



LUND UNIVERSITY

# Manual for NPI-ID - English version

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Original NPI-NH (Neuropsychiatric Inventory Nursing Home Version 1994) revised with  
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## **Introduction to the NPI-ID Scale**

The NPI-ID scale is based on the NPI-NH scale (Neuropsychiatric Inventory Nursing Home Version) but has been revised so as to be applicable to people with intellectual disability (ID), this through a number of minor adjustments to the language, addition of explanations for some problem behaviours and addition of three behaviours (Self-injury, Impulsive risk behaviour and Other behaviour). The manual is designed to enable professionals who work close to persons with ID to map and follow problem behaviours (challenging behaviours) over time with the aid of NPI-ID (before and after preventive intervention). NPI-ID is also a validated instrument to use in research (see reference Lundqvist et al. 2020).

### **I. What does the NPI-ID scale measure?**

- A. Self-injury
- B. Impulsive risk behaviour
- C. Delusions
- D. Hallucinations
- E. Agitation
- F. Depression
- G. Anxiety
- H. Euphoria
- I. Apathy
- J. Disinhibition
- K. Irritability
- L. Aberrant motor behaviour
- M. Sleep disorders
- N. Eating disorders
- O. Other behaviour, not covered by the above

### **II. NPI-ID: Estimation/Assessment**

NPI-ID is based on estimates of a professional caregiver or a team of professionals who are involved in the person's everyday care. It is important to consider the following points:

- The purpose of the NPI-ID scale is to be a tool for evaluating the effects of measures designed to prevent and diminish problem behaviours.
- The estimate must apply to problem behaviours that have appeared within the past week. The same professional caregiver or team do estimates each week after measures are inserted to evaluate the effects. Continue until the behaviours is disappeared.
- Initially, problem behaviours in screening questions are identified with “Yes” or “No”.
- Estimates are then made of occurrence and severity.

## **Screening questions**

In the first step, screening questions concerning the person's problems are to be answered to determine whether there are behavioural changes or not.

If you answer "No" to a screening question, you should proceed to the next one without consideration of the clarifying questions.

If you answer "Yes" to the screening question, you should answer the clarifying questions.

If you are unsure of your assessment, answer "Yes" to the screening question and explore the behaviour further by answering the clarifying questions.

If the answers to the clarifying questions confirm a certain behaviour, you should assess its frequency and severity in accordance with the given scales.

## **Clarifying questions**

The clarifying questions must be answered when a screening question has been answered with a "Yes". If your answer to each of the clarifying questions is "No", think again about why you answered "Yes" to the screening question. If you come to the conclusion that the answer to the screening question should still be "Yes", the behaviour should be graded for frequency and severity as usual. Otherwise your answer to the screening question should be changed to "No".

## **Frequency**

The frequency shall be determined for each type of challenging behaviour, starting from the answers to the clarifying questions. If you answered "Yes" to two or more of the clarifying questions, the frequency becomes a weighting together of the aspects of behaviour designated in the answers 1. Rarely, 2. Sometimes, 3. Often, 4. Very often (see page 6-21).

## **Severity**

To assess the degree of severity, think about how difficult the behaviour is for the person. How intense is it? How stressful? How much of an impediment? When assessing the severity, it is based on whether the behaviour is 1. Mild, 2. Moderate or 3. Severe" (see page 6-21).

## **Frequency x Severity**

In the right-hand column of the estimation form, multiply the frequency value by the severity value to receive the sum score for each problem behaviour.

## Key reference NPI-ID

Lundqvist, L-O., Hultqvist, J., Granvik, E., Minton, L., Ahlström, G. (2020). Psychometric properties of the Neuropsychiatric Inventory for adults with intellectual disability. *Journal of Applied Research in Intellectual Disability* 2020; 33(6):1210-1220. DOI: [10.1111/jar.12741](https://doi.org/10.1111/jar.12741)

## Original references NPI

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Kaufers, D.I, Cummings, J.L, Christine, D., Bray, T., Castellon, S., Masterman, D., MacMillan, A., Ketchel, P., Dekosky, S.T. Assessing the impact of neuropsychiatric symptoms in Alzheimer's disease: the Neuropsychiatric Inventory Caregiver Distress Scale. *Journal of the American Geriatrics Society* 1998; 46(2): 210-215. DOI: [10.1111/j.1532-5415.1998.tb02542.x](https://doi.org/10.1111/j.1532-5415.1998.tb02542.x)

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# **NPI-ID**

## A. Self-injury

Self-injury actions that are harmful and dangerous to the individual himself.

