(NACC

Form B5: BEHAVIORAL ASSESSMENT Neuropsychiatric Inventory Questionnaire (NPI-Q[1])

ADRC name: _____   Participant ID: _____   Form date: ___ ___ / ___ ___ / ___ ___ ___ ___   Visit #: _____   Examiner's initials: _____

INSTRUCTIONS: *This form is to be completed by the clinician or other trained health professional based on co-participant interview, as described by the training video. (This is not to be completed by the participant as a paper-and-pencil self-report.) For information on NPI-Q Interviewer Certification, see UDS Coding Guidebook for Initial Visit Packet, Form B5. Check only* <u>one</u> *box for each category of response.*

Please answer the following questions based on <u>changes</u> that have occurred since the patient first began to experience memory (i.e., cognitive) problems. **Select 1=Yes** <u>only if</u> **the symptom(s) has been present** <u>in the last month</u>. Otherwise, select 0=No. *(NOTE: for the UDS, please administer the NPI-Q to all participants.)*

For each item marked **1=Yes**, rate the SEVERITY of the symptom (how it affects the patient):
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)

		Yes	No	Unknown		SEVERITY Mild	Mod	Severe	Unknown
1.	**NPI CO-PARTICIPANT:** ☐1 Spouse ☐2 Child ☐3 Other (SPECIFY): _____								
2.	**Delusions** — Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?	**2a.** ☐1	☐0	☐9	**2b.**	☐1	☐2	☐3	☐9
3.	**Hallucinations** — Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present?	**3a.** ☐1	☐0	☐9	**3b.**	☐1	☐2	☐3	☐9
4.	**Agitation/aggression** — Is the patient resistive to help from others at times, or hard to handle?	**4a.** ☐1	☐0	☐9	**4b.**	☐1	☐2	☐3	☐9
5.	**Depression/dysphoria** — Does the patient seem sad or say that he/she is depressed?	**5a.** ☐1	☐0	☐9	**5b.**	☐1	☐2	☐3	☐9

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For each item marked **1=Yes**, rate the SEVERITY of the symptom (how it affects the patient):

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)

		Yes	No	Unknown		Severity: Mild	Mod	Severe	Unknown
6.	**Anxiety** — Does the patient become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	6a. ☐1	☐0	☐9	6b.	☐1	☐2	☐3	☐9
7.	**Elation/euphoria** — Does the patient appear to feel too good or act excessively happy?	7a. ☐1	☐0	☐9	7b.	☐1	☐2	☐3	☐9
8.	**Apathy/indifference** — Does the patient seem less interested in his/her usual activities or in the activities and plans of others?	8a. ☐1	☐0	☐9	8b.	☐1	☐2	☐3	☐9
9.	**Disinhibition** — Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?	9a. ☐1	☐0	☐9	9b.	☐1	☐2	☐3	☐9
10.	**Irritability/lability** — Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?	10a. ☐1	☐0	☐9	10b.	☐1	☐2	☐3	☐9
11.	**Motor disturbance** — Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	11a. ☐1	☐0	☐9	11b.	☐1	☐2	☐3	☐9
12.	**Nighttime behaviors** — Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?	12a. ☐1	☐0	☐9	12b.	☐1	☐2	☐3	☐9
13.	**Appetite/eating** — Has the patient lost or gained weight, or had a change in the type of food he/she likes?	13a. ☐1	☐0	☐9	13b.	☐1	☐2	☐3	☐9