

FOLLOW-UP VISIT PACKET NACC UNIFORM DATA SET (UDS) — FTLD MODULE

Form C4F: Behavioral Inhibition Scale¹ CO-PARTICIPANT QUESTIONNAIRE

INSTRUCTIONS FOR THE CENTER

This questionnaire is designed to be completed **independently by the co-participant**, who will be describing the subject's current typical behavior. This form may be handed to the co-participant for completion by him- or herself at any time during the study visit. Tell the subject that "Don't know" and "Not applicable" are not allowable responses for any item. If the co-participant asks for clarification of questions, it is acceptable for a qualified psychologist or psychometrist to discuss the questionnaire with him or her. However, if the co-participant completes this questionnaire collaboratively with the clinician, either face-to-face or via telephone, **you must inform NACC of this change in protocol** by checking the appropriate box in the gray "FOR CLINIC USE ONLY" area at the top of the questionnaire.

Before the co-participant leaves, clinic staff should make sure that all questions were completed by the co-participant (i.e., none was left blank) by discussing the missing item with the co-participant and encouraging them to provide a response. If this is not done and it is later noticed that some items were missed by the co-participant, clinic staff should call the co-participant as soon as possible so that the missing items can be completed by phone. In this case, the questionnaire is not considered to have been completed independently by the co-participant. In the shaded area at the top of the form, the appropriate response would therefore be, "This questionnaire was completed via telephone interview of co-participant by clinic staff."

If there are still missing items, these items should be left blank, and "88" should be entered for the total score.

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Form C4F: Behavioral Inhibition Scale¹

FOR CLINIC USE ONLY:

ADC name: _____ Subject ID: _____ Form date: ____ / ____ / ____
 Visit #: _____ Examiner's initials: _____

THIS QUESTIONNAIRE WAS COMPLETED:

- 0 Independently by co-participant, as described in "Instructions to the Center"
- 1 Via in-person interview of co-participant by clinic staff
- 2 Via telephone interview of co-participant by clinic staff

INSTRUCTIONS: Indicate how well each statement describes the subject's **CURRENT** behavior. There are no right or wrong answers; we just want to get your impression of how you think the subject typically behaves.

If you have questions about how to complete this questionnaire, please ask a staff member, and they will be happy to help you.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
1. If the subject thinks something unpleasant is going to happen, he/she usually gets pretty "worked up."	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. The subject worries about making mistakes.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Criticism or scolding hurts the subject quite a bit.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. The subject feels pretty worried or upset when he/she thinks somebody is angry at him/her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. Even if something bad is about to happen to the subject, he/she rarely experiences fear or nervousness.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. The subject feels worried when he/she thinks he/she has done poorly at something.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. The subject has very few fears compared to his/her friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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8. BIS Total Score (7–28, 88=Unknown): _____