

npiTEST

Neuropsychiatric Inventory Clinician (NPI-C)

Structured to allow clinicians to have structured input to the NPI rating

By Jeffrey Cummings, MD, in conjunction with
Kate de Madeiros, MD, and Kostas Lyketsos, MD



The Neuropsychiatric Inventory -- Clinician Rating Scale (NPI-C)©

Instruction Manual

**Kate de Medeiros, PhD, Constantine G. Lyketsos, MD, MHS
and the NPI-C Research Group**

© JL Cummings, 1994, all rights reserved. Reproduced with permission.
Permission for commercial use required, visit npiTEST.net for more information.



Introduction

Neuropsychiatric Symptoms (NPS) affect almost all people with dementia and vary in type and presentation. Several studies have also established the frequent presence of NPS in individuals with mild cognitive impairment (MCI) (35% to 59%). Further, MCI patients with NPS are at substantially greater risk for developing dementia. Although patients with dementia develop NPS at any stage, those with mild dementia typically experience depression, anxiety, irritability, and apathy. Those with severe dementia are more likely to exhibit aberrant vocalizations, delusions, hallucinations and disinhibited behavior. Given their frequent occurrence, NPS are a major focus of study and treatment. Measurement of NPS is a crucial aspect of dementia research.

The accurate assessment of NPS through valid, sensitive, and reliable measures is key to interpreting outcome data from *individual* investigations. As well, the ability to compare and subsequently interpret results *across* trials is also essential. Multiple NPS assessments are in use, each with strengths and weaknesses. These differ in *what* they measure (i.e., symptoms within one particular NPS domain or several domains); scale properties such as the *targeted informant* (e.g., caregiver, clinician, patient); and method for *rating presence or absence* of symptoms (e.g., frequency alone, severity, other). Use of several different scales and subscales in individual studies to assess different aspects of NPS complicates research and cross study comparisons.

Despite the number of tools available, missing has been a universal tool for use in clinical research, especially clinical trials, that can be used as either a “broad spectrum”

assessment across many domains, or for “in-depth” monitoring of a limited set of domains.

The NPI-C was developed as such a universal tool to assess occurrence, severity, and meaningful change in NPS across several settings and trial types. Building on the strengths of the widely used Neuropsychiatric Inventory (NPI), the NPI-C (clinician rated NPI) has several features that represent an advance:

- 1) retains the NPI use of domains to group items and the separate ratings of frequency and severity;
- 2) expands NPI domains by adding individual items to improve ratings in milder and more severe dementia;
- 3) separates agitation and aggression domains and introduces the new domain of “aberrant vocalization”;
- 4) uses a clinician rating method that incorporates data from patient and caregiver ratings with clinician judgment;
- 5) provides flexibility in administration based on study needs (e.g., individual domains can act as “stand alone” measures).

The NPI-C was validated in an international study and is **available in several languages** (de Medeiros et al. (2010). *International Psychogeriatrics*. 22(6): 984-994.)

Permission is required prior to use. Questions or comments should be directed to: Kate de Medeiros, PhD., Dept. of Sociology and Gerontology, Miami University, Oxford, OH 45056. demedekb@miamiOH.edu. office: (513) 529-9648.

NPI-C Instructions

Rater Experience

It is essential that any raters using the NPI-C have a minimum of two years clinical experience with NPS in people with dementia.

How to Use the NPI-C

Original NPI items are highlighted. The NPI-C can be used to rate the presence of neuropsychiatric symptoms (NPS) across many domains, as in the NPI, as a stand-alone measure for specific NPS domains (e.g., dysphoria, agitation), or a combination of both (presence of NPS across domains plus particular focus on one or more specific domains.) Please note the NPI-C domain of “Aberrant Vocalizations” does not appear in the original NPI.

Unlike the NPI, the NPI-C allows the rater to obtain additional caregiver and patient information to inform the rating ***for each item*** within a domain.

NPI

- The original NPI can be used in conjunction with the NPI-C. Use the NPI for domains in which a quick overview of NPS are needed. Use the NPI-C for indepth NPS ratings.

