

## 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<br>0= no<br>1= yes | Frequency | Severity level | Frequency<br>x Severity:<br>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>                  |                               |           |                |                                       |