

Neuropsychiatric InventoryAlzheimer's Disease Cooperative Study
Huperzine A Protocol

Baseline Visit

HU-

Site Number

Participant Number

Participant Initials

Examiner Initials

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Instructions:

Ask the participant's study partner to indicate whether any of the {P}'s behaviors listed below occurred during the previous four weeks. If so, used the following scales to rate the frequency, severity, and amount of distress the behaviors caused the study partner.

Please refer to the Procedures Manual for instructions on completing the NPI.

Information source

- ☐ Participant visit
☐ Telephone call

A. Delusions

Read the following out loud to the study partner: Does {P} 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 {P} is convinced that these things are happening to him/her.

If No or Not Applicable, proceed to Section B.

- ☐ Yes
☐ No
☐ Not Applicable

If Yes, complete each of the following:

1. Does {P} believe that he/she is in danger - that others are planning to hurt him/her?
☐ Yes
☐ No
2. Does {P} believe that others are stealing from him/her?
☐ Yes
☐ No
3. Does {P} believe that his/her spouse is having an affair?
☐ Yes
☐ No
4. Does {P} believe that unwelcome guests are living in his/her house?
☐ Yes
☐ No
5. Does {P} believe that his/her spouse or others are not who they claim to be?
☐ Yes
☐ No

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6. Does {P} believe that his/her house is not his/her home?

☐ Yes☐ No

7. Does {P} believe that family members plan to abandon him/her?

☐ Yes☐ No

8. Does {P} believe that television or magazine figures are actually present in the home? [Does he/she try to talk to or interact with them?]

☐ Yes☐ No

9. Does {P} believe any other unusual things that I haven't asked about?

☐ Yes☐ No

10a. Frequency Ratings

☐ Occasionally - less than once per week☐ Often - about once per week☐ Frequently - several times per week but less than every day☐ Very frequently - once or more per day

10b. Severity Ratings

☐ Mild - delusions present but seem harmless and produce little distress in the {P}☐ Moderate - delusions are distressing and disruptive☐ Marked - 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.]

10c. Study Partner Distress

☐ Not at all☐ Minimally☐ Mildly☐ Moderately☐ Severely☐ Very severely or extremely

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B. Hallucinations

Read the following out loud to the study partner: Does {P} 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 {P} actually has abnormal experiences of sounds, or visions.

If No or Not Applicable, proceed to Section C.

☐ Yes

☐ No

☐ Not Applicable

If Yes, complete each of the following:

1. Does {P} describe hearing voices or act as if he/she hears voices?

☐ Yes

☐ No

2. Does {P} talk to people who are not there?

☐ Yes

☐ No

3. Does {P} 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 {P} report smelling odors not smelled by others?

☐ Yes

☐ No

5. Does {P} describe feeling things on his/her skin or otherwise appear to be feeling things crawling or touching him/her?

☐ Yes

☐ No

6. Does {P} describe tastes that are without any known cause?

☐ Yes

☐ No

7. Does {P} describe any other unusual sensory experiences?

☐ Yes

☐ No

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- ☐ Occasionally - less than once per week
☐ Often - about once per week
☐ Frequently - several times per week but less than every day
☐ Very frequently - once or more per day

8b. Severity Ratings

- ☐ Mild - hallucinations are present but harmless and cause little distress for {P}
☐ Moderate - hallucinations are distressing and are disruptive to {P}
☐ Marked - hallucinations are very disruptive and are a major source of behavioral disruption; PRN medications may be required to control them

8c. Study Partner Distress

- ☐ Not at all
☐ Minimally
☐ Mildly
☐ Moderately
☐ Severely
☐ Very severely or extremely

C. Agitation/Aggression

Read the following out loud to the study partner: Does {P} have periods when he/she refuses to cooperate or won't let people help him/her? Is he/she hard to handle?

If No or Not Applicable, proceed to Section D.

- ☐ Yes
☐ No
☐ Not Applicable

If Yes, complete each of the following:

1. Does {P} get upset with those trying to care for him/her or resist activities such as bathing or changing clothes?

- ☐ Yes
☐ No

2. Is {P} stubborn, having to have things his/her way?

- ☐ Yes
☐ No

3. Is {P} uncooperative, resistive to help from others?

- ☐ Yes
☐ No

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4. Does {P} have any other behaviors that make him/her hard to handle?