NPI-C

- Administration of the NPI-C can be tailored based on study needs.
- Rater obtains ratings for ***each item***.
- The clinical impression rating is a severity rating based on all available information (caregiver interview, patient interview (if applicable), patient data (if applicable)).
- The domain score is the sum of clinical impression ratings for each domain.

Complete Overview of NPS Using the NPI and NPI-C

To obtain the most comprehensive overview of NPS, administer NPI-C in its entirety.

Omit screening questions and ask all items in all domains.

NPI-C: Caregiver interview

- Obtain a rating of frequency, severity and caregiver distress ***for each NPI item*** indicated by the caregiver and for each NPI-C item.
- Once caregiver responses for the item are given, probe for additional information or ask for details. This additional information will help you make the clinician rating.

NPI-C Patient interview

The patient interview is meant to provide you with an opportunity to interact with the patient, thereby gaining information that you should use to inform the clinician rating. It is not always practical or possible to interview the patient, or the patient may not be able to provide appropriate responses. You should make contact with the patient if at all possible. In very rare instances, this section can be omitted.

- Do not complete the screening item at the top of the page.
- Modify the questions to be applicable to a patient responder (e.g., Do you believe that you are in danger . . .)

- If the patient answers “yes” to a question, ask him/her to estimate the frequency over the past month, using the rating scale at the end of this booklet.
- If the patient is unable to estimate frequency, record a “1” to indicate that the item described had occurred.
- If the patient answers “no,” record a “0.”
- If the patient is not able to understand the question, clarify/rephrase the question at least once. It is acceptable to modify the words as needed to help clarify the meaning of the question.

E.g., “Which of the following best describes you:
a) you look on the bright side (or positive side) of things (optimist)
b) you look on the dark side of things (or negative side) of things (pessimist).”
Also consider presenting the question as a “yes” or “no” question.
- If this is not successful, record a “9” for that question to indicate that the patient is unable to respond or is not able to understand the question.
- If you skip questions any questions, mark “NA” for “not asked.” All spaces should be completed.

NPI-C Clinical Impression Rating

The clinical impression rating is a severity rating based on all available information and may differ from the caregiver's rating of severity.

- To obtain a clinician rating, return to any items that you have identified as needing clarification and ask follow-up questions of the caregiver. For example, if the caregiver reports that the patient often disrobes in inappropriate places, you may ask probing questions to determine if this is due to disinhibition or confusion of place.
- Next, interview the patient as appropriate and consult any additional materials (e.g., chart notes) or informants.
- The domain score is the sum of clinical impression rating for each item.
- It is critical to stay focused on the 4 week time frame.
- Complete the caregiver questionnaire which appears after the final domain. This can help characterize caregiver reliability.

The clinical impression rating is a severity rating obtained by considering all sources of information: caregiver interview, patient interview, patient data, and clinical experience.

It is imperative that raters using the NPI-C have a minimum of two years of clinical experience involving neuropsychiatric symptoms in people with dementia.

Expedited Overview of NPS

If you are interested in obtaining a “quick overview” of NPS and are not particularly interested in one or more domains, use this method.

Ask the screening questions and skip domains in which caregiver responds “no”. Complete domains with a “yes” response using the steps described in the section, “Complete Overview of NPS.”

Focus on a Specific NPS Domain or Group of Domains

The NPI-C can be administered as a combination of the two previous methods (“complete overview of NPS” and “expedited overview of NPS”). First define domain(s) of interest. For example if you interested in “agitation,” the relevant domains might be agitation, aggression, and aberrant vocalization. Consider administering the full original NPI using screening questions to skip out of domains and using global domain ratings, so that you have some information in other domains. Then administer the domain(s) of interest in their entirety using NPI-C item-by-item. Ask all questions only in the domain(s) of interest regardless of response to the screening question. Complete the clinical impression rating.

If you are interested in a particular NPS or NPS group, use a combination of the “complete” and “expedited” overviews of NPS.

