

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

# Form C3F: Social Behavior Observer Checklist<sup>1</sup>

ADC name: \_\_\_\_\_ Subject ID: \_\_\_\_\_ Form date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Visit #: \_\_\_\_\_ Examiner's initials: \_\_\_\_\_

*INSTRUCTIONS: This form is to be completed by the examiner who administered the neuro-psychological battery to the subject. For additional clarification and examples, see FTLD Module — Instructions for Neuropsychological Questionnaires (Forms C2F – C6F) and Tests Reported on Form C1F. Check only one box per question.*

**Directions:** Immediately after the end of your evaluation of the subject, please rate his/her behavior during the time he/she was with you. Use the scales for both the main descriptors (i.e., 1, 2, 3 ...) and the behavior counts (a, b, c ...) and complete all items.

Your descriptor ratings and behavior counts for the same item can be independent. You may describe the subject as having a particular characteristic on a main descriptor, even if you endorse “never” for all of the behavior counts for that item, or vice versa.

|  |                                       |   |                                       |                                     |
|--|---------------------------------------|---|---------------------------------------|-------------------------------------|
| <b>1. Was overly self-conscious / embarrassed for self:</b>                    | <input type="checkbox"/> 0 Not at all | <input type="checkbox"/> 1 A little bit | <input type="checkbox"/> 2 Moderately | <input type="checkbox"/> 3 Severely |
| a. Spontaneously mentioned that he/she was performing badly                    | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| b. Made other self-depreciatory comments                                       | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| c. Showed emotional distress over his/her performance / cognitive abilities    | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| <b>2. Showed too little self-consciousness / embarrassment for self:</b>       | <input type="checkbox"/> 0 Not at all | <input type="checkbox"/> 1 A little bit | <input type="checkbox"/> 2 Moderately | <input type="checkbox"/> 3 Severely |
| a. Disrobed immodestly (took off shoes, belt, pants, etc.; lifted shirt, etc.) | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| b. Engaged in belching or flatulence, or picked nose without apology           | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| c. Giggled or otherwise made silly, childish comment or noise                  | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| <b>3. Insensitive to others' embarrassment or privacy:</b>                     | <input type="checkbox"/> 0 Not at all | <input type="checkbox"/> 1 A little bit | <input type="checkbox"/> 2 Moderately | <input type="checkbox"/> 3 Severely |
| a. Insulted or made a negative comment about examiner                          | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| b. Made an embarrassing comment about examiner                                 | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| c. Made an inappropriate or embarrassing joke                                  | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |

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|  |                                       |   |                                       |                                     |
|--|---------------------------------------|---|---------------------------------------|-------------------------------------|
| <b>4. Failed to adapt / defer to structure of testing situation established by examiner:</b>   | <input type="checkbox"/> 0 Not at all | <input type="checkbox"/> 1 A little bit | <input type="checkbox"/> 2 Moderately | <input type="checkbox"/> 3 Severely |
| a. Resisted redirection while engaging in a verbal monologue   | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| b. Interrupted examiner  | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| c. Verbalized a desire to leave the evaluation prematurely   | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| d. Physically attempted to leave the evaluation prematurely  | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| e. Failed to maintain topic of discussion, initiated tangent   | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| f. Demanded that test protocol be broken for him/her (e.g., insisted on completing an item after being told to stop, tried to cheat, tried to turn page to advance to next item against examiner's expressed wishes, etc.) | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| <b>5. Was preoccupied with time or kept a strict timetable:</b>  | <input type="checkbox"/> 0 Not at all | <input type="checkbox"/> 1 A little bit | <input type="checkbox"/> 2 Moderately | <input type="checkbox"/> 3 Severely |
| a. Reminded examiner what time evaluation had to be finished   | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| <b>6. Acted overly dependent:</b>  | <input type="checkbox"/> 0 Not at all | <input type="checkbox"/> 1 A little bit | <input type="checkbox"/> 2 Moderately | <input type="checkbox"/> 3 Severely |
| a. Mentioned caregiver's absence or asked when caregiver would return  | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| b. Asked for feedback on performance   | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| c. Showed frustration when examiner would not provide explicit feedback  | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| <b>7. Was anxious:</b>   | <input type="checkbox"/> 0 Not at all | <input type="checkbox"/> 1 A little bit | <input type="checkbox"/> 2 Moderately | <input type="checkbox"/> 3 Severely |
| a. Mentioned being nervous about testing / performance anxiety   | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| b. Mentioned being nervous about diagnosis or prognosis  | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| <b>8. Was stimulus-bound:</b>  | <input type="checkbox"/> 0 Not at all | <input type="checkbox"/> 1 A little bit | <input type="checkbox"/> 2 Moderately | <input type="checkbox"/> 3 Severely |
| a. Made stimulus-bound error on testing  | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| b. Picked up object on desk unnecessarily  | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |
| c. Circumstantial speech; overly focused on details, overly lengthy  | <input type="checkbox"/> 0 Never      | <input type="checkbox"/> 1 Once         | <input type="checkbox"/> 2 2-3x       | <input type="checkbox"/> 3 4+       |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>9. Was perseverative:</b>  | <input type="checkbox"/> <b>0 Not at all</b> | <input type="checkbox"/> <b>1 A little bit</b> | <input type="checkbox"/> <b>2 Moderately</b> | <input type="checkbox"/> <b>3 Severely</b> |
| a. Repeated previous answer on testing  | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| b. Repeated an anecdote   | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| <b>10. Showed decreased initiation:</b>   | <input type="checkbox"/> <b>0 Not at all</b> | <input type="checkbox"/> <b>1 A little bit</b> | <input type="checkbox"/> <b>2 Moderately</b> | <input type="checkbox"/> <b>3 Severely</b> |
| a. Began response in a notably delayed manner (not due to general slowing)  | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| b. Required additional verbal prompting to initiate task  | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| <b>11. Showed fluctuating level of cognitive ability through sessions regardless of complexity of material (e.g., was coherent at times and had notable difficulty understanding at other times):</b> | <input type="checkbox"/> <b>0 Not at all</b> | <input type="checkbox"/> <b>1 A little bit</b> | <input type="checkbox"/> <b>2 Moderately</b> | <input type="checkbox"/> <b>3 Severely</b> |
| a. Lost task set / forgot instructions after performing task correctly  | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| b. Repeated rules to self multiple times during task  | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| c. Lost train of thought during conversation or response (demonstrated thought blocking)  | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| <b>12. Was overly disclosing or inappropriately familiar:</b>   | <input type="checkbox"/> <b>0 Not at all</b> | <input type="checkbox"/> <b>1 A little bit</b> | <input type="checkbox"/> <b>2 Moderately</b> | <input type="checkbox"/> <b>3 Severely</b> |
| a. Spontaneously revealed inappropriately personal information concerning self (only)   | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| b. Spontaneously revealed inappropriately personal information concerning a relative or friend (can also involve self)  | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| c. Stood or leaned too close to examiner (noticeably entered examiner's personal space)   | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| d. Touched examiner   | <input type="checkbox"/> <b>0 Never</b>      | <input type="checkbox"/> <b>1 Once</b>         | <input type="checkbox"/> <b>2 2-3x</b>       | <input type="checkbox"/> <b>3 4+</b>       |
| <b>13. Showed diminished social / emotional engagement:</b>   | <input type="checkbox"/> <b>0 Not at all</b> | <input type="checkbox"/> <b>1 A little bit</b> | <input type="checkbox"/> <b>2 Moderately</b> | <input type="checkbox"/> <b>3 Severely</b> |
| <b>14. Showed exaggerated / labile emotional reactivity:</b>  | <input type="checkbox"/> <b>0 Not at all</b> | <input type="checkbox"/> <b>1 A little bit</b> | <input type="checkbox"/> <b>2 Moderately</b> | <input type="checkbox"/> <b>3 Severely</b> |

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|   |       |
|---|-------|
| <b>15. DESCRIPTOR TOTAL SCORE (0–42):</b> | _____ |
|---|-------|

|  |       |
|--|-------|
| <b>16. CHECKLIST (BEHAVIOR) SCORE (0–105):</b> | _____ |
|--|-------|

|  |       |
|--|-------|
| <p><b>17. LENGTH OF THE ENTIRE FTLD NEUROPSYCHOLOGICAL TESTING SESSION:</b><br/>                 Record in minutes the approximate length of the testing session upon which these checklist responses were based. This should include, at minimum, time spent on all tests in the FTLD neuropsychological battery (all tests recorded on Form C1F, plus Form C2F), as well as time spent administering any other neuropsychological tests.</p> | _____ |
|--|-------|

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