, or once or more per day or continuously?

FREQUENCY	Occasionally – less than once per week	1
	Often – about once per week	2
	Frequently – several times per week but less than every day	3
	Very frequently – once or more per day or continuously	4

Now I would like to find out how severe these behaviours are. By severity, I mean how disturbing or disabling they are for the participant. Would you say that (the behaviours) are mild, moderate or severe?

SEVERITY	Mild – changes in appetite or eating are present but have not led to changes in weight and are not disturbing	1
	Moderate – changes in appetite or eating are present and cause minor fluctuations in weight	2
	Marked – obvious changes in appetite or eating are present and cause fluctuations in weight, are embarrassing, or otherwise disturb the participant	3