- Select your domains of interest.
- Consider administering the original NPI for domains in which a overview of NPS is desired..
- Administer all items in your domains of interest regardless of the response to the screening question.
- Obtain frequency, severity and distress ratings for all items indicated.
- Complete clinical impression rating.
- For all other domains, use the screening question.
- If “yes”, ask all items, obtaining frequency, severity and caregiver distress ratings and completing clinical impression ratings for items indicated.

Example: Agitation

If you are interested specifically in agitation, administer all items in the NPI-C domains of Agitation, Aggression and Aberrant Vocalization; other domains with a “no” response to the screening question are omitted.

Summary of Administration Based on Study Goals

ORIGINAL NPI	Ratings		
	CAREGIVER	PATIENT	CLINICIAN
NPI-C	X		
Complete overview of NPS			
Frequency x Severity for each items of the 14 NPS domains	X		
Frequency for each items of the 14 NPS domains		X	
Severity for each items of the 14 NPS domains			X
Expedited overview of NPS	X		X
Focus on a specific NPS domain or on a group of NPS domains	X		X
e.g., complete for agitation, expedited for other NPS			
e.g., complete for psychosis (delusion, hallucination), expedited for other NPS			

Techniques for Cross Examination During the Clinical Impression Rating

Clarification or cross examination only occurs during the “clinical impression” rating portion. Do not provide clarification prior to obtaining a caregiver’s rating.

Consider follow-up questions to better clarify or contextualize an informant’s response.

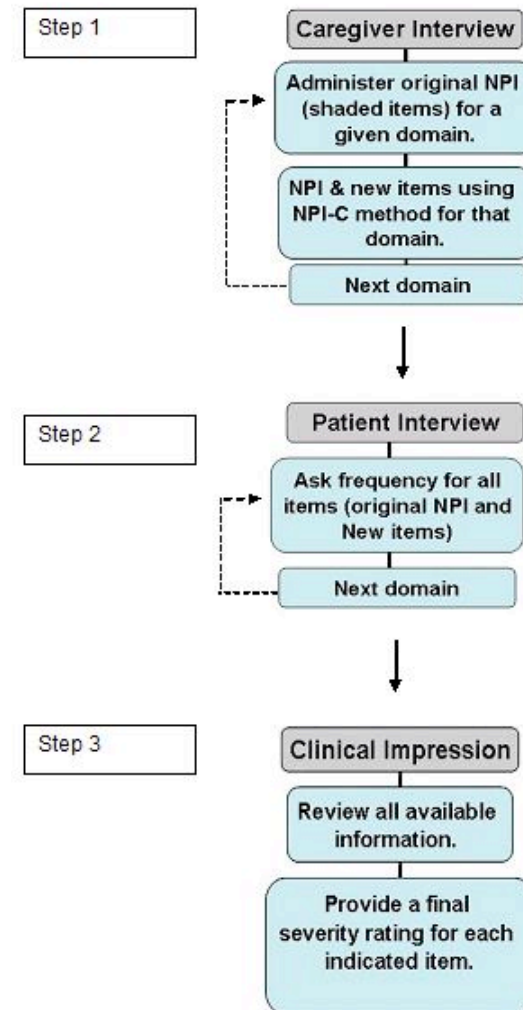
e.g., Could you tell me how long ago that happened? Have you seen that type of behavior in your mother before? Is this something that would not have occurred a few months ago? Could you describe the situation in which that behavior occurred? Can you remember feeling like this before?

Ask for examples to better clarify potential discrepancies between caregiver and patient ratings.

Present a limited choice of responses for people who are having difficulty understanding the question.

Formulate questions based on your clinical experience. For example, if you know that people living in long-term care often have items stolen from their rooms, consider following up with some questions regarding actual theft versus perceived theft to better understand whether the patient is actually delusional or is truly the victim of theft.

