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## Neuropsychiatric Inventory Nursing Home Version (NPI-NH)

Comprehensive Assessment of Psychopathology in Patients with  
Dementia Residing in Nursing Homes

By Jeffrey L. Cummings, MD

# **Neuropsychiatric Inventory - Nursing Home Version (NPI-NH)**

**Comprehensive Assessment of Psychopathology in  
Patients with Dementia Residing in Nursing Homes**

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# **NPI - NH** | Neuropsychiatric Inventory – Nursing Home Version

## INTRODUCTION

The NEUROPSYCHIATRIC INVENTORY – NURSING HOME VERSION (NPI-NH) was developed to help characterize the neuropsychiatric symptoms and psychopathology of patients with Alzheimer’s disease and other dementias when the patients are residents in extended care facilities or other care settings where information is gathered from professional caregivers. The NPI-NH was derived from the Neuropsychiatric Inventory (NPI), which was originally developed for the assessment of neuropsychiatric symptoms and psychopathology in community-dwelling patients where information was obtained from family caregivers. The content of the questions of the NPI and NPI-NH are identical but have been rephrased appropriately. In addition, the caregiver distress scale of the NPI has been changed to an occupational disruptiveness scale for the NPI-NH to allow an assessment of the impact of behavioral disturbances on professional caregivers.

The NPI-NH has been used to characterize the psychopathology of patients in nursing homes as well as to measure the impact of antedementia and psychotropic drugs on behavioral changes in dementia patients dwelling in nursing homes.

This manual provides administration and scoring instructions for the NPI-NH. It contains the questions to be asked when performing the NPI-NH and it references the original article describing the psychometric properties of the NPI-NH. Master copies of the NPI-NH worksheets and scoring summary that can be copied for your convenience are also included. This manual can be used each time the NPI-NH is administered whereas worksheets and scoring summaries will be unique to each patient.

Thank you for your interest in the NPI-NH. We hope that the instrument, this manual and the related information proves to be helpful to you in characterizing behavioral and neuropsychiatric symptoms in your patients, understanding the disruptiveness experienced by caregivers, and following treatment related changes in behavior. Neuropsychiatric symptoms are a key manifestation of dementia and understanding and treating them is a major advance in improving the quality of lives of patients and their caregivers.

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**I. Purpose of the NPI -NH**

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The purpose of the Neuropsychiatric Inventory (NPI) is to characterize the psychopathology of patients with brain disorders in NPI (Cummings et al, 1994). The NPI-Nursing Home Version (NPI-NH) was developed for use in extended care facilities caring for residents with dementia (Wood et al, 2000). Ten behavioral areas and two types of neurovegetative changes are included in the NPI-NH:

Delusions	Disinhibition
Hallucinations	Irritability/Lability
Agitation/Aggression	Aberrant Motor Behavior
Depression/Dysphoria	
Anxiety	Sleep and Nighttime Behavior Disorders
Elation/Euphoria	Appetite and Eating Disorders
Apathy/Indifference	

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**II. NPI-NH Interview**

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The NPI-NH is based on responses from an informed professional caregiver involved in the daily care of the resident. The interview is best conducted in the absence of the resident to facilitate an open discussion of behaviors that may be difficult to describe with the resident present. Several points should be made when you introduce the NPI-NH interview to the caregiver:

- Purpose of the interview
- Ratings to be collected - frequency, severity, disruption (described below)
- Answers apply to behaviors that have been present for the past week or other defined period of time
- Questions can usually be answered with “Yes” or “No” and responses should be brief

Determine the amount of time that the caregiver spends with the resident. What shift do they work; are they always or usually assigned to take care of the resident; what is their role with the resident; how confident do they feel in providing information of the kind asked for with the NPI-NH? Record the medications regularly taken by the resident and any PRN medications administered in the past week.

When beginning the inventory, say to the caregiver “These questions are designed to evaluate the resident's behavior. They can usually be answered ‘Yes’ or ‘No’ so please try to be brief in your responses.” If the caregiver lapses into elaborate responses that provide little useful information, they may be reminded of the need to be brief.

Questions should be asked exactly as written. Clarification should be provided if the caregiver does not understand the question. Acceptable clarifications are restatements of the questions in alternate terms. Do not probe for information using your own questions.

