

***** NPI ADRC PUC *****

Record ID

Site: 39ADCID

Subject ID: PTID

Form Date: (Y-M-D)

Visit number: 1 (Initial visit), 2 and up (Follow up visit) VISITNUM

Rater's initials: INITIALS

Caregiver's initials: CINICIALS

Data Entry Date: (Y-M-D)

Data Entry By

Administered Status

- 1 Yes
- 95 - No, Physical problem
- 96 - No, Cognitive/behavior problem
- 97 - No, Other problem
- 98 - No, Verbal refusal
- 99 - Not Administered

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NEUROPSYCHIATRIC INVENTORY SCREEN VISIT (NPI)

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A. Delusions

1. Does the patient 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? I'm not asking about mere suspiciousness; I am interested if the patient is convinced that these things are happening to him/her

Delusions

1 Yes 2 No

1. Does the patient believe that he/she is in danger - that others are planning to hurt him/her?

1 Yes 2 No

2. Does the patient believe that others are stealing from him/her? 1 Yes 2 No

3. Does the patient believe that his/her spouse is having an affair? 1 Yes 2 No

4. Does the patient believe that unwelcome guests are living in his/her house? 1 Yes 2 No

5. Does the patient believe that his/her spouse or others are not who they claim to be? 1 Yes 2 No

6. Does the patient believe that his/her house is not his/her home? 1 Yes 2 No

7. Does the patient believe that family members plan to abandon him/her? 1 Yes 2 No

8. Does the patient believe that TV or magazine figures are actually present in the home? (Does he/she try to talk or interact with them?) 1 Yes 2 No

9. Does the patient believe any other unusual things that I have not asked about? 1 Yes 2 No

If question A.1 is answered yes, determine the frequency, severity and emotional impact of the delusions. Check the applicable response for each.

Frequency

- 1 = Occasionally - less than once per week
 2 = Often - about once per week
 3 = Frequently - several times per week but less than every day
 4 = Very frequently - once or more per day

Severity

- 1 = Mild - delusions present but seem harmless and produce little distress in the patient
 2 = Moderate - delusions are distressing and disruptive
 3 = Marked - delusions are very disruptive and are a major source of behavioral disruption. (If PRN medications are prescribed, they use signals that the delusions are of marked severity)

TOTAL SCORE

(frequency x severity)

Distress --- How emotionally distressing do you find this behavior?

- 0 = Not at all
 1 = Minimally
 2 = Mildly
 3 = Moderately
 4 = Severely
 5 = Very severely or extremely

Has the patient experienced delusions since the onset of illness? 1 Yes 2 No

If yes, describe briefly:

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B. Hallucinations

2. Does the patient 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 the patient actually has abnormal experiences of sounds or visions

Hallucinations 1 Yes 2 No

1. Does the patient describe hearing voices or act as if he/she hears voices? 1 Yes 2 No

2. Does the patient talk to people who are not there? 1 Yes 2 No

3. Does the patient describe seeing things not seen by others or behave as if he/she is seeing things not seen by others (people, animals, lights, etc.)? 1 Yes 2 No

4. Does the patient report smelling odors not smelled by others? 1 Yes 2 No

5. Does the patient describe feeling things on his/her skin or otherwise appear to be feeling things crawling on or touching him/her? 1 Yes 2 No

6. Does the patient describe tastes that are without any cause? 1 Yes 2 No

7. Does the patient describe any other unusual sensory experiences? 1 Yes 2 No

If question B.1 is answered yes, determine the frequency, severity and emotional impact of the hallucination. Check the applicable response for each.

Frequency

- 1 = Occasionally - less than once per week
- 2 = Often - about once per week
- 3 = Frequently - several times per week but less than every day
- 4 = Very frequently - once or more per day

Severity

- 1 = Mild - hallucinations are present but seem harmless and produce little distress in the patient
- 2 = Moderate - hallucinations are distressing and seem disruptive for the patient.
- 3 = Marked - hallucinations are very disruptive and are a major source of behavioral disruption. PRN medications may be required to control them.