Administering the NPI-C



Permission for Use

Permission for use of the NPI-C must be obtained at <http://npitest.net>

References

For details on the NPI-C's development, reliability and validity, please see:
de Medeiros K, Robert P, Gauthier S, Stella F, Politis A, Leoutsakos J, Taragano F, Kremer J, Brugnolo A, Porsteinsson AP, Geda YE, Brodaty H, Gazdag G, Cummings J, Lyketsos C, the NPI-C Research Group. (2010). The Neuropsychiatric Inventory-Clinician Rating Scale (NPI-C): Reliability and validity of a revised assessment of neuropsychiatric symptoms in dementia. *International Psychogeriatrics*. 22(6): 984-994.

Send questions or comments to:
Kate de Medeiros, PhD., Dept. of Sociology and Gerontology,
Miami University, Oxford, OH 45056
demedekb@miamiOH.edu office: (513) 529-9648.

The NPI-C Research Group

Principal Investigators:

Kate de Medeiros, Department of Sociology and Gerontology, Miami University, Oxford, OH, and Dept. of Psychiatry and Behavioral Sciences, The Johns Hopkins University School of Medicine, Baltimore, Maryland, USA

Constantine Lyketsos, Department of Psychiatry and Behavioral Sciences, The Johns Hopkins University School of Medicine, Baltimore, Maryland, USA and Department of Psychiatry, Johns Hopkins Bayview, Baltimore, Maryland, USA

Investigators:

Henry Brodaty, Dementia Collaborative Research Centre, University of South Wales, Sydney, Australia

Andrea Brugnolo, Dept. of Neurosciences, DINO, Genoa, Italy

Kelly M. Cosman, AD-CARE, University of Rochester School of Medicine and Dentistry, Rochester, New York, USA

Jeffrey Cummings, Department of Neurology, University of California, Los Angeles, California, USA

Renaud David, Centre Mémoire de Ressources et de Recherche – CHU - Nice–Sophia Antipolis University, France

Gabor Gazdag, 1st Department of Psychiatry and Psychiatric Rehabilitation, Jahn Ferenc Hospital, Budapest, Hungary

Serge Gauthier, McGill Center for Studies in Aging, Montreal, Canada

Yonas .E. Geda, Mayo Clinic, Rochester, Minnesota, USA

Sebastiao Gobbi, UNESP – Sao Paulo State University, Biosciences Institute, Rio Claro, SP, Brazil

Janus Kremer, Instituto Privado Kremer, Cordoba, Argentina

Jeanne LaFountain, AD-CARE, University of Rochester School of Medicine and Dentistry, Rochester, New York, USA

Jeannie-Marie Leoutsakos, Department of Psychiatry, Johns Hopkins Bayview, Baltimore, Maryland, USA

Emmanuel Mulin, Centre Mémoire de Ressources et de Recherche – CHU - Nice–Sophia Antipolis University, France

Katalin Nagy, 1st Department of Psychiatry and Psychiatric Rehabilitation, Jahn Ferenc Hospital, Budapest, Hungary

Maria Passa, Division of Geriatric Psychiatry, Eginition Hospital, Athens Hospital, Athens, Greece

Larissa Pires de Andrade, UNESP – Sao Paulo State University, Biosciences Institute, Rio Claro, SP, Brazil

Antonis Politis, Division of Geriatric Psychiatry, Eginition Hospital, Athens Hospital, Athens, Greece

Anton P. Porsteinsson, AD-CARE, University of Rochester School of Medicine and Dentistry, Rochester, New York, USA

Philippe Robert, Centre Mémoire de Ressources et de Recherche – CHU - Nice–Sophia Antipolis University, France

Florindo Stella, UNESP – Sao Paulo State University, Biosciences Institute, Rio Claro, SP, Brazil

Fernando Taragano, CEMIC, University Hospital Dementia Research Unit, Buenos Aires, Argentina

Glossary

Clinical Impression. A per item severity rating assigned by the rater which incorporates all sources of information (caregiver interview, patient interview, patient data, other relevant information.)

Distress. The rating of caregiver distress pertains to the level to which the caregiver finds a given behavior to be emotionally distressing to himself/herself (the caregiver.)

Endorsed. An item that the CG indicates has occurred (a “yes” response).

Frequency. Frequency ratings should be based on an average of occurrence over the past month.

