

ID-Number \_\_\_\_\_

## Behavioural Dysfunctional Questionnaire

Dear Sir or Madam

With this questionnaire we would like to examine whether **your close person** exhibits any behavioural disorders.

Should a behavioural disorder apply, we would like you to indicate exactly how pronounced that behavioural disorder is.

You may choose from the following answer options:

- Very mild / rare (less than once a month)
- Mild /occasionally (approximately once a month but not weekly)
- Moderate / sometimes (about once a week)
- Severe / often (several times a week but not daily)
- Very severe / very often (daily)

Within these options, you will find information on both the severity and the frequency of the behavioural disorder since depending on the behavioural disorder, it can be better described with severity or frequency.

Please **answer all statements** and choose **only one** answer option pro statement.

1	Does she/he show socially inappropriate behaviour, such as:	NO	Very mild / Rare	Mild / Occasionally	Moderate / Sometimes	Severe / Often	Very severe / Very often
1.1	Inappropriate approaches, such as touching strangers or getting very close physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Touching or kissing strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Verbal aggression, such as blaming, yelling at, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Physical aggression, such as hitting, pushing, scratching, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Urinating in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Criminal behaviour (such as stealing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other examples or comments:							
.....							
.....							

<b>2</b>	<b>Have you noticed in her/him a loss of manners or etiquette, such as:</b>	<b>NO</b>	<b>Very mild / Rare</b>	<b>Mild / Occasionally</b>	<b>Moderate / Sometimes</b>	<b>Severe / Often</b>	<b>Very severe / Very often</b>
2.1	Inappropriate laughter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Swearing or yelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Offensive comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Rude or sexually suggestive comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Lack of etiquette (e.g., not being able to wait in line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Lack of respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Failure to respond appropriately to social cues (e.g., continuing to talk even though it was signalled to stop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Lack of personal hygiene (e.g., she/he wears malodorous, stained, torn or inappropriate clothing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Rude behaviour in public, such as farting, scratching private parts, picking teeth, spitting, or belching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other examples or comments:							

<b>3</b>	<b>Does she/he show impulsive, thoughtless, or careless actions, such as:</b>	<b>NO</b>	<b>Very mild / Rare</b>	<b>Mild / Occasionally</b>	<b>Moderate / Sometimes</b>	<b>Severe / Often</b>	<b>Very severe / Very often</b>
3.1	Reckless (car-)driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Unwise buying or selling of products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Careless disclosure of personal data such as credit card number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other examples or comments:							

4	Have you noticed that she/he lacks drive, such as:	NO	Very mild / Rare	Mild / Occasionally	Moderate / Sometimes	Severe / Often	Very severe / Very often
4.1	Lack of spontaneity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Decreased or lack of interest in activities that used to be important to her/him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Prompts are necessary for everyday tasks (such as brushing teeth) to be started or performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Conversations are not initiated or maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other examples or comments:							

5	Have you noticed that he/she is less responsive to the needs and feelings of others, such as:	NO	Very mild / Rare	Mild / Occasionally	Moderate / Sometimes	Severe / Often	Very severe / Very often
5.1	Ignorance of pain or suffering of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Making hurtful comments leading to other person's pain or suffering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other examples or comments:							

6	Have you noticed in her/him a decreased interest in social contacts and relationships, such as:	NO	Very mild / Rare	Mild / Occasionally	Moderate / Sometimes	Severe / Often	Very severe / Very often
6.1	Decreased interest in the company of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Avoiding eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Decrease in social engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other examples or comments:							

7	Have you noticed in her/him a decreased warmth in interpersonal interactions, such as:	NO	Very mild / Rare	Mild / Occasionally	Moderate / Sometimes	Severe / Often	Very severe / Very often
7.1	Avoiding physical contact, such as touching or hugging friends and relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Emotional detachment, i.e., no longer reacting emotionally to external stimuli of a positive or negative nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3	Emotional coldness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other examples or comments:							

8	Have you observed that she/he repeatedly performs the same movements, such as:	NO	Very mild / Rare	Mild / Occasionally	Moderate / Sometimes	Severe / Often	Very severe / Very often
8.1	Rubbing hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Tapping with hands or feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Clapping hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4	Scratching oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Tugging at skin or clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6	Humming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7	Clearing throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.8	Smacking of lips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other examples or comments:							

9	Have you noticed any compulsive or ritualistic behaviours in her/him, such as:	NO	Very mild / Rare	Mild / Occasionally	Moderate / Sometimes	Severe / Often	Very severe / Very often
9.1	Compulsive counting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Compulsive cleaning rituals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Compulsive collecting or hoarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Compulsive controlling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Compulsive going to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Compulsive arrangement of objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Compulsive walking of certain routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.8	Compulsive repetition of words, phrases, or narratives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other examples or comments:							
.....							
.....							

10	Have you noticed any changes in her/his food preferences, such as:	NO	Very mild / Rare	Mild / Occasionally	Moderate / Sometimes	Severe / Often	Very severe / Very often
10.1	Increased craving for sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Restriction on consumption of certain foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other examples or comments:							
.....							
.....							

ID-Number \_\_\_\_\_

		NO	Very mild / Rare	Mild / Occasionally	Moderate / Sometimes	Severe / Often	Very severe / Very often
11	Have you ever noticed her (him having any binge eating episodes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Has she/he newly started consuming cigarettes or alcohol, or increased the usual consumption of cigarettes or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other examples or comments:

.....

.....

<b>13</b>	<b>If you have noticed behavioural abnormalities in your close person that we have not asked about, please indicate them here:</b>
.....	
.....	
.....	
.....	
.....	
.....	