Form B4L: Neuropsychiatric Inventory (NPI)[1]

ADC name: _____ Subject ID: _ _ _ _ _ _ _ _ _ _ Form date: _ _ / _ _ / _ _ _ _

Visit #: _ _ _ Examiner's initials: _ _ _

INSTRUCTIONS: This form is to be completed by a clinician or other trained health professional based on co-participant interview. For additional clarification and examples, see LBD Module Coding Guidebook for Follow-up Visit Packet, Form B4L. Check only one box per question.

Inquire about symptoms the last four weeks before visit.

DELUSIONS				
1.	**Does the participant have beliefs that you know are not true (for example, insisting that people are trying to harm him/her or steal from him/her)? Has he/she said that family members are not who they say they are or that the house is not their home? I'm not asking about mere suspiciousness; I am interested if the participant is convinced that these things are happening to him/her.** ☐ 0 No **(SKIP TO QUESTION 2)** ☐ 1 Yes **(COMPLETE QUESTIONS 1a – 1i)** ☐ 8 Not applicable **(SKIP TO QUESTION 2)**			
	1a.	Does the participant believe that he/she is in danger — that others are planning to hurt him/her?	☐ 0 No	☐ 1 Yes
	1b.	Does the participant believe that others are stealing from him/her?	☐ 0 No	☐ 1 Yes
	1c.	Does the participant believe that his/her spouse is having an affair?	☐ 0 No	☐ 1 Yes
	1d.	Does the participant believe that unwelcome guests are living in his/her house?	☐ 0 No	☐ 1 Yes
	1e.	Does the participant believe that his/her spouse or others are not who they claim to be?	☐ 0 No	☐ 1 Yes
	1f.	Does the participant believe that his/her house is not his/her home?	☐ 0 No	☐ 1 Yes
	1g.	Does the participant believe that family members plan to abandon him/her?	☐ 0 No	☐ 1 Yes
	1h.	Does the participant believe that television or magazine figures are actually present in the home? [Does he/she try to talk or interact with them?]	☐ 0 No	☐ 1 Yes
	1i.	Does the participant believe any other unusual things that I haven't asked about?	☐ 0 No	☐ 1 Yes

HALLUCINATIONS

2. Does the participant have hallucinations such as seeing false visions or hearing imaginary voices? Does he/she seem to see, hear, or experience things that are not present? By this question, we do not mean just mistaken beliefs such as stating that someone who has died is still alive; rather we are asking if the participant actually has abnormal experiences of sounds or visions.

☐ 0 No **(SKIP TO QUESTION 3)**

☐ 1 Yes **(COMPLETE QUESTIONS 2a – 2g)**

☐ 8 Not applicable **(SKIP TO QUESTION 3)**

2a.	Does the participant describe hearing voices or acts if he/she hears voices?	☐ 0 No	☐ 1 Yes
2b.	Does the participant talk to people who are not there?	☐ 0 No	☐ 1 Yes
2c.	Does the participant describe seeing things not seen by others or behave as if he/she is seeing things not seen by others?	☐ 0 No	☐ 1 Yes
2d.	Does the participant report smelling odors not smelled by others?	☐ 0 No	☐ 1 Yes
2e.	Does the participant describe feeling things on his/her skin or otherwise appear to be feeling things crawling or touching him/her?	☐ 0 No	☐ 1 Yes
2f.	Does the participant describe tastes that are without any known cause?	☐ 0 No	☐ 1 Yes
2g.	Does the participant describe any other unusual sensory experiences?	☐ 0 No	☐ 1 Yes

ANXIETY

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

☐ 0 No **(SKIP TO QUESTION 4)**

☐ 1 Yes **(COMPLETE QUESTIONS 3a – 3g)**

☐ 8 Not applicable **(SKIP TO QUESTION 4)**

3a.	Does the participant say that he/she is worried about planned events?	☐ 0 No	☐ 1 Yes
3b.	Does the participant have periods of feeling shaky, unable to relax, or feeling excessively tense?	☐ 0 No	☐ 1 Yes
3c.	Does the participant have periods of (or complain of) shortness of breath, gasping, or sighing for no apparent reason other than nervousness?	☐ 0 No	☐ 1 Yes
3d.	Does the participant complain of butterflies in his/her stomach, or of racing or pounding of the heart in association with nervousness (symptoms not explained by ill health)?	☐ 0 No	☐ 1 Yes
3e.	Does the participant avoid certain places or situations that make him/her more nervous such as riding in the car, meeting with friends, or being in crowds?	☐ 0 No	☐ 1 Yes
3f.	Does the participant become nervous and upset when separated from you [or his/her caregiver]? [Does he/she cling to you to keep from being separated?]	☐ 0 No	☐ 1 Yes
3g.	Does the participant show any other signs of anxiety?	☐ 0 No	☐ 1 Yes

APATHY / INDIFFERENCE				
4.	**Has the participant lost interest in the world around him/her? Has he/she lost interest in doing things or lack motivation for starting new activities? Is he/she more difficult to engage in conversation or in doing chores? Is the participant apathetic or indifferent?** ☐ 0 No **(END FORM HERE)** ☐ 1 Yes **(COMPLETE QUESTIONS 4a – 4h)** ☐ 8 Not applicable **(END FORM HERE)**			
	4a.	Does the participant seem less spontaneous and less active than usual?	☐ 0 No	☐ 1 Yes
	4b.	Is the participant less likely to initiate a conversation?	☐ 0 No	☐ 1 Yes
	4c.	Is the participant less affectionate or lacking in emotions when compared to his/her usual self?	☐ 0 No	☐ 1 Yes
	4d.	Does the participant contribute less to household chores?	☐ 0 No	☐ 1 Yes
	4e.	Does the participant seem less interested in the activities and plans of others?	☐ 0 No	☐ 1 Yes
	4f.	Has the participant lost interest in friends and family members?	☐ 0 No	☐ 1 Yes
	4g.	Is the participant less enthusiastic about his/her usual interests?	☐ 0 No	☐ 1 Yes
	4h.	Does the participant show any other signs that he/she doesn't care about doing new things?	☐ 0 No	☐ 1 Yes