

The NPI-C is an expanded measure of neuropsychiatric symptoms in people with dementia that is currently being tested in a validation study. For more information on the NPI-C, please contact Kate de Medeiros, PhD via e-mail at [medeirok@emaseniorcare.org](mailto:medeirok@emaseniorcare.org).

Note: Original NPI items are in regular typeface.  
New NPI-C items are in regular typeface and **font color blue**.

**A. Delusions**

1. Does (S) believe that he/she is in danger, that others are planning to hurt him/her or have been hurting him/her?
2. Does (S) believe that others are stealing from him or her?
3. Does (S) believe that his/her \_\_\_\_\_ is having an affair?
4. Does (S) believe that unwelcome guests are living in his/her house?
5. Does (S) believe that his/her family, staff members or others are not who they claim to be or that they are imposters?
6. Does (S) believe that his/her house is not his/her home?
7. Does (S) believe that family members plan to abandon him/her?
8. Does (S) believe that television or magazine figures are actually present in the room? Does he/she try to talk or interact with them?

**B. Hallucinations**

1. Does (S) describe hearing voices or acts if he/she hears voices?
2. Does (S) talk to people who are not there?
3. Does (S) describe seeing things that are not present or acts like he/she sees things that are not present (people, animals, lights, etc.)?
4. Does (S) report smelling odors not smelled by others?
5. Does (S) describe feeling things on his/her skin or otherwise appear to be feeling things crawling on or touching him/her?
6. Does (S) say or act like he/she tastes things that are not present?
7. Does (S) describe any other unusual sensory experiences?

**C. Agitation**

1. Does (S) get upset when people are trying to care for him/her or resist activities such as changing clothes?
2. Is (S) stubborn, having to have things his/her way?
3. Is (S) uncooperative or resistive to help from others?
4. Does (S) make constant, unwarranted requests for attention?
5. Does (S) ask repetitive questions or make repetitive statements?
6. Does (S) seem restless in general?
7. Is (S) unable to sit still or does he/she fidget constantly?
8. Does (S) ask or complain about his or her health often, even though it is unjustified?
9. Does (S) hyperventilate?
10. Does (S) refuse to take medications?
11. Does (S) pace nervously or angrily, in a way that differs from general wandering?
12. Does (S) aggressively try to leave the residence or get to a different place (e.g., room)?
13. Does (S) attempt to inappropriately use the phone in an attempt to get help from others?

14. Does (S) cry with worry or frustration (as opposed to crying because of sadness) or are his/her worries or concerns inconsolable?
15. Does (S) hoard objects?
16. Does (S) hide objects?

**D. Aggression**

1. Does (S) shout or curse angrily?
2. Does (S) slam doors, kick furniture, and throw things?
3. Does (S) attempt to hurt or hit others?
4. Does (S) spit at people or objects?
5. Does (S) grab, push or scratch others?
6. Is (S) unreasonably or uncharacteristically argumentative?
7. Does (S) intentionally try to hurt him/herself?
8. Is (S) passively aggressive (e.g., intentionally falls or willingly refuses to help with care)?
9. Is (S) intrusive, such as taking others' possessions or entering another's room inappropriately?
10. Does (S) damage, break or destroy property or items on purpose?
11. Is (S) in covert or open conflict with staff or others?
12. Does (S) display any sexually aggressive behaviors, such as grabbing or groping others inappropriately, making lewd comments, or making unwanted sexual advances?
13. Does (S) try to do things that are dangerous, such as lighting a match or climbing out a window?
14. Does (S) throw food at others?