TOTAL SCORE

(frequency x severity)

Distress --- How emotionally distressing do you find this behavior?

- 0 = Not at all
- 1 = Minimally
- 2 = Mildly
- 3 = Moderately
- 4 = Severely
- 5 = Very severely or extremely

Has the patient experienced hallucinations since the onset of illness? 1 Yes 2 No

If yes, describe briefly:

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C. Agitation/Aggression

3. Does the patient have periods where s/he refuses to cooperate or won't let people help her/him? Is s/he hard to handle?

Agitation/Aggression 1 Yes 2 No

1. Does the patient get upset with those trying to care for him/her or resist activities Such as bathing or changing cloths? 1 Yes 2 No

2. Is the patient stubborn, having to have things his/her way? 1 Yes 2 No

3. Is the patient uncooperative, resistive to help from others? 1 Yes 2 No

4. Does the patient have any other behaviors that make him/her hard to handle? 1 Yes 2 No

5. Does the patient shout or curse angrily? 1 Yes 2 No

6. Does the patient slam doors, kick furniture or throw things? 1 Yes 2 No

7. Does the patient attempt to hurt or hit others? 1 Yes 2 No

8. Does the patient have any aggressive or agitated behaviors? 1 Yes 2 No

If question C.1 is answered yes, determine the frequency, severity and emotional impact of the agitation/aggression. Check the applicable response for each.

Frequency

- 1 = Occasionally - less than once per week
- 2 = Often - about once per week
- 3 = Frequently - several times per week but less than every day
- 4 = Very frequently - once or more per day

Severity

- 1 = Mild - agitation is disruptive but can be managed with redirection or reassurance.
- 2 = Moderate - agitation disruptive and difficult to redirect or control
- 3 = Marked - agitation is very disruptive and a major source of difficulty; there may be a threat of personal harm. Medications are often required

TOTAL SCORE

(frequency x severity)

Distress --- How emotionally distressing do you find this behavior?

- 0 = Not at all
- 1 = Minimally
- 2 = Mildly
- 3 = Moderately
- 4 = Severely
- 5 = Very severely or extremely

Has the patient experienced agitation/aggression since the onset of illness? 1 Yes 2 No

If yes, describe briefly:

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D. Depression/Dysphoria

1. Does the patient seem sad or depressed? Does he/she say that he/she feels sad or depressed?

Depression/Dysphoria 1 Yes 2 No

1. Does the patient have periods of tearfulness or sobbing that seem to indicate sadness? 1 Yes 2 No

2. Does the patient say or act as if he/she is sad or in low spirits? 1 Yes 2 No

3. Does the patient put him/herself down or say that he/she feels like a failure? 1 Yes 2 No

4. Does the patient say that he/she is a bad person or deserves to be punished? 1 Yes 2 No

5. Does the patient seem discouraged or say that he/she has no future? 1 Yes 2 No

6. Does the patient say he/she is a burden to the family or that the family would be better off Without him/her? 1 Yes 2 No

7. Does the patient express a wish for death or talk about killing him/herself? 1 Yes 2 No

8. Does the patient show any other signs of depression or sadness? 1 Yes 2 No

If question D.1 is answered yes, determine the frequency, severity and emotional impact of the depressive symptoms. Check the applicable response for each.

Frequency

- 1 = Occasionally - less than once per week
- 2 = Often - about once per week
- 3 = Frequently - several times per week but less than every day
- 4 = Very frequently - once or more per day

Severity

- 1 = Mild - depression is distressing but usually responds to redirection or reassurance.
- 2 = Moderate - depression is distressing, depressive symptoms are spontaneously voiced by the patient and difficult to alleviate
- 3 = Marked - depression is distressing and a major source of suffering for the patient.

TOTAL SCORE

_____ (frequency x severity)

Distress --- How emotionally distressing do you find this behavior?