Global domain rating. Rating should be based on the average of all of the behaviors indicated in a given domain for the original NPI items.

Probe. Asking questions to obtain additional information. This can include asking for examples of a particular behavior or asking the informant to describe the circumstances under which a given behavior occurred.

Prompt. Suggesting possible responses. For example, the interviewer can present a “this” or “that” scenario, thereby limiting responses to only two possible choices. This can be effective for patients with dementia who may have difficulty formulating their own responses but who may have insight on a given behavior nonetheless.

Rater experience. Raters on the NPI-C should have, at a minimum of two years clinical experience. Examples include licensed (social worker, nurse, psychologist, physician, etc.) or non-licensed research personnel who have extensive experience working with people with dementia

Screening question. The series of sentences that appear following the domain title.

Severity. The “clinical impression” of severity should be based on a period of peak occurrence (if relevant) over the past month. Ratings apply to the patient’s level of stress for a given behavior.

The Neuropsychiatric Inventory -- Clinician Rating Scale[®] (NPI-C)

K. de Medeiros, PhD and C.G. Lyketsos, MD, MHS

CONTACT: Kate de Medeiros, demedekb@miamiOH.edu, (513) 529-9648

© JL Cummings, 1994; All rights reserved. Permission for use required.

v. 1/17/11



The Neuropsychiatric Inventory – Clinician Rating Scale (NPI-C)

Assessment Date: _____

Rater: _____

PT ID: _____

A. Delusions:

Does (S) have beliefs that you know are not true? For example, insisting that other people are trying to harm him/her or steal from him/her? Has he/she said that family members or staff are not who they say they are or that the house is not their home? I’m not asking about mere suspicions. I’m interested in whether (S) is convinced that these things are happening to him/her.

(✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) believe that he/she is in danger, that others are planning to hurt him/her or have been hurting him/her?					
2. Does (S) believe that others are stealing from him or her?					
3. Does (S) believe that his/her _____ is having an affair?					
4. Does (S) believe that unwelcome guests are living in his/her house?					
5. Does (S) believe that his/her family, staff members or others are not who they claim to be or that they are imposters?					
6. Does (S) believe that his/her house is not his/her home?					
7. Does (S) believe that family members plan to abandon him/her?					
8. Does (S) believe that television or magazine figures are actually present in the room? Does he/she try to talk or interact with them?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

B. Hallucinations:

Does (S) have hallucinations such as false visions or voices? Does (S) 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 (S) actually has abnormal experiences of sounds or visions? (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) describe hearing voices or acts if he/she hears voices?					
2. Does (S) talk to people who are not there?					
3. Does (S) describe seeing things that are not present or acts like he/she sees things that are not present (people, animals, lights, etc.)?					
4. Does (S) report smelling odors not smelled by others?					
5. Does (S) describe feeling things on his/her skin or otherwise appear to be feeling things crawling on or touching him/her?					
6. Does (S) say or act like he/she tastes things that are not present?					
7. Does (S) describe any other unusual sensory experiences?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

C. Agitation:

Is (S) hard to handle or uncooperative or resistive to care? (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) get upset when people are trying to care for him/her or resist activities such as changing clothes?					
2. Is (S) stubborn, having to have things his/her way?					
3. Is (S) uncooperative or resistive to help from others?					
4. Does (S) ask repetitive questions or make repetitive statements?					
5. Does (S) seem restless in general?					
6. Is (S) unable to sit still or does he/she fidget constantly?					
7. Does (S) ask or complain about his or her health often, even though it is unjustified?					
8. Does (S) refuse to take medications?					
9. Does (S) pace nervously or angrily, in a way that differs from general wandering?					
10. Does (S) aggressively try to leave the residence or get to a different place (e.g., room)?					
11. Does (S) attempt to inappropriately use the phone in an attempt to get help from others?					
12. Does (S) hoard object?					
13. Does (S) hide objects					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

