



Study Name or Acronym: _____

NEUROPSYCHIATRIC INVENTORY QUESTIONNAIRE (NPI-Q)

9 6

4 0

SUBJECT ID

VISIT NO

DATA SOURCE

SITE NO

VISIT DATE MM

DD

YYYY

Please ask the following questions based upon changes.

Indicate "yes" only if the symptom has been present in the past month; otherwise, indicate "no".

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)

Rate the DISTRESS you (the caregiver) experience because of the 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)

Present in the PAST MONTH:
 0 = No
 1 = Yes

DELUSIONS

1. Does the patient believe that others are stealing from him or her, or planning to harm him or her in some way? 1.1 1.2 1.3

HALLUCINATIONS

2. Does the patient act as if he or she hears voices? Does he or she talk to people who are not there? 2.1 2.2 2.3

AGITATION OR AGGRESSION

3. Is the patient stubborn and resistive to help from others? 3.1 3.2 3.3

DEPRESSION OR DYSPHORIA

4. Does the patient act as if he or she is sad or in low spirits? Does he or she cry? 4.1 4.2 4.3

ANXIETY

5. Does the patient 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? 5.1 5.2 5.3

ELATION OR EUPHORIA

6. Does the patient appear to feel too good or act excessively happy? 6.1 6.2 6.3

APATHY OR INDIFFERENCE

7. Does the patient seem less interested in his or her usual activities and in the activities and plans of others? 7.1 7.2 7.3



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DISINHIBITION

8. Does the patient seem to act impulsively? For example, does the patient talk to strangers as if he or she knows them, or does the patient say things that may hurt people's feelings?
- | | | | | | |
|-----|---|-----|---|-----|---|
| 8.1 | <input style="width: 30px; height: 30px;" type="text"/> | 8.2 | <input style="width: 30px; height: 30px;" type="text"/> | 8.3 | <input style="width: 30px; height: 30px;" type="text"/> |
|-----|---|-----|---|-----|---|

IRRITABILITY OR LABILITY

9. Is the patient impatient and cranky? Does he or she have difficulty coping with delays or waiting for planned activities?
- | | | | | | |
|-----|---|-----|---|-----|---|
| 9.1 | <input style="width: 30px; height: 30px;" type="text"/> | 9.2 | <input style="width: 30px; height: 30px;" type="text"/> | 9.3 | <input style="width: 30px; height: 30px;" type="text"/> |
|-----|---|-----|---|-----|---|

MOTOR DISTURBANCE

10. Does the patient engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?
- | | | | | | |
|------|---|------|---|------|---|
| 10.1 | <input style="width: 30px; height: 30px;" type="text"/> | 10.2 | <input style="width: 30px; height: 30px;" type="text"/> | 10.3 | <input style="width: 30px; height: 30px;" type="text"/> |
|------|---|------|---|------|---|

NIGHTTIME BEHAVIORS

11. Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?
- | | | | | | |
|------|---|------|---|------|---|
| 11.1 | <input style="width: 30px; height: 30px;" type="text"/> | 11.2 | <input style="width: 30px; height: 30px;" type="text"/> | 11.3 | <input style="width: 30px; height: 30px;" type="text"/> |
|------|---|------|---|------|---|

APPETITE AND EATING

12. Has the patient lost or gained weight, or had a change in the food he or she likes?
- | | | | | | |
|------|---|------|---|------|---|
| 12.1 | <input style="width: 30px; height: 30px;" type="text"/> | 12.2 | <input style="width: 30px; height: 30px;" type="text"/> | 12.3 | <input style="width: 30px; height: 30px;" type="text"/> |
|------|---|------|---|------|---|