- 0 = Not at all
- 1 = Minimally
- 2 = Mildly
- 3 = Moderately
- 4 = Severely
- 5 = Very severely or extremely

Has the patient experienced depression/dysphoria since the onset of illness? 1 Yes 2 No

If yes, describe briefly: _____

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E. Anxiety

1. Is the patient very nervous, worried or frightened for no apparent reason? Does he/she seem very tense or fidgety? Is the patient afraid to be apart from you?

Anxiety 1 Yes 2 No

Has the patient experienced anxiety since the onset of illness? 1 Yes 2 No

If yes, describe briefly:

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F. Elation/Euphoria

1. Does the patient seem too cheerful or too happy for no reason? I do not mean the normal happiness that comes from seeing friends, receiving presents, or spending time with family members. I am seeing if the patient has a persistent and abnormally good mood or finds humor where others do not.

Elation/Euphoria 1 Yes 2 No

1. Does the patient appear to feel too good or to be too happy, different from his/her usual self? 1 Yes 2 No

2. Does the patient find humor and laugh at things that others do not find funny? 1 Yes 2 No

3. Does the patient seem to have a childish sense of humor with a tendency to giggle or laugh inappropriately (such as when something unfortunate happens to others)? 1 Yes 2 No

4. Does the patient tell jokes or make remarks that have little humor for others but seem funny to him/her? 1 Yes 2 No

5. Does he/she play childish pranks such as pinching or playing "keep away" for the fun of it? 1 Yes 2 No

6. Does the patient "talk big" or claim to have more abilities or wealth than is true? 1 Yes 2 No

7. Does the patient show any other signs of feeling too good or being too happy? 1 Yes 2 No

If question F.1 is answered yes, determine the frequency, severity and emotional impact of the elation/euphoria. Check the applicable response for each.

Frequency

- 1 = Occasionally - less than once per week
- 2 = Often - about once per week
- 3 = Frequently - several times per week but less than every day
- 4 = Very frequently - once or more per day

Severity

- 1 = Mild - elation is notable to friends and family but is not disruptive.
- 2 = Moderate - elation is notably abnormal
- 3 = Marked - elation is very pronounced; patient is euphoric and finds nearly everything to be humorous.

TOTAL SCORE

(frequency x severity)

Distress --- How emotionally distressing do you find this behavior?

- 0 = Not at all
- 1 = Minimally
- 2 = Mildly
- 3 = Moderately
- 4 = Severely
- 5 = Very severely or extremely

Has the patient experienced elation/euphoria since the onset of illness? 1 Yes 2 No

If yes, describe briefly:

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G. Apathy/Indifference

1. Has the patient 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 conversation or in doing chores? Is the patient apathetic or indifferent?

Apathy/Indifference 1 Yes 2 No

1. Does the patient seem less spontaneous and less active than usual? 1 Yes 2 No

2. Is it more difficult to keep a conversation going? 1 Yes 2 No

3. Is the patient less affectionate or lacking in emotions when compared to his/her usual self? 1 Yes 2 No

4. Does the patient contribute less to household chores? 1 Yes 2 No

5. Does the patient seem less interested in the activities and plans of others? 1 Yes 2 No

6. Does the patient lose interest in friends and family members? 1 Yes 2 No

7. Is the patient less enthusiastic about his/her usual interest? 1 Yes 2 No

8. Does the patient show any other signs that he/she does not care about doing new things? 1 Yes 2 No

If question G.1 is answered yes, determine the frequency, severity and emotional impact of the apathy/indifference. Check the applicable response for each.

Frequency

- 1 = Occasionally - less than once per week
- 2 = Often - about once per week
- 3 = Frequently - several times per week but less than every day
- 4 = Very frequently - once or more per day

Severity

- 1 = Mild - apathy is notable but produces little interference with daily routines; only mildly different from patient's usual behavior.
- 2 = Moderate - apathy is evident; may be overcome by the caregiver with coaxing and encouragement; responds spontaneously only to powerful events such as visits from close relatives or family members.
- 3 = Marked - apathy is very evident and he/she usually fails to respond to any encouragement or external events.

TOTAL SCORE

_____ (frequency x severity)

Distress --- How emotionally distressing do you find this behavior?