The questions pertain to behaviors observed in the past week or other defined period of time (the period may vary with different applications of the NPI-NH).

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### **III. Screening Questions**

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The screening question is asked to determine if the behavioral change is present or absent. If the answer to the screening question is negative, mark “No” and proceed to the next screening question without asking the subquestions. If the answer to the screening question is positive or if there are any uncertainties in the caregiver’s response or any inconsistencies between the response and other information known by the clinician (e.g., the caregiver responds negatively to the euphoria screening question but the resident appears euphoric to the clinician), the category is marked “Yes” and is explored in more depth with the subquestions. If the subquestions confirm the presence of the behavior, the severity and frequency of the behavior are determined according to the criteria provided with each behavior.

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### **IV. Subquestions**

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When the screening questions are answered “Yes”, then the subquestions are asked. In some cases, the caregiver will provide a positive response to the screening question and a negative reply to all subquestions. If this happens, ask the caregiver to expand on why they responded affirmatively to the screen. If they provide information relevant to the behavioral domain but in different terms, the behavior should be scored for severity and frequency as usual. If the original affirmative response was erroneous, leading to a failure to endorse any subquestions, then the behavior is changed to "No" on the screening question.

Some sections such as the questions pertaining to appetite are framed so as to capture whether there is an increase or decrease in the behavior (increased or decreased appetite or weight). If the caregiver answers "Yes" to the first member of the paired questions (such as has the resident's weight decreased?), do not ask the second question (has the resident's weight increased?) since the answer to the second question is provided by the answer to the first. If the caregiver answers "No" to the first member of the pair of questions, then the second question must be asked.

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### **V. Frequency**

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When determining frequency and severity, use the behaviors identified by the subquestions. For example, if the caregiver indicates that resistive behavior is present when you are asking the subquestions of the agitation section, then use resistive behavior to prompt judgments regarding the frequency and severity of agitation. If two behaviors are very problematic, use the frequency of the most frequent behaviors to score the item. For example, if the patient’s most frequent agitated behavior is resistiveness, then use resistiveness to have the caregiver score the frequency of the agitation domain. If the resident has two or more types of delusions, then use the frequency of all delusional behaviors to phrase the questions regarding severity and frequency.

To assess frequency, say to the person being interviewed “Now I want to find out how often these things (define using the description of the behaviors endorsed on the subquestions) occur. Would you say that this occurs less than once per week, about once per week, several times per week but not every day, or every day?” Some behaviors such as apathy eventually become continuously present, and then “essentially continuously present” can be substituted for “every day.”

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### **VI. Severity**

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Severity ratings are based on the most severe of the behaviors elicited by the subquestions. When determining severity, tell the person being interviewed “Now I would like to find out how severe these

behaviors are. By severity, I mean how disturbing or disabling or intense they are for the resident. Would you say that (the behavior) is mild, moderate, or severe?" Additional descriptors are provided in each section that may be used to help the interviewer clarify each grade of severity. In each case, be sure that the caregiver provides you with a definite answer as to the frequency and severity of the behaviors. Do not guess what you think the caregiver would say based on your discussion.

It is helpful to provide the caregiver with a piece of paper on which is written the frequency and severity descriptions (less than once per week, about once per week, several times per week and daily or continuously for frequency and mild, moderate, and severe for severity) to allow him/her to visualize the response alternatives. This also saves the examiner from reiterating the alternatives with each question.

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## **VII. "Not Applicable" Responses**

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In very impaired residents or in residents with special medical circumstances, a set of questions may not be applicable. For example, bed-bound residents may exhibit hallucinations or agitation but can not exhibit aberrant motor behavior. If the clinician or the caregiver believes that the questions are inappropriate, then the section should be marked "NA," and no further data are recorded for that section. Likewise, if the clinician feels that the responses are invalid (e.g., the caregiver did not seem to understand the particular set of questions asked), "NA" should also be marked.

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## **VIII. Occupational Disruptiveness**

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When each domain is completed and the caregiver has completed the frequency and severity rating, you may want to ask the associated occupational disruptiveness question if your protocol includes this assessment. To do this, ask the caregiver how much, if any, increased work, effort, time, or distress the behavior causes the caregiver. The caregiver must rate how disruptive they find this behavior on a five point scale from 0 – not at all, 1- minimally, 2 - mildly, 3 - moderately, 4 - severely, 5 - very severely or extremely.