☐ Yes☐ No

5. Does {P} shout or curse angrily?

☐ Yes☐ No

6. Does {P} slam doors, kick furniture, throw things?

☐ Yes☐ No

7. Does {P} attempt to hurt or hit others?

☐ Yes☐ No

8. Does {P} have any other aggressive or agitated behaviors?

☐ Yes☐ No

9a. Frequency Ratings

☐ Occasionally - less than once per week☐ Often - about once per week☐ Frequently - several times per week but less than every day☐ Very frequently - once or more per day

9b. Severity Ratings

☐ Mild - behavior is disruptive but can be managed with redirection or reassurance☐ Moderate - behaviors disruptive and difficult to redirect or control☐ Marked - agitation is very disruptive and a major source of difficulty; there may be a threat of personal harm; medications are often required

9c. Study Partner Distress

☐ Not at all☐ Minimally☐ Mildly☐ Moderately☐ Severely☐ Very severely or extremely

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Read the following out loud to the study partner: Does {P} seem sad or depressed? Does he/she say that he/she feels sad or depressed?

If No or Not Applicable, proceed to Section E.

- ☐ Yes
☐ No
☐ Not Applicable

If Yes, complete each of the following:

1. Does {P} have periods of tearfulness or sobbing that seem to indicate sadness?

- ☐ Yes
☐ No

2. Does {P} say or act as if he/she is sad or low in spirits?

- ☐ Yes
☐ No

3. Does {P} put him/herself down or say that he/she feels like a failure?

- ☐ Yes
☐ No

4. Does {P} say that he/she is a bad person or deserves to be punished?

- ☐ Yes
☐ No

5. Does {P} seem very discouraged or say that he/she has no future?

- ☐ Yes
☐ No

6. Does {P} say he/she is a burden to the family or that the family would be better off without him/her?

- ☐ Yes
☐ No

7. Does {P} express a wish for death or talk about killing him/herself?

- ☐ Yes
☐ No

8. Does {P} show any other signs of depression or sadness?

- ☐ Yes
☐ No

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9a. Frequency Ratings

- ☐ Occasionally - less than once per week
☐ Often - about once per week
☐ Frequently - several times per week but less than every day
☐ Very frequently - once or more per day

9b. Severity Ratings

- ☐ Mild - depression is distressing but usually responds to redirection or reassurance
☐ Moderate - depression is distressing, depressive symptoms are spontaneously voiced by {P} and difficult to alleviate
☐ Marked - depression is very distressing and a major source of suffering for {P}

9c. Study Partner Distress

- ☐ Not at all
☐ Minimally
☐ Mildly
☐ Moderately
☐ Severely
☐ Very severely or extremely

E. Anxiety

Read the following out loud to the study partner: Is {P} very nervous, worried, or frightened for no apparent reason? Does he/she seem very tense or fidgety? Is {P} afraid to be apart from you?

If No or Not Applicable, proceed to Section F.

- ☐ Yes
☐ No
☐ Not Applicable

If Yes, complete each of the following:

1. Does {P} say that he/she is worried about planned events?

- ☐ Yes
☐ No

2. Does {P} have periods of feeling shaky, unable to relax, or feeling excessively tense?

- ☐ Yes
☐ No

3. Does {P} have periods of [or complains of] shortness of breath, gasping, or sighing for no apparent reason other than nervousness?

- ☐ Yes
☐ No

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4. Does {P} 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 {P} 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 {P} become nervous or upset when separated from you [or his/her caregiver]? [Does he/she cling to you to keep from being separated?]

- ☐ Yes
☐ No

7. Does {P} show any other signs of anxiety?

- ☐ Yes
☐ No

8a. Frequency Ratings

- ☐ Occasionally - less than once per week
☐ Often - about once per week
☐ Frequently - several times per week but less than every day
☐ Very frequently - once or more per day

8b. Severity Ratings

- ☐ Mild - anxiety is distressing but usually responds to redirection or reassurance
☐ Moderate - anxiety is distressing, anxiety symptoms are spontaneously voiced by {P} and difficult to alleviate
☐ Marked - anxiety is very distressing and a major source of suffering for {P}

8c. Study Partner Distress

- ☐ Not at all
☐ Minimally
☐ Mildly
☐ Moderately
☐ Severely
☐ Very severely or extremely

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F. Elation/Euphoria

Read the following out loud to the study partner: Does {P} 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 {P} has a persistent and abnormally good mood or finds humor where others do not.

If No or Not Applicable, proceed to Section G.

- ☐ Yes
☐ No
☐ Not Applicable

If Yes, complete each of the following:

1. Does {P} appear to feel too good or too happy, different from his/her usual self?

☐ Yes
☐ No
2. Does {P} find humor and laugh at things that others do not find funny?

☐ Yes
☐ No
3. Does {P} 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 {P} tell jokes or make remarks that have little humor for 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 {P} "talk big" or claim to have more abilities or wealth than is true?