- 0 = Not at all
- 1 = Minimally
- 2 = Mildly
- 3 = Moderately
- 4 = Severely
- 5 = Very severely or extremely

Has the patient experienced apathy/indifference since the onset of illness? 1 Yes 2 No

If yes, describe briefly: _____

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H. Disinhibition

1. Does the patient 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?

Disinhibition 1 Yes 2 No

1. Does the patient act impulsively without appearing to consider the consequences? 1 Yes 2 No

2. Does the patient talk to strangers as if he/she knew them? 1 Yes 2 No

3. Does the patient say things to people that are insensitive or hurt their feelings? 1 Yes 2 No

4. Does the patient say crude things or make sexual remarks that they would not usually have said? 1 Yes 2 No

5. Does the patient talk openly about very personal or private matters not usually discussed in public? 1 Yes 2 No

6. Does the patient take liberties or touch or hug others in a way that is out of character for him/her? 1 Yes 2 No

7. Does the patient show any other signs of loss of control of his/her impulses? 1 Yes 2 No

If question H.1 is answered yes, determine the frequency, severity and emotional impact of the disinhibition. Check the applicable response for each.

Frequency

- 1 = Occasionally - less than once per week
- 2 = Often - about once per week
- 3 = Frequently - several times per week but less than every day
- 4 = Very frequently - once or more per day

Severity

- 1 = Mild - disinhibition is notable but usually responds to redirection and guidance.
- 2 = disinhibition is very evident and difficult to overcome by the caregiver.
- 3 = Marked - disinhibition usually fails to respond to any intervention by the caregiver, and is a source of embarrassment or social distress.

TOTAL SCORE

_____ (frequency x severity)

Distress --- How emotionally distressing do you find this behavior?

- 0 = Not at all
- 1 = Minimally
- 2 = Mildly
- 3 = Moderately
- 4 = Severely
- 5 = Very severely or extremely

Has the patient experienced disinhibition since the onset of illness? 1 Yes 2 No

If yes, describe briefly:

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 I. Irritability/Lability

1. Does the patient 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 the patient has abnormal irritability, impatience, or rapid emotional changes different from his/her usual self

If yes, describe briefly:

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J. Aberrant Motor Behavior

1. Does the patient pace, do things over and over such as opening closets or drawers or repeatedly picking at things or winding string or threads?

Aberrant Motor Behavior 1 Yes 2 No

1. Does the patient pace around the house without apparent purpose? 1 Yes 2 No

2. Does the patient rummage around opening and unpacking drawers or closets? 1 Yes 2 No

3. Does the patient repeatedly put on and take off clothing? 1 Yes 2 No

4. Does the patient have repetitive activities or "habits" that he/she performs over and over again? 1 Yes 2 No

5. Does the patient engage in repetitive activities such as handling buttons, picking, wrapping string, etc ? 1 Yes 2 No

6. Does the patient fidget excessively, seem unable to sit still, or bounce his/her feet or tap his/her fingers a lot? 1 Yes 2 No

7. Does the patient do any other activities over and over? 1 Yes 2 No

If question J.1 is answered yes, determine the frequency, severity and emotional impact of the aberrant motor behavior. Check the applicable response for each.

Frequency

- 1 = Occasionally - less than once per week
- 2 = Often - about once per week
- 3 = Frequently - several times per week but less than every day
- 4 = Very frequently - once or more per day

Severity

- 1 = Mild - abnormal motor activity is notable but produces little interference with daily routines.
- 2 = Moderate - abnormal motor activity is very evident, can be overcome by the caregiver.
- 3 = Marked - abnormal motor activity is very evident, it usually fails to respond to any intervention by the caregiver and is a major source of distress.

TOTAL SCORE

(frequency x severity)

Distress --- How emotionally distressing do you find this behavior?

- 0 = Not at all
- 1 = Minimally
- 2 = Mildly
- 3 = Moderately
- 4 = Severely
- 5 = Very severely or extremely

Has the patient experienced aberrant motor behavior since the onset of illness? 1 Yes 2 No

If yes, describe briefly:

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K. Sleep

1. Does the patient have difficulty sleeping (do not count as present if the patient 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 dress or disturb your sleep?