**E. Dysphoria**

1. Does (S) have periods of tearfulness or sobbing that seem to indicate sadness?
2. Does (S) say he/she is sad or in low spirits or acts as if he/she is sad or in low spirits?
3. Does (S) put him/herself down or say that he/she feels like a failure?
4. Does (S) seem very discouraged or say he/she has no future?
5. Does (S) say he/she is a burden to the family and that the family would be better off without him/her?
6. Does (S) express a wish for death or talk about killing him/herself?
7. Does (S) say that he/she is a bad person and deserves to be punished?
8. Does (S) have a worried or pained expression?
9. Is (S) pessimistic or overly negative, expecting the worst?
10. Is (S) suddenly irritable or easily annoyed?
11. Has (S) changed in his/her eating habits, such as eating more/less or more/less often than usual?
12. Does (S) talk about feeling guilty for things that for which he/she had no control over?
13. Does (S) seem to no longer enjoy previously enjoyable activities?

**F. Anxiety**

1. Does (S) say that he/she is worried about planned events such as appointments or family visits?
2. Does (S) have periods of feeling shaky, unable to relax, or feeling very tense?
3. Does (S) have periods of [or complain of] shortness of breath, gasping or sighing for no reason other than being nervous?

4. Does (S) 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]?
5. Does (S) avoid certain places or situations that make him/her more nervous such as meeting with friends or participating in ward activities?
6. Does (S) become upset when separated from you? Does he/she cling to you to keep from being separated?
7. Does (S) talk about feeling threatened or act as if he/she is frightened?
8. Does (S) have a worried expression?
9. Does (S) make repeated statements or comments about something bad that is going to happen?
10. Does (S) express worry or concern over his/her health or body functions, worries that are not justified?
11. Does (S) become tearful from worry?
12. Does (S) have unrealistic fears about being alone or being abandoned?
13. Does (S) ask repeated questions about what he/she should be doing or where he/she should be going?
14. Does (S) seem to be distracted or have more difficulty than usual focusing on tasks?
15. Does (S) seem overly focused or concerned with tasks or activities and is not easily distracted or deterred?

**G. Elation/Euphoria**

1. Does (S) appear to feel too good or act excessively happy?
2. Does (S) find humor and laugh at things that others do not find funny?
3. Does (S) seem to have a childish sense of humor with a tendency to giggle or laugh inappropriately (such as when something unfortunate happens to others)?
4. Does (S) tell jokes or say things that are not funny to others but seem funny to him/her?
5. Does (S) play childish games such as pinching or playing “keep away” for the fun of it?
6. Does (S) “talk big” or claim to have more abilities or wealth than is true?
7. Does (S) begin singing at inappropriate times as the result of being in a “good mood?”

**H. Apathy/Indifference**

1. Does (S) seem less spontaneous and active than usual?
2. Is (S) less likely to initiate a conversation?
3. Is (S) less affectionate or lacking in emotions when compared to his/her usual self?
4. Does (S) contribute less to household chores?
5. Does (S) seem less spontaneous and active than usual?
6. Does (S) seem less interested in the activities and plans of others?
7. Has (S) lost interest in friends and family members?
8. Is (S) less enthusiastic about his/her usual interests?
9. Does (S) sit quietly without paying attention to things going on around him/her?
10. Has (S) reduced participation in social activities even when stimulated?
11. Is (S) less interested in or curious about routine or new events in his/her environment?
12. Does (S) express less emotion in response to positive or negative or events?

## **I. Disinhibition**

1. Does (S) act impulsively without thinking of the consequences?
2. Does (S) talk to total strangers as if he/she knew them?
3. Does (S) say things to people that are insensitive or hurt their feelings?
4. Does (S) say crude things or make inappropriate sexual remarks that they would not usually have said?
5. Does (S) talk openly about very personal or private matters not usually discussed in public?
6. Does (S) fondle, touch or hug others in a way that is improper and not appropriate and out of character for him/her?
7. Does (S) dress or disrobe in inappropriate places or expose him/herself?
8. Does (S) have a low tolerance for frustration or is impatient?
9. Does (S) behave in way that is socially inappropriate for the situation, such as talking during a church service or singing at mealtime?
10. Does (S) seem to lack social judgment about what to say or how to behave?
11. Is (S) insulting to others?
12. Does (S) seem unable/unwilling to control his/her eating?
13. Does (S) call out or yell frequently, often for no reason?
14. Does (S) seem aware but unconcerned about how his/her words or actions are affecting others?
15. Does (S) go to the bathroom in inappropriate places (not due to incontinence)?
16. Does (S) demand attention without regard to others?
17. Does (S) take things from others?