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## **IX. Scoring the NPI-NH**

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Frequency is rated as:

- 1. Rarely – less than once per week
- 2. Sometimes – about once per week
- 3. Often – several times per week but less than every day
- 4. Very often – once or more per day/essentially continuously present/nearly always present /once or more per day (every night)

Severity is rated as:

- 1. Mild – produces little distress in the patient
- 2. Moderate – more disturbing to the patient but can be redirected by the caregiver
- 3. Severe – very disturbing to the patient and difficult to redirect

The score for each domain is: domain score = frequency x severity

Occupational Disruptiveness is scored as:

- 0. Not at all
- 1. Minimally (almost no change in work routine)
- 2. Mildly (some change in work routine but little time rebudgeting required)
- 3. Moderately (disrupts work routine, requires time rebudgeting)
- 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)

5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

Thus, for each behavioral domain there are four scores:

- Frequency
- Severity
- Domain Total Score (frequency x severity)
- Caregiver distress

A total NPI-NH score can be calculated by adding all of the first ten domain scores together. All twelve domain total scores can be summed in special circumstances where the neurovegetative symptoms are of particular importance.

The disruptiveness score is not included in the total NPI-NH score but should be calculated separately as the total disruptiveness score by summing the disruptiveness scores of the 10 (or 12) behavioral domains.

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## **X. Availability**

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The NPI, NPI-NH and NPI-Q versions are available at [NPItest.net](http://NPItest.net).

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## **XI. Copyright and Use of the NPI-NH**

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The NPI, NPI-NH and NPI-Q, and all translations and derivations are under copyright protection with all rights reserved to Jeffrey L. Cummings. They are made available at no charge for all noncommercial research and clinical purposes. Use of the instrument for commercial purposes (clinical trials, screening for commercial projects, application by for-profit health care providers, etc) is subject to charge and use of the instrument must be negotiated with Dr. Cummings. (E-mail [jcummings@mednet.ucla.edu](mailto:jcumings@mednet.ucla.edu) or [NPItest.net](http://NPItest.net)).

It is requested that a copy of all published papers and abstracts using the NPI or NPI-NH be provided to Dr. Cummings at the address shown above. This allows construction of a comprehensive bibliography of studies and investigators using these instruments. ""

IMPORTANT

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## XII. Key [NPI] References

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**Neuropsychiatric  
Inventory  
(Nursing Home Version)  
Questions**

**A. DELUSIONS****(NA)**

Does the resident have beliefs that you know are not true? For example, saying that 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 his/her spouse is having an affair? Has the resident had any other unusual beliefs?

- Yes (If yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)  N/A

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the resident believe that he/her is in danger – that others are planning to hurt him/her or have been hurting him/her?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident believe that others are stealing from him/her?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident believe that his/her spouse is having an affair?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the resident believe that his/her family, staff members or others are not who they say they are?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the resident believe that television or magazine figures are actually present in the room? (Does he/she try to talk or interact with them?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does he/she believe any other unusual things that I haven't asked about?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the delusions.

Frequency:

1. Rarely – less than once per week  
 2. Sometimes – about once per week  
 3. Often – several times per week but less than every day  
 4. Very often – once or more per day

Severity:

1. Mild – delusions present but seem harmless and does not upset the resident that much.  
 2. Moderate – delusions are stressful and upsetting to the resident and cause unusual or strange behavior.  
 3. Severe – delusions are very stressful and upsetting to the resident and cause a major amount of unusual or strange behavior.

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

**B. HALLUCINAIONS****(NA)**

Does the resident have hallucinations – meaning, does he/she see, hear, or experience things that are not present? (If “Yes,” ask for an example to determine if in fact it is a hallucination). Does the resident talk to people who are not there?

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)
   
  N/A

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Does the resident act as if he/she hears voices or describe hearing voices?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident talk to people who are not there?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident see things that are not present or act like he/she sees things that are not present (people, animals, lights, etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the resident smell things that others cannot smell?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the resident describe feeling things on his/her skin or act like he/she is feeling things crawling or touching him/her?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the resident say or act like he/she tastes things that are not present?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the resident describe any other unusual sensory experiences?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the hallucinations.