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

- |   |     |    |
|---|-----|----|
| 1. Does the person ever hit his/her own body or bang his/her head against anything? | YES | NO |
| 2. Does the person ever bite or cut himself/herself, or pull his/her own hair?      | YES | NO |
| 3. Does the person ever indulge in skin-picking?                                    | YES | NO |
| 4. Has there ever been any self-injury not covered by questions 1–3?                | YES | NO |

### Frequency

- 1. Rarely** – less than once per week
- 2. Sometimes** - about once a week
- 3. Often** - several times each week, but not every day
- 4. Very often** – one or several times per day

### Severity

- 1. Mild** - the behaviour is stressful for the person but can be handled through the support from staff
- 2. Moderate** - the behaviour is sometimes difficult to handle for the person and by staff
- 3. Severe** – the behaviour is very difficult or impossible to handle by staff.

## B. Impulsive risk behaviour

Impulsive risk behaviour is uncontrolled actions that can mean that the person ends up in dangerous and risky situations.

NO (Proceed to the next screening question)  
YES (Proceed with the questions below)

### Clarifying questions

- |  |     |    |
|--|-----|----|
| 1. Does the person ever suddenly and for no apparent reason go out?  | YES | NO |
| 2. Does the person ever go out and then fail to come back?   | YES | NO |
| 3. Does the person ever get enticed by others into precarious situations involving drink, drugs, sex or crime? | YES | NO |
| 4. Has there been any impulsive risk behaviour not covered by questions 1–3?                                   | YES | NO |

### Frequency

- 1. Rarely** – less than once per week
- 2. Sometimes** - about once a week
- 3. Often** - several times each week, but not every day
- 4. Very often** – one or several times per day

### Severity

- 1. Mild** – the person acts impulsively sometimes, but can easily be distracted by staff.
- 2. Moderate** – the person acts impulsively, and the behaviour is difficult for staff to distract.
- 3. Severe** – the person acts almost always impulsively, and the behaviour is almost impossible to distract or handle by staff.

## C. Delusions

Does the person have beliefs that you know are not true? For example, saying that people are trying to harm or steal from him/her. Has he/she said that family members or staff are not who they say they are? Has the person had any other unusual beliefs?

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

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

### Frequency

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

### Severity

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

## D. Hallucinations

Does the person 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 person talk to people who are not there?

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

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

### 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 person that much.
2. **Moderate** – hallucinations are stressful and upsetting to the person and cause unusual or strange behaviour.
3. **Severe** – hallucinations are very stressful and upsetting to the person and cause a major amount of unusual or strange behaviour (medication may be required to control them).

## E. Agitation

Does the person 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 person attempt to hurt or hit others?

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

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

### Extra clarifying questions:

Violent behaviour causing another person pain or injury or directed towards an object.

- |   |     |    |
|---|-----|----|
| 1. Does the person ever hit, scratch, kick, bite, pinch, spit at or pull the hair of staff, next of kin or a fellow-resident? | YES | NO |
| 2. Does the person ever break up or throw things?   | YES | NO |

### 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** - behaviour is stressful for the person, but can be handled by staff
2. **Moderate** – behaviors are stressful for and upsetting to the person and are difficult to handle.
3. **Severe** – agitation is very stressful or upsetting to the person and is very difficult or impossible to handle. There is a possibility they may injure themselves and medications are often required.

## F. Depression

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

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

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

### 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 person but will usually change with the help of a staff.
2. **Moderate** – depression is stressful for the person and is difficult to change by the staff.
3. **Severe** – depression is very upsetting and stressful for the person and is very difficult or impossible to change.

