NACC National Alzheimer's Coordinating Center

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NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B5: Behavioral Assessment – Neuropsychiatric Inventory Questionnaire (NPI-Q[1])

Center: ________________ ADC Subject ID: __ __ __ __ __ __ __ __ __ __ Form Date: __ __/__ __/__ __ __ __ ADC Visit #:__ __ __

NOTE: This form is to be completed by the clinician or other trained health professional per informant interview, as described by the training video. (This is not to be completed by the subject as a paper-and-pencil self-report.) For information regarding NPI-Q Interviewer Certification, see UDS Coding Guidebook for Initial Visit Packet, Form B5. Check only one box for each category of response.

Examiner's initials:__ __ __

Please ask the following questions based upon changes. Indicate "yes" only if the symptom has been present in the past month; otherwise, indicate "no".

For each item marked "yes", rate the SEVERITY of the symptom (how it affects the patient):
1 = Mild (noticeable, but not a significant change)
2 = Moderate (significant, but not a dramatic change)
3 = Severe (very marked or prominent; a dramatic change)

1. NPI informant: ☐ 1 Spouse ☐ 2 Child ☐ 3 Other (*specify*): ______________________

	Yes	No	Severity		
2. DELUSIONS: Does the patient believe that others are stealing from him or her, or planning to harm him or her in some way?	2a. ☐ 1	☐ 0	2b. ☐ 1	☐ 2	☐ 3
3. HALLUCINATIONS: Does the patient act as if he or she hears voices? Does he or she talk to people who are not there?	3a. ☐ 1	☐ 0	3b. ☐ 1	☐ 2	☐ 3
4. AGITATION OR AGGRESSION: Is the patient stubborn and resistive to help from others?	4a. ☐ 1	☐ 0	4b. ☐ 1	☐ 2	☐ 3
5. DEPRESSION OR DYSPHORIA: Does the patient act as if he or she is sad or in low spirits? Does he or she cry?	5a. ☐ 1	☐ 0	5b. ☐ 1	☐ 2	☐ 3
6. ANXIETY: Does the patient become upset when separated from you? Does he or she have any other signs of nervousness, such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	6a. ☐ 1	☐ 0	6b. ☐ 1	☐ 2	☐ 3

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		Yes	No		Severity		
7. ELATION OR EUPHORIA: Does the patient appear to feel too good or act excessively happy?	7a.	☐ 1	☐ 0	7b.	☐ 1	☐ 2	☐ 3
8. APATHY OR INDIFFERENCE: Does the patient seem less interested in his or her usual activities and in the activities and plans of others?	8a.	☐ 1	☐ 0	8b.	☐ 1	☐ 2	☐ 3
9. DISINHIBITION: Does the patient seem to act impulsively? For example, does the patient talk to strangers as if he or she knows them, or does the patient say things that may hurt people's feelings?	9a.	☐ 1	☐ 0	9b.	☐ 1	☐ 2	☐ 3
10. IRRITABILITY OR LABILITY: Is the patient impatient or cranky? Does he or she have difficulty coping with delays or waiting for planned activities?	10a.	☐ 1	☐ 0	10b.	☐ 1	☐ 2	☐ 3
11. MOTOR DISTURBANCE: Does the patient engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	11a.	☐ 1	☐ 0	11b.	☐ 1	☐ 2	☐ 3
12. NIGHTTIME BEHAVIORS: Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?	12a.	☐ 1	☐ 0	12b.	☐ 1	☐ 2	☐ 3
13. APPETITE AND EATING: Has the patient lost or gained weight, or had a change in the food he or she likes?	13a.	☐ 1	☐ 0	13b.	☐ 1	☐ 2	☐ 3