Frequency:

- 1. Rarely – less than once per week
- 2. Sometimes – about once per week
- 3. Often – several times per week but less than every day
- 4. Very often – once or more per day

Severity:

- 1. Mild – hallucinations are present but seem harmless and does not upset the resident that much.
- 2. Moderate – hallucinations are stressful and upsetting to the resident and cause unusual or strange behavior.
- 3. Severe – hallucinations are very stressful and upsetting to the resident and cause a major amount of unusual or strange behavior. (PRN medications may be required to control them).

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

- 0. Not at all
- 1. Minimally (almost no change in work routine)
- 2. Mildly (some change in work routine but little time rebudgeting required)
- 3. Moderately (disrupts work routine, requires time rebudgeting)
- 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)
- 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

**C. AGITATION/AGGRESSION****(NA)**

Does the resident have periods when he/she refuses to let people help him/her? Is he/she hard to handle? Is he/she noisy or uncooperative? Does the resident attempt to hurt or hit others?

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)  N/A

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the resident get upset when people are trying to care for him/her or resist activities such as bathing or changing clothes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident always want things his/her own way?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the resident uncooperative, resistive to help from others?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the resident have any other behaviors that make him/her hard to handle?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the resident shout, make loud noises, or swear angrily?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the resident slam doors, kick furniture, throw things?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the resident attempt to hurt or hit others?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does the resident have any other aggressive or agitated behaviors?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the agitation/aggression.

Frequency:

1. Rarely – less than once per week.  
 2. Sometimes – about once per week.  
 3. Often – several times per week but less than every day.  
 4. Very often – once or more per day.

Severity:

1. Mild – behavior is stressful for the resident, but can be controlled by the caregiver.  
 2. Moderate – behaviors are stressful for and upsetting to the resident and are difficult to control.  
 3. Severe – agitation is very stressful or upsetting to the resident and is very difficult or impossible to control. There is a possibility they may injure themselves and medications are often required.

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

**D. DEPRESSION/DYSPHORIA****(NA)**

Does the resident seem sad or depressed? Does he/she say that he/she feels sad or depressed? Does the resident cry at times?

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)
   
  N/A

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the resident cry at times?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident say, or act like he/she is depressed?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident put him/herself down or say that he/she feels like a failure?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the resident say that he/she is a bad person or deserves to be punished?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the resident seem very discouraged or say that he/she has no future?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the resident say he/she is a burden to the family or that the family would be better off without him/her? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the resident talk about wanting to die or about killing him/herself?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Does the resident show any other signs of depression or sadness?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the depression.

Frequency:

1. Rarely – less than once per week.  
 2. Sometimes – about once per week.  
 3. Often – several times per week but less than daily.  
 4. Very often – once or more per day.

Severity:

1. Mild – depression is stressful for the resident but will usually change with the help of a caregiver.  
 2. Moderate – depression is stressful for the resident and is difficult to change by the caregiver.  
 3. Severe – depression is very upsetting and stressful for the resident and is very difficult or impossible to change.

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

**E. ANXIETY****(NA)**

Is the resident very nervous, worried, or frightened for no reason? Does he/she seem very tense or unable to relax? Is the resident afraid to be apart from you or from others that he/she trusts?

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)
   
  N/A

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the resident say that he/she is worried about planned events such as appointments or family visits?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident have periods of feeling shaky, unable to relax, or feeling very tense?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident have periods of (or complain of) shortness of breath, gasping, or sighing for no apparent reason other than being nervous?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the resident 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the resident avoid certain places or situations that make him/her more nervous such as meeting with friends or participating in ward activities?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the resident become nervous and upset when separated from you or from others that he/she trusts? (Does he/she cling to you to keep from being separated?)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the resident show any other signs of anxiety?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the anxiety.

Frequency:

1. Rarely – less than once per week.  
 2. Sometimes – about once per week.  
 3. Often – several times per week but less than every day.  
 4. Very often – essentially continuously present.

Severity:

1. Mild – anxiety is stressful for the resident but will usually change with the help of a caregiver.  
 2. Moderate – anxiety is stressful for the resident and is difficult to change by the caregiver.  
 3. Severe – anxiety is very upsetting and stressful for the resident and is very difficult or impossible to change.

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

**F. ELATION/EUPHORIA****(NA)**

Does the resident seem too cheerful or too happy for no reason? I don't mean normal happiness but, for example, laughing at things that others do not find funny?