D. Aggression:

Does (S) shout angrily, slam doors, or attempt to hit or hurt others? Does (S) intentionally fall or try to harm him/herself?
 (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) shout or curse angrily?					
2. Does (S) slam doors, kick furniture, and throw things?					
3. Does (S) attempt to hurt or hit others?					
4. Does (S) grab, push or scratch others?					
5. Is (S) unreasonably or uncharacteristically argumentative?					
6. Is (S) intrusive, such as taking others' possessions or entering another's room inappropriately?					
7. Is (S) in covert or open conflict with staff or others?					
8. Does (S) try to do things that are dangerous, such as lighting a match or climbing out a window?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

E. Dysphoria

Does (S) seem sad or depressed? Does (S) say that he/she feels sad or depressed? (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Careregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) have periods of tearfulness or sobbing that seem to indicate sadness?					
2. Does (S) say he/she is sad or in low spirits or acts as if he/she is sad or in low spirits?					
3. Does (S) put him/herself down or say that he/she feels like a failure?					
4. Does (S) seem very discouraged or say he/she has no future?					
5. Does (S) say he/she is a burden to the family and that the family would be better off without him/her?					
6. Does (S) express a wish for death or talk about killing him/herself?					
7. Does (S) say that he/she is a bad person and deserves to be punished?					
8. Does (S) have a worried or pained expression?					
9. Is (S) pessimistic or overly negative, expecting the worst?					
10. Is (S) suddenly irritable or easily annoyed?					
11. Has (S) changed in his/her eating habits, such as eating more/less or more/less often than usual?					
12. Does (S) talk about feeling guilty for things that for which he/she had no control over?					
13. Does (S) seem to no longer enjoy previously enjoyable activities?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

F. Anxiety:

Is (S) very nervous, worried, or frightened for no apparent reason? Does (S) seem very tense or fidgety? Is (S) afraid to be apart from you or from others that he/she trusts? (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) say that he/she is worried about planned events such as appointments or family visits?					
2. Does (S) have periods of feeling shaky, unable to relax, or feeling very tense?					
3. Does (S) have periods of [or complain of] shortness of breath, gasping or sighing for no reason other than being nervous?					
4. Does (S) complain of butterflies in his/her stomach, or of racing or pounding of the heart because of being nervous [Symptoms not explained by ill health]?					
5. Does (S) avoid certain places or situations that make him/her more nervous such as meeting with friends or participating in ward activities?					
6. Does (S) become upset when separated from you? Does he/she cling to you to keep from being separated?					
7. Does (S) talk about feeling threatened or act as if he/she is frightened?					
8. Does (S) have a worried expression?					
9. Does (S) make repeated statements or comments about something bad that is going to happen?					
10. Does (S) express worry or concern over his/her health or body functions, worries that are not justified?					
11. Does (S) become tearful from worry					
12. Does (S) have unrealistic fears about being alone or being abandoned?					
13. Does (S) ask repeated questions about what he/she should be doing or where he/she should be going?					
14. Does (S) seem overly focused or concerned with tasks or activities and is not easily distracted or deterred?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

G. Elation/Euphoria:

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

(✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) appear to feel too good or act excessively happy?					
2. Does (S) find humor and laugh at things that others do not find funny?					
3. Does (S) seem to have a childish sense of humor with a tendency to giggle or laugh inappropriately (such as when something unfortunate happens to others)?					
4. Does (S) tell jokes or say things that are not funny to others but seem funny to him/her?					
5. Does (S) play childish games such as pinching or playing "keep away" for the fun of it?					
6. Does (S) "talk big" or claim to have more abilities or wealth than is true?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

H. Apathy/Indifference:

Has (S) lost interest in the world around him/her? Has (S) lost interest in doing things or lack motivation for starting new activities? Is (S) more difficult to engage in conversation or in doing chores? Is (S) apathetic or indifferent? (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) seem less spontaneous and active than usual?					
2. Is (S) less likely to initiate a conversation?					
3. Is (S) less affectionate or lacking in emotions when compared to his/her usual self?					
4. Does (S) contribute less to household chores?					
5. Does (S) seem less interested in the activities and plans of others?					
6. Has (S) lost interest in friends and family members?					
7. Is (S) less enthusiastic about his/her usual interests?					
8. Does (S) sit quietly without paying attention to things going on around him/her?					
9. Has (S) reduced participation in social activities even when stimulated?					
10. Is (S) less interested in or curious about routine or new events in his/her environment?					
11. Does (S) express less emotion in response to positive or negative or events?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