☐ Yes
☐ No
7. Does {P} show any other signs of feeling too good or being too happy?

☐ Yes
☐ No

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- ☐ Occasionally - less than once per week
☐ Often - about once per week
☐ Frequently - several times per week but less than every day
☐ Very frequently - essentially continuously present

8b. Severity Ratings

- ☐ Mild - elation is notable to friends and family but is not disruptive
☐ Moderate - elation is notably abnormal
☐ Marked - elation is very pronounced; {P} is euphoric and finds nearly everything to be humorous

8c. Study Partner Distress

- ☐ Not at all
☐ Minimally
☐ Mildly
☐ Moderately
☐ Severely
☐ Very severely or extremely

G. Apathy/Indifference

Read the following out loud to the study partner: Has {P} lost interest in the world around him/her? Has he/she lost interest in doing things or lack motivation for starting new activities? Is he/she more difficult to engage in conversations or doing chores? Is {P} apathetic or indifferent?

If No or Not Applicable, proceed to Section H.

- ☐ Yes
☐ No
☐ Not Applicable

If Yes, complete each of the following:

- Does {P} seem less spontaneous and less active than usual?
☐ Yes
☐ No
- Does {P} less likely to initiate a conversation?
☐ Yes
☐ No
- Does {P} less affectionate or lacking in emotions when compared to his/her usual self?
☐ Yes
☐ No

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4. Does {P} contribute less to household chores?
☐ Yes
☐ No
5. Does {P} seem less interested in the activities and plans of others?
☐ Yes
☐ No
6. Has {P} lost interest in friends and family members?
☐ Yes
☐ No
7. Is {P} less enthusiastic about his/her usual interests?
☐ Yes
☐ No
8. Does {P} show any other signs that he/she doesn't care about doing new things?
☐ Yes
☐ No
- 9a. Frequency Ratings
☐ Occasionally - less than once per week
☐ Often - about once per week
☐ Frequently - several times per week but less than every day
☐ Very frequently - nearly always present
- 9b. Severity Ratings
☐ Mild - apathy is notable but produces little interference with daily routines; only mildly different from {P}'s usual behavior; {P} responds to suggestions to engage in activities
☐ Moderate - apathy is very evident; may be overcome by the study partner with coaxing and encouragement; responds spontaneously only to powerful events such as visits from close relatives or family members
☐ Marked - apathy is very evident and usually fails to respond to any encouragement or external events
- 9c. Study Partner Distress
☐ Not at all
☐ Minimally
☐ Mildly
☐ Moderately
☐ Severely
☐ Very severely or extremely

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Read the following out loud to the study partner: Does {P} 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?

If No or Not Applicable, proceed to Section I.

- ☐ Yes
☐ No
☐ Not Applicable

If Yes, complete each of the following:

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

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- ☐ Occasionally - less than once per week
☐ Often - about once per week
☐ Frequently - several times per week but less than every day
☐ Very frequently - essentially continuously present

8b. Severity Ratings

- ☐ Mild - disinhibition is notable but usually responds to redirection and guidance
☐ Moderate - disinhibition is very evident and difficult to overcome by the study partner
☐ Marked - disinhibition usually fails to respond to any intervention by the study partner and is a source of embarrassment or social distress

8c. Study Partner Distress

- ☐ Not at all
☐ Minimally
☐ Mildly
☐ Moderately
☐ Severely
☐ Very severely or extremely

1. Irritability/Lability

Read the following out loud to the study partner: Does {P} 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 {P} has abnormal irritability, impatience, or rapid emotional changes different from his/her usual self.

If No or Not Applicable, proceed to Section J.

- ☐ Yes
☐ No
☐ Not Applicable

If Yes, complete each of the following:

1. Does {P} have a bad temper, flying "off the handle" easily over little things?

- ☐ Yes
☐ No

2. Does {P} rapidly change moods from one to another, being fine one minute and angry the next?

- ☐ Yes
☐ No

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3. Does {P} have sudden flashes of anger?

- ☐ Yes
☐ No

4. Is {P} impatient, having trouble coping with delays or waiting for planned activities?

- ☐ Yes
☐ No

5. Is {P} cranky and irritable?

- ☐ Yes
☐ No

6. Is {P} argumentative and difficult to get along with?

- ☐ Yes
☐ No

7. Does {P} show any other signs of irritability?

- ☐ Yes
☐ No

8a. Frequency Ratings

- ☐ Occasionally - less than once per week
☐ Often - about once per week
☐ Frequently - several times per week but less than every day
☐ Very frequently - essentially continuously present

8b. Severity Ratings

- ☐ Mild - irritability or lability is notable but usually responds to redirection and reassurance
☐ Moderate - irritability and lability are very evident and difficult to overcome by the study partner
☐ Marked - irritability and lability are very evident, they usually fail to respond to any intervention by the study partner, and they are a major source of distress

8c. Study Partner Distress

- ☐ Not at all
☐ Minimally
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J. Aberrant Motor Behavior

Read the following out loud to the study partner: Does {P} pace, do things over and over such as opening closets or drawers, or repeatedly pick at things or wind string or threads?