## G. Anxiety

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

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

- |   |     |    |
|---|-----|----|
| 1. Does the person say that he/she is worried about planned events such as appointments with physicians or family visits?                                       | YES | NO |
| 2. Does the person have periods of feeling shaky, unable to relax, or feeling very tense?   | YES | NO |
| 3. Does the person have periods of (or complain of) shortness of breath, gasping, or sighing for no apparent reason other than being nervous?                   | YES | NO |
| 4. Does the person complain of “butterflies” in his/her stomach, or of racing or pounding of the heart because of being nervous?                                | YES | NO |
| 5. Does the person avoid certain places or situations that make him/her more nervous such as meeting with friends or participating in ward activities?          | YES | NO |
| 6. Does the person 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?) | YES | NO |
| 7. Does the person show any other signs of anxiety?   | YES | NO |

### 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 person but will usually change with the help of a staff.
2. **Moderate** – anxiety is stressful for the person and is difficult to change by the staff.
3. **Severe** – anxiety is very upsetting and stressful for the person and is very difficult or impossible to change.

## H. Euphoria

Does the person seem too cheerful or too happy for no reason? Don't means normal happiness but, for example, laughing at things that others do not find funny?

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

- |  |     |    |
|--|-----|----|
| 1. Does the person appear to feel too good or to be too happy?   | YES | NO |
| 2. Does the person find humor and laugh at things that others do not find funny?   | YES | NO |
| 3. Does the person seem to have a childish sense of humor with a tendency to giggle or laugh inappropriately (such as when something unfortunate happens to others)? | YES | NO |
| 4. Does the person tell jokes or say things that are not funny to others but seem funny to him/her?  | YES | NO |
| 5. Does the person ever indulge in childish games such as pinching people or pretending to hand them something and then jerking it away?                             | YES | NO |
| 6. Does the person show any other signs of feeling too good or being too happy?  | YES | NO |

### 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** – the person is too happy at times.
2. **Moderate** – the person is too happy at times and this sometimes causes strange behaviour.
3. **Severe** – the person is almost always too happy and finds nearly everything to be funny.

## I. Apathy

Does the person 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 person in conversation or in group activities.

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

- |  |     |    |
|--|-----|----|
| 1. Has the person lost interest in the world around him/her?   | YES | NO |
| 2. Does the person fail to start conversation? (if the conversation is possible)   | YES | NO |
| 3. Does the person 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)? | YES | NO |
| 4. Has the person lost interest in friends and family members?   | YES | NO |
| 5. Is the person less enthusiastic about his/her usual interests?  | YES | NO |
| 6. Does the person sit quietly without paying attention to things going on around him/her?   | YES | NO |
| 7. Does the person show any other signs that he/she doesn't care about doing new things?   | YES | NO |

### 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** – the person has a loss of interest in things at times, but this causes little change in their behavior or participation in activities.
2. **Moderate** – the person 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** – the person has completely lost interest and motivation.

## J. Disinhibition

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

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

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

### Extra clarifying questions:

Socially inappropriate behaviour implies actions which have a negative effect on the person's quality of life in that they cause the person to be socially isolated, denied access to one thing and another.

- |   |     |    |
|---|-----|----|
| 1. Does the person ever scream and shout, or make any other disturbing noise?   | YES | NO |
| 2. Does the person ever keep repeating swear-words or four-letter words, or use other inappropriate language?                                   | YES | NO |
| 3. Does the person ever daub himself/herself with excrement, masturbate in public or indulge in any other inappropriate behaviour of this kind? | YES | NO |

### 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** – the person acts impulsively at times, but behavior is not difficult to change by staff.
- 2. Moderate** – the person is very impulsive and this behavior is difficult to change by the staff.
- 3. Severe** – the person is almost always impulsive and this behavior is nearly impossible to change.

## K. Irritability

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

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

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

### 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** – the person is irritable at times but behavior is not difficult to change by the staff.
2. **Moderate** – the person is very irritable and this behavior is difficult for the caregiver to change.
3. **Severe** – the person is almost always irritable and this behavior is nearly impossible to change.

## L. Aberrant motor behaviour

Does the person 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?

NO (Proceed to the next screening question)  
YES (Proceed with the questions below)

### Clarifying questions

- |   |     |    |
|---|-----|----|
| 1. Does the person pace or wheel around the facility for no reason?   | YES | NO |
| 2. Does the person open or unpack drawers or closets over and over?   | YES | NO |
| 3. Does the person repeatedly put on and take off clothing?   | YES | NO |
| 4. Does the person engage in repetitive activities such as handling buttons, picking, wrapping string, moving bed sheets, etc.? | YES | NO |
| 5. Does the person have repetitive activities or “habits” that he/she performs over and over?                                   | YES | NO |
| 6. Is the person excessively restless?  | YES | NO |

### Extra Clarifying questions:

Aberrant motor behaviour can be in the form of repeated motor or verbal behaviour or in the form of using an object with no apparent function. It is a question only of stereotyped behaviour considered to be functionally obstructive for the person himself/herself or considered as provoking others.