I. Disinhibition:

Does (S) seem to act impulsively without thinking? Does (S) 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? (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) act impulsively without thinking of the consequences?					
2. Does (S) talk to total strangers as if he/she knew them?					
3. Does (S) say things to people that are insensitive or hurt their feelings?					
4. Does (S) say crude things or make inappropriate sexual remarks that they would not usually have said?					
5. Does (S) talk openly about very personal or private matters not usually discussed in public?					
6. Does (S) fondle, touch or hug others in a way that is improper and not appropriate and out of character for him/her?					
7. Does (S) dress or disrobe in inappropriate places or expose him/herself?					
8. Does (S) have a low tolerance for frustration or is impatient?					
9. Does (S) behave in way that is socially inappropriate for the situation, such as talking during a church service or singing at mealtime?					
10. Does (S) seem to lack social judgment about what to say or how to behave?					
11. Is (S) insulting to others?					
12. Does (S) seem unable/unwilling to control his/her eating?					
13. Does (S) seem aware but unconcerned about how his/her words or actions are affecting others?					
14. Does (S) go to the bathroom in inappropriate places (not due to incontinence?)					
15. Does (S) demand attention without regard to others?					
16. Does (S) take things from other?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

J. Irritability/Lability:

Does (S) 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 in knowing if (S) has abnormal irritability, impatience or rapid emotional changes different from his/her usual self. (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) have a bad temper, flying “off the handle” easily over little things?					
2. Does (S) rapidly change moods from one to another, being fine one minute and angry the next?					
3. Does (S) have sudden flashes of anger?					
4. Is (S) impatient, having trouble coping with delays for waiting for planned activities?					
5. Is (S) cranky or irritable?					
6. Is (S) argumentative and difficult to get along with?					
7. Is (S) overly critical of others?					
8. Does (S) openly express conflict with friends, family and/or staff?					
9. Is (S) tearful or does he/she cry often and unpredictably?					
10. Does (S) have sudden changes of mood?					
11. Does (S) complain frequently?					
12. Has (S) stopped showing joy or enjoyment in response to usual day-to-day activities?					
*Do not leave blank. Enter “0” if it does not occur.				Column Total:	

K. Aberrant Motor Disturbance:

Does (S) pace, do things over and over such as opening closets or drawers, or repeatedly pick at things or wind string or things?

(✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) pace or move in a wheelchair without apparent purpose?					
2. Does (S) rummage around opening and unpacking drawers and closets?					
3. Does (S) repeatedly put on and take off clothing?					
4. Does (S) have repetitive activities or “habits” that he/she performs over and over (e.g., wiping off the table, opening and closing doors)?					
5. Does (S) engage in repetitive activities such as handling buttons, picking, wrapping string, etc.?					
6. Does (S) fidget excessively, seem unable to sit still, or bounce his/her feet or tap his/her fingers a lot?					
7. Does (S) perform self-stimulating behaviors such as rocking, rubbing or moaning?					
8. Does (S) move with no rationale purpose, seemingly oblivious to his/her needs or safety?					
9. Are (S)’s movements and/or reactions slower than usual?					
*Do not leave blank. Enter “0” if it does not occur.				Column Total:	

L. Sleep Disorders:

Does (S) have difficulty sleeping (do not count present if (S) simply gets up once or twice per night to go to the bathroom and falls back asleep immediately). Is (S) up at night? Does (S) wander at night, get dressed, go into others' rooms? (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) have difficulty falling asleep?					
2. Does (S) get up during the night? [do not count if (S) gets up once or twice per night only to go to the bathroom and falls back asleep immediately]					
3. Does (S) wander, pace or get involved in inappropriate activities at night?					
4. Does (S) awaken you during the night or disturb others?					
5. Does (S) awaken at night, dress, and plan to go out, thinking that it is morning and time to start the day?					
6. Does (S) sleep excessively during the day?					
7. Does (S) awaken too early in the morning (before other (S)s)?					
8. Is (S) agitated or concerned about sleeping at night? Does he/she worry about being able to fall asleep or about awakening at night?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