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)  N/A

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Does the resident appear to feel too good or to be too happy?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident find humor and laugh at things that others do not find funny?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident seem to have a childish sense of humor with a tendency to giggle or laugh inappropriately (such as when something unfortunate happens to others)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the resident tell jokes or say things that are not funny to others but seem funny to him/her?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the resident show any other signs of feeling too good or being too happy?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
\_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the elation/euphoria.

**Frequency:**

1. Rarely – less than once per week.  
 2. Sometimes – about once per week.  
 3. Often – several times per week but less than every day.  
 4. Very often – once or more per day.

**Severity:**

1. Mild – resident is too happy at times.  
 2. Moderate – resident is too happy at times and this sometimes causes strange behavior.  
 3. Severe – resident is almost always too happy and finds nearly everything to be funny.

**Occupational Disruptiveness:** How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

**G. APATHY/INDIFFERENCE****(NA)**

Does the resident sit quietly without paying attention to things going on around him/her? Has he/she lost interest in doing things or lack motivation for participating in activities? Is it difficult to involve the resident in conversation or in group activities.

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)  N/A

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has the resident lost interest in the world around him/her?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident fail to start conversation? (score only if conversation is possible)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident fail to show emotional reactions that would be expected (happiness over the visit of a friend or family member, interest in the news or sports, etc)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has the resident lost interest in friends and family members?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the resident less enthusiastic about his/her usual interests?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the resident sit quietly without paying attention to things going on around him/her?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the resident show any other signs that he/she doesn't care about doing new things?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the apathy/indifference.

Frequency:

1. Rarely – less than once per week.  
 2. Sometimes – about once per week.  
 3. Often – several times per week but less than every day.  
 4. Very often – essentially continuously present.

Severity:

1. Mild – resident has a loss of interest in things at times, but this causes little change in their behavior or participation in activities.  
 2. Moderate – resident has a major loss of interest in things, which can only be changed by powerful events such as visits from close relatives or family members.  
 3. Severe – resident has completely lost interest and motivation.

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)



**H. DISINHIBITION****(NA)**

Does the resident do or say things that are not usually done or said in public? Does he/she seem to act impulsively without thinking? Does the resident say things that are insensitive or hurt people's feelings?

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)
   
  N/A

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Does the resident act impulsively without thinking of the consequences?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident talk to total strangers as if he/she knew them?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident say things to people that are insensitive or hurt their feelings?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the resident say crude things or make inappropriate sexual remarks?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the resident talk openly about very personal or private matters not usually discussed in public? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the resident fondle, touch or hug others in way that is not appropriate?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the resident show any other signs of loss of control of his/her impulses?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the disinhibition.

Frequency:

1. Rarely – less than once per week.  
 2. Sometimes – about once per week.  
 3. Often – several times per week but less than every day.  
 4. Very often – nearly always present.

Severity:

1. Mild – resident acts impulsively at times, but behavior is not difficult to change by caregiver.  
 2. Moderate – resident is very impulsive and this behavior is difficult to change by the caregiver.  
 3. Severe – resident is almost always impulsive and this behavior is nearly impossible to change.

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

**I. IRRITABILITY/LABILITY****(NA)**

Does the resident get easily irritated or disturbed? Are his/her moods very changeable? Is he/she extremely impatient?

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)
   
  N/A

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Does the resident have a bad temper, flying "off the handle" easily over little things?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident rapidly change moods from one to another, being fine one minute and angry the next?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident have sudden flashes of anger?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is the resident impatient, having trouble coping with delays or waiting for planned activities or other things? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is the resident easily irritated?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the resident argue or is he/she difficult to get along with?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Does the resident show any other signs of irritability?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the irritability /lability.

Frequency:

1. Rarely – less than once per week.  
 2. Sometimes – about once per week.  
 3. Often – several times per week but less than every day.  
 4. Very often – essentially continuously present.

Severity:

1. Mild – resident is irritable at times but behavior is not difficult to change by the caregiver.  
 2. Moderate – resident is very irritable and this behavior is difficult for the caregiver to change.  
 3. Severe – resident is almost always irritable and this behavior is nearly impossible to change.