If No or Not Applicable, proceed to Section K.

☐ Yes☐ No☐ Not Applicable

If Yes, complete each of the following:

1. Does {P} pace around the house without apparent purpose?

☐ Yes☐ No

2. Does {P} rummage around opening and unpacking drawers or closets?

☐ Yes☐ No

3. Does {P} repeatedly put on and take off clothing?

☐ Yes☐ No

4. Does {P} have repetitive activities or "habits" that he/she performs over and over?

☐ Yes☐ No

5. Does {P} engage in repetitive activities such as handling buttons, picking, wrapping string, etc?

☐ Yes☐ No

6. Has {P} fidget excessively, seem unable to sit still, or bounce his/her feet or tap his/her fingers a lot?

☐ Yes☐ No

7. Does {P} do any other activities over and over?

☐ Yes☐ No

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- ☐ Occasionally - less than once per week
☐ Often - about once per week
☐ Frequently - several times per week but less than every day
☐ Very frequently - essentially continuously present

8b. Severity Ratings

- ☐ Mild - abnormal motor activity is notable but produces little interference with daily routines
☐ Moderate - abnormal motor activity is very evident; can be overcome by the study partner
☐ Marked - abnormal motor activity is very evident, it usually fails to respond to any intervention by the study partner, and is a major source of distress

8c. Study Partner Distress

- ☐ Not at all
☐ Minimally
☐ Mildly
☐ Moderately
☐ Severely
☐ Very severely or extremely

K. Sleep

Read the following out loud to the study partner: Does {P} have difficulty sleeping (do not count as present if {P} 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?

If No or Not Applicable, proceed to Section L.

- ☐ Yes
☐ No
☐ Not Applicable.

If Yes, complete each of the following:

1. Does {P} have difficulty falling asleep?

- ☐ Yes
☐ No

2. Does {P} 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

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3. Does {P} wander, pace, or get involved in inappropriate activities at night?
☐ Yes
☐ No
4. Does {P} awaken you during the night?
☐ Yes
☐ No
5. Does {P} awaken at night, dress, and plan to go out thinking that it is morning and time to start the day?
☐ Yes
☐ No
6. Does {P} awaken too early in the morning (earlier than was his/her habit)?
☐ Yes
☐ No
7. Does {P} sleep excessively during the day?
☐ Yes
☐ No
8. Does {P} have any other night-time behaviors that bother you that we haven't talked about?
☐ Yes
☐ No
- 9a. Frequency Ratings
☐ Occasionally - less than once per week
☐ Often - about once per week
☐ Frequently - several times per week but less than every day
☐ Very frequently - once or more per day (every night)
- 9b. Severity Ratings
☐ Mild - night-time behaviors occur but they are not particularly disruptive
☐ Moderate - night-time behaviors occur and disturb {P} and the sleep of the study partner; more than one type of night-time behavior may be present
☐ Marked - night-time behaviors occur; several types of night-time behavior may be present; {P} is very distressed during the night and the study partner's sleep is markedly disturbed

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9c. Study Partner Distress

- ☐ Not at all
☐ Minimally
☐ Mildly
☐ Moderately
☐ Severely
☐ Very severely or extremely

L. Appetite and eating disorders

Read the following out loud to the study partner: Has he/she had any change in appetite, weight, or eating habits? (Count as NA if {P} is incapacitated and has to be fed.) Has there been any change in type of food he/she prefers?

If No or Not Applicable, click Submit.

- ☐ Yes
☐ No
☐ Not Applicable

If Yes, complete each of the following:

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

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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

9a. Frequency Ratings

☐ Occasionally - less than once per week☐ Often - about once per week☐ Frequently - several times per week but less than every day☐ Very frequently - once or more per day or continuously

9b. Severity Ratings

☐ Mild - changes in appetite or eating are present but have not led to changes in weight and are not disturbing☐ Moderate - changes in appetite or eating are present and cause minor fluctuations in weight☐ Marked - obvious changes in appetite or eating are present and cause fluctuations in weight, are embarrassing, or otherwise disturb {P}

9c. Study Partner Distress

☐ Not at all☐ Minimally☐ Mildly☐ Moderately☐ Severely☐ Very severely or extremely