

Neuropsychiatric Inventory Questionnaire

Name of patient: _____ Date: _____

Informant: Spouse: _____ Child: _____ Other: _____

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

Circle "yes" only if the symptom has been present in the *past month*. Otherwise, circle "no".

For each item marked "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)

Rate the *distress* you experience because of that 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)

Please answer each question honestly and carefully. Ask for assistance if you are not sure how to answer any question.

Delusions	Does the patient believe that others are stealing from him or her, or planning to harm him or her in some way?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Hallucinations	Does the patient act as if he or she hears voices? Does he or she talk to people who are not there?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Agitation or aggression	Is the patient stubborn and resistive to help from others?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Depression or dysphoria	Does the patient act as if he or she is sad or in low spirits? Does he or she cry?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Anxiety	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?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Elation or euphoria	Does the patient appear to feel too good or act excessively happy?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Apathy or indifference	Does the patient seem less interested in his or her usual activities and in the activities and plans of others?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Disinhibition	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?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Irritability or lability	Is the patient impatient and cranky? Does he or she have difficulty coping with delays or waiting for planned activities?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Motor disturbance	Does the patient engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Nighttime behaviors	Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5
Appetite and eating	Has the patient lost or gained weight, or had a change in the food he or she likes?
Yes No	Severity: 1 2 3 Distress: 0 1 2 3 4 5

FIGURE 3. Neuropsychiatric Inventory Questionnaire. This tool provides a reliable assessment of behaviors commonly observed in patients with dementia.

Adapted with permission from Kaufer DI, Cummings JL, Ketchel P, Smith V, MacMillan A, Shelley T, et al. Validation of the NPI-Q, a brief clinical form of the Neuropsychiatric Inventory. *J Neuropsychiatry Clin Neurosci* 2000;12:233-9. Copyright© J.L. Cummings, 1994.