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

**J. ABERRANT MOTOR BEHAVIOR****(NA)**

Does the resident have repetitive activities or “habits” that he/she performs over and over such as pacing, wheeling back and forth, picking at things, or winding string? (Do not include simple tremors or tongue movements).

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)  N/A

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the resident pace or wheel around the facility with no reason?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident open or unpack drawers or closets over and over?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident repeatedly put on and take off clothing?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the resident engage in repetitive activities such as handling buttons, picking, wrapping string, moving bed sheets, etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the resident have repetitive activities or “habits” that he/she performs over and over?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is the resident excessively fidgety?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the aberrant motor activity:

Frequency:

1. Rarely – less than once per week.  
 2. Sometimes – about once per week.  
 3. Often – several times per week but less than every day.  
 4. Very often – essentially continuously present.

Severity:

1. Mild – resident has repetitive behaviors at times, but this does not change daily activities.  
 2. Moderate – repetitive behaviors of the resident are very noticeable but can be controlled with help from the caregiver.  
 3. Severe – repetitive behaviors are very noticeable and upsetting to the resident and are difficult or impossible to control by the caregiver.

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

**K. SLEEP AND NIGHTTIME BEHAVIOR DISORDERS****(NA)**

This group of questions should be directed only to caregivers who work the night shift and observe the resident directly or have acceptable knowledge (e.g., receive regular morning report) of the resident's nighttime activities. If the caregiver is not knowledgeable about the patient's nighttime behavior, mark this category "NA".

Does the resident have difficulty sleeping (do not count as present if the resident simply gets up once or twice per night only to go to the bathroom and falls back asleep immediately)? Is he/she awake at night? Does he/she wander at night, get dressed, or go into others' rooms?

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)  N/A

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the resident have difficulty falling asleep?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the resident get up during the night (do not count if the resident gets up once or twice per night only to go to the bathroom and falls back asleep immediately)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the resident wander, pace, or get involved in inappropriate activities at night?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does the resident wake up at night, dress, and plan to go out, thinking that it is morning and time to start the day?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does the resident wake up too early in the morning (before other residents)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Does the resident have any other nighttime behaviors that we haven't talked about?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the nighttime behavior.

**Frequency:**

1. Rarely – less than once per week.  
 2. Sometimes – about once per week.  
 3. Often – several times per week but less than every day.  
 4. Very often – once or more per day (every night).

**Severity:**

1. Mild – nighttime behaviors are present but not too stressful for the resident.  
 2. Moderate – nighttime behaviors are present and disturb others in the nursing home; more than one type of nighttime behavior may be present.  
 3. Severe – nighttime behaviors are present and the resident is very disturbed during the night.

**Occupational Disruptiveness:** How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

**L. APPETITE AND EATING CHANGES****(NA)**

Does the resident have an extremely good or poor appetite, changes in weight, or unusual eating habits (count as "N/A" if the resident is incapacitated and has to be fed)? Has there been any change in type of food he/she prefers?

- Yes (if yes, please proceed to subquestions)  
 No (if no, please proceed to next screening question)
   
  N/A

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does he/she have a poor appetite?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does he/she have an unusually good appetite?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has he/she lost weight?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has he/she gained weight?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does he/she have unusual eating behavior such as putting too much food in his/her mouth at once?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has he/she had a change in the kind of food he/she likes such as wanting too many sweets or other specific types of food?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Has he/she developed eating behaviors such as eating exactly the same types of food each day or eating the food in exactly the same order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Have there been any other changes in appetite or eating that I haven't asked about?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: \_\_\_\_\_

If the screening question is confirmed, determine the frequency and severity of the changes in eating habits or appetite.

Frequency:

1. Rarely – less than once per week.  
 2. Sometimes – about once per week.  
 3. Often – several times per week but less than every day.  
 4. Very often – essentially continuously present.

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 changes in weight.  
 3. Severe – obvious changes in appetite or eating are present and cause changes in weight, are abnormal, or upset the resident.

Occupational Disruptiveness: How much does this behavior upset you and/or create more work for you?

