NEUROPSYCHIATRIC INVENTORY QUESTIONNAIRE

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE: N P I DATE: 04/01/2016 Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) 0b. 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. ☐Y	☐N	1b. ☐1	☐2	☐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. ☐Y	☐N	2b. ☐1	☐2	☐3
3. AGITATION OR AGGRESSION: Is {S} stubborn and resistive to help from others?	3a. ☐Y	☐N	3b. ☐1	☐2	☐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. ☐Y	☐N	4b. ☐1	☐2	☐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. ☐Y	☐N	5b. ☐1	☐2	☐3

	Yes	No	Severity: Mild	Moderate	Severe
6. ELATION OR EUPHORIA Does {S} appear to feel too good or act excessively happy?	6a. ☐Y	☐N	6b. ☐1	☐2	☐3
7. APATHY OR INDIFFERENCE: Does {S} seem less interested in his or her usual activities and plans of others?	7a. ☐Y	☐N	7b. ☐1	☐2	☐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. ☐Y	☐N	8b. ☐1	☐2	☐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. ☐Y	☐N	9b. ☐1	☐2	☐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. ☐Y	☐N	10b. ☐1	☐2	☐3
11. NIGHTIME BEHAVIORS: Does {S} awaken you during the night, rise too early in the morning or take excessive naps during the day?	11a. ☐Y	☐N	11b. ☐1	☐2	☐3
12. APPETITE AND EATING: Has {S} lost or gained weight, or had a change in the food he or she likes?	12a. ☐Y	☐N	12b. ☐1	☐2	☐3