## **J. Irritability/Lability**

1. Does (S) have a bad temper, flying “off the handle” easily over little things?
2. Does (S) rapidly change moods from one to another, being fine one minute and angry the next?
3. Does (S) have sudden flashes of anger?
4. Is (S) impatient, having trouble coping with delays for waiting for planned activities?
5. Is (S) cranky or irritable?
6. Is (S) argumentative and difficult to get along with?
7. Is (S) overly critical of others?
8. Does (S) openly express conflict with friends, family and/or staff?
9. Is (S) persistently angry at him/herself?
10. Is (S) tearful or does he/she cry often and unpredictably?
11. Does (S) cry or laugh inappropriately?
12. Does (S) have sudden changes of mood?
13. Does (S) complain frequently?
14. Has (S) stopped showing joy or enjoyment in response to usual day-to-day activities?

## **K. Aberrant Motor Disturbance**

1. Does (S) pace or move in a wheelchair without apparent purpose?
2. Does (S) rummage around opening and unpacking drawers and closets?
3. Does (S) repeatedly put on and take off clothing?
4. Does (S) have repetitive activities or “habits” that he/she performs over and over (e.g., wiping off the table, opening and closing doors)?
5. Does (S) engage in repetitive activities such as handling buttons, picking, wrapping string, etc.?

6. Does (S) fidget excessively, seem unable to sit still, or bounce his/her feet or tap his/her feet a lot?
7. Does (S) perform self-stimulating behaviors such as rocking, rubbing or moaning?
8. Does (S) move with no rationale purpose, seemingly oblivious to his/her needs or safety?
9. Are (S)'s movements and/or reactions slower than usual?

**L. Sleep**

1. Does (S) have difficulty falling asleep?
2. Does (S) get up during the night? [Do not count if (S) gets up once or twice per night only to go to the bathroom and falls back asleep immediately.]
3. Does (S) wander, pace or get involved in inappropriate activities at night?
4. Does (S) awaken you during the night or disturb others?
5. Does (S) awaken at night, dress, and plan to go out, thinking that it is morning and time to start the day?
6. Does (S) sleep excessively during the day?
7. Does (S) awaken too early in the morning (before other (S)s)?
8. Is (S) agitated or concerned about sleeping at night? Does he/she worry about being able to fall asleep or about awakening at night?

**M. Appetite and Eating Disorders**

1. Has (S) had a loss of appetite?
2. Has (S) had an increase of appetite?
3. Has (S) had a loss of weight?
4. Has (S) had a gain of weight?
5. Has (S) had a change in eating behavior such as putting too much food in his/her mouth at once?
6. Has (S) had a change in the kind of food he/she likes, such as eating too many sweets or other specific types of food?
7. Has (S) developed eating behaviors such as eating exactly the same types of food each day or eating the food in exactly the same order?
8. Does (S) eat or drink inappropriate substances or non-food items?
9. Does (S) frequently demand food and/or drinks, even if he/she has just eaten/drank something?

**N. Aberrant Vocalizations**

1. Does (S) make strange noises, such as strange laughter or moaning?
2. Does (S) scream, yell or moan loudly, apparently without reason?
3. Does (S) talk excessively?
4. Does (S) make repetitive requests or complaints?
5. Is (S) verbally abusive or does he/she use lewd or threatening language?
6. Does (S) make verbal sexual advances?
7. Does (S) make frequent verbal outbursts?
8. Does (S) talk, mutter or mumble to him/herself?
9. Does (S) participate in conversations with others, even if the conversation is nonsensical or difficult to understand?
10. Does (S) sound angry when he/she speaks or does he/she make angry noises?
11. Is (S) manipulative with verbal requests?