0. Not at all  
 1. Minimally (almost no change in work routine)  
 2. Mildly (some change in work routine but little time rebudgeting required)  
 3. Moderately (disrupts work routine, requires time rebudgeting)  
 4. Severely (disruptive, upsetting to staff and other residents, major time infringement)  
 5. Very Severely or Extremely (very disruptive, major source of distress for staff and other residents, requires time usually devoted to other residents or activities)

# NPI-NH

## Neuropsychiatric Inventory – Nursing Home Version Scoring Summary

CENTER #	SCREENING #	PATIENT #	PATIENT INITIALS	VISIT	DATE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> F M L	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M D Y

Please transcribe appropriate categories from the NPI-NH Worksheet into the boxes provided.

For each domain:

- If symptoms of a domain did not apply, check the "N/A" box.
- If symptoms of a domain were absent, check the "0" box.
- If symptoms of a domain were present, check one score each for Frequency and Severity.
- Multiply Frequency score x Severity score and enter the product in the space provided.
- Total all Frequency x Severity scores and record the Total Score below.
- If symptoms of a domain were present, check one score for Occupational Disruptiveness; total all occupational disruptiveness scores for a summary score.

Rater's  
Initials:

DOMAIN	N/A <sup>1</sup>	ABSENT	FREQUENCY	SEVERITY	FREQUENCY X SEVERITY	OCCUPATIONAL DISRUPTIVENESS
		0	1 2 3 4	1 2 3		0 1 2 3 4 5
A. Delusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
B. Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
C. Agitation/Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D. Depression/Dysphoria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
F. Elation/Euphoria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
G. Apathy/Indifference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
H. Disinhibition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I. Irritability/Lability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
J. Aberrant Motor Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TOTAL SCORE:					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
K. Sleep and Nighttime Behavior Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
L. Appetite/Eating Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

# NPI-NH

## Neuropsychiatric Inventory – Nursing Home Version Worksheet

Directions: Read all items from the NPI-NH “Instructions for Administration of the NPI-NH”. Mark Caregiver’s responses on this worksheet before scoring the Frequency, Severity, and Occupational Disruptiveness.

<p><b>A. DELUSIONS:</b> <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A            Frequency_____ Severity_____            Occupational Disruptiveness _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Fear of harm</li> <li><input type="checkbox"/> 2. Fear of theft</li> <li><input type="checkbox"/> 3. Spousal affair</li> <li><input type="checkbox"/> 4. Phantom boarder</li> <li><input type="checkbox"/> 5. Spouse imposter</li> <li><input type="checkbox"/> 6. House not home</li> <li><input type="checkbox"/> 7. Fear of abandonment</li> <li><input type="checkbox"/> 8. Talks to TV, etc.</li> <li><input type="checkbox"/> 9. Other _____</li> </ul>	<p><b>B. HALLUCINATIONS:</b> <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A            Frequency_____ Severity_____            Occupational Disruptiveness _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Hears voices</li> <li><input type="checkbox"/> 2. Talks to people not there</li> <li><input type="checkbox"/> 3. Sees things not there</li> <li><input type="checkbox"/> 4. Smells things not there</li> <li><input type="checkbox"/> 5. Feels things not there</li> <li><input type="checkbox"/> 6. Unusual taste sensations</li> <li><input type="checkbox"/> 7. Other _____</li> </ul>
<p><b>C. AGITATION/AGGRESSION:</b> <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A            Frequency_____ Severity_____            Occupational Disruptiveness _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Upset with caregiver; resists ADL’s</li> <li><input type="checkbox"/> 2. Stubbornness</li> <li><input type="checkbox"/> 3. Uncooperative; resists help</li> <li><input type="checkbox"/> 4. Hard to handle</li> <li><input type="checkbox"/> 5. Cursing or shouting angrily</li> <li><input type="checkbox"/> 6. Slams doors; kicks, throws things</li> <li><input type="checkbox"/> 7. Hits, harms others</li> <li><input type="checkbox"/> 8. Other _____</li> </ul>	<p><b>D. DEPRESSION/DYSPHORIA:</b> <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A            Frequency_____ Severity_____            Occupational Disruptiveness _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Tearful and sobbing</li> <li><input type="checkbox"/> 2. States, acts as if sad</li> <li><input type="checkbox"/> 3. Puts self down, feels like failure</li> <li><input type="checkbox"/> 4. “Bad person”, deserves punishment</li> <li><input type="checkbox"/> 5. Discouraged, no future</li> <li><input type="checkbox"/> 6. Burden to family</li> <li><input type="checkbox"/> 7. Talks about dying, killing self</li> <li><input type="checkbox"/> 8. Other _____</li> </ul>
<p><b>E. ANXIETY:</b> <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A            Frequency_____ Severity_____            Occupational Disruptiveness _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Worries about planned events</li> <li><input type="checkbox"/> 2. Feels shaky, tense</li> <li><input type="checkbox"/> 3. Sobs, sighs, gasps</li> <li><input type="checkbox"/> 4. Racing heart, “butterflies”</li> <li><input type="checkbox"/> 5. Phobic avoidance</li> <li><input type="checkbox"/> 6. Separation anxiety</li> <li><input type="checkbox"/> 7. Other _____</li> </ul>	<p><b>F. ELATION/EUPHORIA:</b> <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>N/A            Frequency_____ Severity_____            Occupational Disruptiveness _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Feels too good, too happy</li> <li><input type="checkbox"/> 2. Abnormal humor</li> <li><input type="checkbox"/> 3. Childish, laughs inappropriately</li> <li><input type="checkbox"/> 4. Jokes or remarks not funny to others</li> <li><input type="checkbox"/> 5. Childish pranks</li> <li><input type="checkbox"/> 6. Talks “big”, grandiose</li> <li><input type="checkbox"/> 7. Other _____</li> </ul>

