



The Neuropsychiatric Inventory - Questionnaire

Protocol

Site Number

Screening Number

Randomization Number

Assessment Date

Rater

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Build 28



Instructions

Please answer the following questions based on changes that have occurred since the patient first began to experience memory problems.

Respond "Yes" only if the symptom(s) has been present in the last month. Otherwise, respond "No".

For each item marked "Yes":

- a) Rate the SEVERITY of the symptom (how it affects the patient).**
- b) Rate the DISTRESS you experience due to that symptom (how it affects you).**

Please answer each question carefully. Ask for assistance if you have any questions.

1. Delusions

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

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?

☐ YES

☐ NO

1. Delusions (Severity)

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)

1. Delusions (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

- ☐ **0 = Not distressing at all**
- ☐ **1 = Minimal** (slightly distressing, not a problem to cope with)
- ☐ **2 = Mild** (not very distressing, generally easy to cope with)
- ☐ **3 = Moderate** (fairly distressing, not always easy to cope with)
- ☐ **4 = Severe** (very distressing, difficult to cope with)
- ☐ **5 = Extreme or Very Severe** (extremely distressing, unable to cope with)

2. Hallucinations

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

**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?**

☐ YES

☐ NO

2. Hallucinations (Severity)

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)

2. Hallucinations (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

- ☐ **0 = Not distressing at all**
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- ☐ **4 = Severe** (very distressing, difficult to cope with)
- ☐ **5 = Extreme or Very Severe** (extremely distressing, unable to cope with)

3. Agitation/Aggression

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

Is the patient resistive to help from others at times, or hard to handle?

☐ YES

☐ NO

3. Agitation/Aggression (Severity)

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)

3. Agitation/Aggression (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

- ☐ **0 = Not distressing at all**
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- ☐ **4 = Severe** (very distressing, difficult to cope with)
- ☐ **5 = Extreme or Very Severe** (extremely distressing, unable to cope with)

4. Depression/Dysphoria

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

Does the patient seem sad or say that he/she is depressed?

☐ YES

☐ NO

4. Depression/Dysphoria (Severity)

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)

4. Depression/Dysphoria (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

- ☐ **0 = Not distressing at all**
- ☐ **1 = Minimal** (slightly distressing, not a problem to cope with)
- ☐ **2 = Mild** (not very distressing, generally easy to cope with)
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- ☐ **5 = Extreme or Very Severe** (extremely distressing, unable to cope with)

5. Anxiety

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

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?

☐ YES

☐ NO

5. Anxiety (Severity)

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)

5. Anxiety (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

- ☐ **0 = Not distressing at all**
- ☐ **1 = Minimal** (slightly distressing, not a problem to cope with)
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- ☐ **5 = Extreme or Very Severe** (extremely distressing, unable to cope with)

6. Elation/Euphoria

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

Does the patient appear to feel too good or act excessively happy?

☐ YES

☐ NO

6. Elation/Euphoria (Severity)

Rate the **SEVERITY** of the symptom (how it affects the patient):

- ☐ **1 = Mild** (noticeable, but not a significant change)
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- ☐ **3 = Severe** (very marked or prominent, a dramatic change)

6. Elation/Euphoria (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

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7. Apathy/Indifference

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

Does the patient seem less interested in his/her usual activities or in the activities and plans of others?

☐ YES

☐ NO

7. Apathy/Indifference (Severity)

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)

7. Apathy/Indifference (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

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8. Disinhibition

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

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?

☐ YES

☐ NO

8. Disinhibition (Severity)

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)

8. Disinhibition (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

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9. Irritability/Lability

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?

☐ YES

☐ NO

9. Irritability/Lability (Severity)

Rate the **SEVERITY** of the symptom (how it affects the patient):

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9. Irritability/Lability (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

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10. Motor Disturbance

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?

☐ YES

☐ NO

10. Motor Disturbance (Severity)

Rate the SEVERITY of the symptom (how it affects the patient):

- ☐ **1 = Mild** (noticeable, but not a significant change)
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- ☐ **3 = Severe** (very marked or prominent, a dramatic change)

10. Motor Disturbance (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

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11. Nighttime Behaviors

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?

☐ YES

☐ NO

11. Nighttime Behaviors (Severity)

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)
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11. Nighttime Behaviors (Distress)

Rate the DISTRESS you experience due to this symptom (how it affects you):

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12. Appetite/Eating

Select YES only if the symptom(s) has been present in the last month, otherwise select NO.

Has the patient lost or gained weight, or had a change in the type of food he/she likes?

☐ YES

☐ NO

12. Appetite/Eating (Severity)

Rate the **SEVERITY** of the symptom (how it affects the patient):

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12. Appetite/Eating (Distress)

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Conclusion