M. Appetite and Eating Disorders:

Has (S) had any change in appetite, weight, or eating habits? (Count as NA if (S) is incapacitated and has to be fed.) Has there been any change in type of food he/she prefers? (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency</i> 0-4	<i>Severity</i> 0-3	<i>Distress</i> 0-5	<i>Frequency</i> 0-4	<i>Severity</i> 0-3
1. Has (S) had a loss of appetite?					
2. Has (S) had an increase of appetite?					
3. Has (S) had a loss of weight?					
4. Has (S) had a gain of weight?					
5. Has (S) had a change in eating behavior such as putting too much food in his/her mouth at once?					
6. Has (S) had a change in the kind of food he/she likes, such as eating too many sweets or other specific types of food?					
7. Has (S) developed eating behaviors such as eating exactly the same types of food each day or eating the food in exactly the same order?					
8. Does (S) eat or drink inappropriate substances or non-food items?					
9. Does (S) frequently demand food and/or drinks, even if he/she has just eaten/drunk something?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

N. Aberrant Vocalizations:

Does (S) scream, talk excessively, or make strange noises? Does (S) have frequent verbal outbursts? (✓) Yes: No:

<i>Responses should be based on the past 4 weeks.</i>	<i>Caregiver Interview*</i>			<i>Patient Interview</i>	<i>Clinical Impression*</i>
Description	<i>Frequency 0-4</i>	<i>Severity 0-3</i>	<i>Distress 0-5</i>	<i>Frequency 0-4</i>	<i>Severity 0-3</i>
1. Does (S) make strange noises, such as strange laughter or moaning?					
2. Does (S) scream, yell or moan loudly, apparently without reason?					
3. Does (S) talk excessively?					
4. Does (S) make repetitive requests or complaints?					
5. Is (S) verbally abusive or does he/she use lewd or threatening language?					
6. Does (S) make verbal sexual advances?					
7. Does (S) make frequent verbal outbursts?					
8. Does (S) participate in conversations with others, even if the conversation is nonsensical or difficult to understand?					
*Do not leave blank. Enter "0" if it does not occur.				Column Total:	

Caregiver Questionnaire:

1. **What is your relationship to (S)?** _____
1 = Spouse 2 = Sibling 3 = Child 4 = Grandchild 5 = Friend 6 = Parent 7 = paid caregiver
99 = Other: _____

2. **How long have you known (S) (months and years) _____?**

3. **Where has (he/she) been living during the last 6 months?** _____
1 = Home 2 = Assisted Living 3 = Nursing Home 9 = Other _____

4. **Are you currently living in the same household?** 0 = No 1 = Yes
If yes, how many years have you been living in the same household? _____ 88 = Not Applicable 99 = Unknown

5. **How often did you interact with (S) during the last month?** _____
1 = almost every day 2 = several times a week 3 = once a week 4 = 1-3 times a month 5 =< once a month 99 = Unknown

6. **Interviewer's Assessment of Respondent's Reliability as a Historian**
0= Poor 1 = Fair 2 = Good 3 = Excellent
Reason for interviewer's assessment: _____

Interview Response Card

All responses pertain to behaviors that have occurred within the last month.

Frequency:

- 0=never
- 1=occasionally (<1/week)
- 2=often-about once1/week
- 3=frequently—several times a week but less than every day
- 4=very frequently—once or more/day

Severity/Intensity:

- 0=none
- 1=mild: produces little stress in (S)
- 2=moderate: distressing to (S) and cause substantial behavioral abnormalities
- 3=marked: a major source of behavioral abnormality

Caregiver Distress:

How emotionally distressing do you find (S) behavior?

- 0=not distressing
- 1=minimally
- 2=mildly
- 3=moderately
- 4=severely
- 5=extremely