CONTINUES ON NEXT PAGE

# NPI-NH

## Neuropsychiatric Inventory – Nursing Home Version Worksheet

### G. APATHY/INDIFFERENCE: Yes No N/A

Frequency\_\_\_\_\_ Severity\_\_\_\_\_

Occupational Disruptiveness \_\_\_\_\_

- 1. Less spontaneous or active
- 2. Less likely to initiate conversation
- 3. Less affectionate, lacking emotions
- 4. Contributes less to household chores
- 5. Less interested in others
- 6. Lost interest in friends or family
- 7. Less enthusiastic about interests
- 8. Other \_\_\_\_\_

### H. DISINHIBITION: Yes No N/A

Frequency\_\_\_\_\_ Severity\_\_\_\_\_

Occupational Disruptiveness \_\_\_\_\_

- 1. Acts impulsively
- 2. Excessively familiar with strangers
- 3. Insensitive or hurtful remarks
- 4. Crude or sexual remarks
- 5. Talks openly of private matters
- 6. Inappropriate touching of others
- 7. Other \_\_\_\_\_

### I. IRRITABILITY/LABILITY: Yes No N/A

Frequency\_\_\_\_\_ Severity\_\_\_\_\_

Occupational Disruptiveness \_\_\_\_\_

- 1. Bad temper, “flies off handle” easily
- 2. Rapid changes in mood
- 3. Sudden flashes of anger
- 4. Impatient, trouble coping with delays
- 5. Cranky, irritable
- 6. Argues, difficult to get along with
- 7. Other \_\_\_\_\_

### J. ABERRANT MOTOR BEHAVIOR: Yes No N/A

Frequency\_\_\_\_\_ Severity\_\_\_\_\_

Occupational Disruptiveness \_\_\_\_\_

- 1. Paces without purpose
- 2. Opens or unpacks closets or drawers
- 3. Repeatedly dresses and undresses
- 4. Repetitive activities or “habits”
- 5. Handling, picking, wrapping behavior
- 6. Excessively fidgety
- 7. Other \_\_\_\_\_

### K. SLEEP AND NIGHTTIME BEHAVIOR DISORDERS:

Yes No N/A

Frequency\_\_\_\_\_ Severity\_\_\_\_\_

Occupational Disruptiveness \_\_\_\_\_

- 1. Difficulty falling asleep
- 2. Up during the night
- 3. Wanders, paces, inappropriate activity
- 4. Awakens others at night
- 5. Wakes and dresses to go out at night
- 6. Early morning awakening
- 7. Sleeps excessively during the day
- 8. Other \_\_\_\_\_

### L. APPETITE/EATING CHANGES: Yes No N/A

Frequency\_\_\_\_\_ Severity\_\_\_\_\_

Occupational Disruptiveness \_\_\_\_\_

- 1. Loss of appetite
- 2. Increased appetite
- 3. Weight loss
- 4. Weight gain
- 5. Change in eating habits
- 6. Change in food preferences
- 7. Eating rituals
- 8. Other \_\_\_\_\_