1. Are there times when the person goes on and on repeating the same word(s)? YES NO

### 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** – the person has repetitive behaviors at times, but this does not change daily activities.
2. **Moderate** – repetitive behaviors of the person are very noticeable but can be handled with help from the staff.
3. **Severe** – repetitive behaviors are very noticeable and upsetting to the person and are difficult or impossible to handle by the staff.

## M. Sleep disorders.

Does the person have difficulty sleeping (do not count as present if the person 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?

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

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

### 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 person.
2. **Moderate** – nighttime behaviors are present and disturb others in their home; more than one type of nighttime behavior may be present.
3. **Severe** – nighttime behaviors are present and the person is very disturbed during the night.

## N. Eating disorders.

Does the person have an extremely good or poor appetite, changes in weight, or unusual eating habits (count as “0” if the person is incapacitated and has to be fed)? Has there been any change in type of food he/she prefers?

NO (Proceed to the next screening question)

YES (Proceed with the questions below)

### Clarifying questions

- |   |     |    |
|---|-----|----|
| 1. Does the person have a poor appetite?  | YES | NO |
| 2. Does the person have an unusually good appetite?   | YES | NO |
| 3. Does the person have unusual eating behavior such as putting too much food in his/her mouth at once?   | YES | NO |
| 4. Has the person had a change in the kind of food he/she likes such as wanting too many sweets or other specific types of food?                  | YES | NO |
| 5. Has the person developed eating behaviors such as eating exactly the same types of food each day or eating the food in exactly the same order? | YES | NO |
| 6. Have there been any other changes in appetite or eating?   | YES | NO |

### Extra Clarifying questions:

Food-related injurious behaviour involves a health-risk in that the person does not get sufficient calories or nutrition.

- |  |     |    |
|--|-----|----|
| 1. Does the person ever bring up food, chew it and then swallow it again, or force himself/herself to vomit? | YES | NO |
| 2. Does the person ever refuse to eat all food, or almost all food?  | YES | NO |
| 3. Does the person ever have too much to eat or drink?   | YES | NO |
| 4. Does the person ever consume anything unfit for human consumption   | YES | NO |

### 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. **Modrate** – 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 person.

## **O. Other behaviour, not covered by the above**

If the person exhibits any challenging behaviour not covered by the alternatives A–N of the assessment form, you can take it up under O on the form and assess it in the same way as A–N.

### **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** – one or several times per day

### **Severity**

- 1. Mild** - the behaviour is stressful for the person but can be handled by staff.
- 2. Moderate** - the behaviour is difficult to handle for the staff.
- 3. Severe** – the behaviour is very difficult or impossible to handle by the staff.

## NPI-ID

Personal identity code or name of the person with ID:

Your name/assessor:

Workplace:

Period for assessment (day/days or week/weeks or month/months):

Date of assessment (year, month, date):

Problem behaviour	Prevalence 0= no 1= yes	Frequency	Severity level	Frequency x Severity: Sum score
A. Self-injury	0 1	1 2 3 4	1 2 3	
B. Impulsive risk behaviour	0 1	1 2 3 4	1 2 3	
C. Delusions	0 1	1 2 3 4	1 2 3	
D. Hallucinations	0 1	1 2 3 4	1 2 3	
E. Agitation	0 1	1 2 3 4	1 2 3	
F. Depression	0 1	1 2 3 4	1 2 3	
G. Anxiety	0 1	1 2 3 4	1 2 3	
H. Euphoria	0 1	1 2 3 4	1 2 3	
I. Apathy	0 1	1 2 3 4	1 2 3	
J. Disinhibition	0 1	1 2 3 4	1 2 3	
K. Irritability	0 1	1 2 3 4	1 2 3	
L. Aberrant motor behaviour	0 1	1 2 3 4	1 2 3	
M. Sleep disorders	0 1	1 2 3 4	1 2 3	
N. Eating disorders	0 1	1 2 3 4	1 2 3	
O. Other	0 1	1 2 3 4	1 2 3	
<b>Sum</b>				

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