Sleep 1 Yes 2 No

1. Does the patient have difficulty falling asleep? 1 Yes 2 No

2. Does the patient get up during the night (do not count if the patient gets up once or twice per night to go to the bathroom and falls back asleep immediately)? 1 Yes 2 No

3. Does the patient wander, pace, or get involved in inappropriate activities at night? 1 Yes 2 No

4. Does the patient awaken you during the night? 1 Yes 2 No

5. Does the patient awaken at night, dress, and plan to go out thinking that it is morning and time to start the day? 1 Yes 2 No

6. Does the patient awaken too early in the morning (earlier than was his/her habit)? 1 Yes 2 No

7. Does the patient sleep excessively during the day? 1 Yes 2 No

8. Does the patient have any other nighttime behaviors that bother you that we have not talked about? 1 Yes 2 No

If question K.1 is answered yes, determine the frequency, severity and emotional impact of the sleep problems. Check the applicable response for each.

Frequency

- 1 = Occasionally - less than once per week
- 2 = Often - about once per week
- 3 = Frequently - several times per week but less than every day
- 4 = Very frequently - once or more per day

Severity

- 1 = Mild - nighttime behaviors occur but they are not particularly disruptive.
- 2 = Moderate - nighttime behaviors occur and disturb the patient and the sleep of the caregiver.
- 3 = Marked - nighttime behaviors occur; several types of nighttime behavior may be present; the patient is very disturbed during the night and the caregiver's sleep is markedly disturbed.

TOTAL SCORE

_____ (frequency x severity)

Distress --- How emotionally distressing do you find this behavior?

- 0 = Not at all
- 1 = Minimally
- 2 = Mildly
- 3 = Moderately
- 4 = Severely
- 5 = Very severely or extremely

Has the patient experienced sleep disturbance since the onset of illness? 1 Yes 2 No

If yes, describe briefly: _____

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 L. Appetite/Eating Disorders

1. Has the patient had any change in appetite, weight or eating habits? Has there been any change in type of food he/she prefers? (Count as NA if the patient is incapacitated and has to be fed)

Appetite/Eating Disorders 1 Yes 2 No

1. Does the patient have a poor appetite? 1 Yes 2 No

2. Does the patient have an increase in appetite? 1 Yes 2 No

3. Has the patient had a loss of weight? 1 Yes 2 No

4. Has the patient gained weight? 1 Yes 2 No

5. Has the patient had a change in eating behavior such as putting too much food in his/her mouth at once? 1 Yes 2 No

6. Has the patient had a change in the kind of food he/she likes such as wanting too many sweets or other specific types of food? 1 Yes 2 No

7. Has the patient developed eating behaviors such as eating exactly the same types of food each day or eating the food in exactly the same order? 1 Yes 2 No

8. Have there been any other changes in appetite or eating that I have not asked about? 1 Yes 2 No

If question L.1 is answered yes, determine the frequency, severity and emotional impact of the changes in appetite/eating disorders. Check the applicable response for each.

Frequency

- 1 = Occasionally - less than once per week
 2 = Often - about once per week
 3 = Frequently - several times per week but less than every day
 4 = Very frequently - once or more per day
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Severity

- 1 = Mild - changes in appetite or eating are present but have not led to changes in weight and are not disturbing.
 2 = Moderate - changes in appetite or eating are present and cause minor fluctuations in weight.
 3 = Marked - obvious changes in appetite or eating are present and cause fluctuations in weight, are embarrassing or otherwise disturb the patient.
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TOTAL SCORE

_____ (frequency x severity)

Distress --- How emotionally distressing do you find this behavior?

- 0 = Not at all
 1 = Minimally
 2 = Mildly
 3 = Moderately
 4 = Severely
 5 = Very severely or extremely
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Has the patient experienced appetite/eating disorders since the onset of illness? 1 Yes 2 No

If yes, describe briefly:
