



Please print your answers.

# ADULT BEHAVIOR CHECKLIST FOR AGES 18-59

For office use only  
ID#

ADULT'S FULL NAME	First	Middle	Last
ADULT'S GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT'S AGE	ETHNIC GROUP OR RACE	
TODAY'S DATE Mo. _____ Date _____ Yr. _____	ADULT'S BIRTHDATE Mo. _____ Date _____ Yr. _____		

**ADULT'S USUAL TYPE OF WORK, even if not working now.**  
Please be specific—for example, auto mechanic; high school teacher; homemaker; laborer; lathe operator; shoe salesman; army sergeant; student (indicate what he/she is studying & what degree is expected).

Adult's work \_\_\_\_\_ Spouse or partner's work \_\_\_\_\_

**THIS FORM FILLED OUT BY** (print your full name): \_\_\_\_\_

### PLEASE CHECK ADULT'S HIGHEST EDUCATION

- |  |   |
|--|---|
| <input type="checkbox"/> 1. No high school diploma and no GED  | <input type="checkbox"/> 7. Some graduate school but no graduate degree |
| <input type="checkbox"/> 2. General Equivalency Diploma (GED)  | <input type="checkbox"/> 8. Master's Degree                             |
| <input type="checkbox"/> 3. High school graduate               | <input type="checkbox"/> 9. Doctoral or Law Degree                      |
| <input type="checkbox"/> 4. Some college but no college degree | <input type="checkbox"/> Other education (specify): _____               |
| <input type="checkbox"/> 5. Associate's Degree                 |   |
| <input type="checkbox"/> 6. Bachelor's or RN Degree            |   |

Your relationship to adult:

Spouse  Partner  Other (specify): \_\_\_\_\_

Please fill out this form to reflect **your** views, even if other people might not agree. You need not spend a lot of time on any item. Feel free to print additional comments. **Be sure to answer all items.**

## I. FRIENDS:

A. About how many close friends does he/she have? (Do not include family members.)

- None  1  2 or 3  4 or more

B. About how many times a month does he/she have contact with any close friends? (Include in-person contacts, phone, letters, e-mail.)

- Less than 1  1 or 2  3 or 4  5 or more

C. How well does he/she get along with close friends?

- Not well  Average  Above average  Far above average

D. About how many times a month do any friends or family visit him/her?

- Less than 1  1 or 2  3 or 4  5 or more

## II. SPOUSE OR PARTNER:

What is his/her marital status?  Never been married  Married but separated from spouse

Married, living with spouse  Divorced

Widowed  Other—please describe: \_\_\_\_\_

**At any time in the past 6 months**, did he/she live with a spouse or partner?

No—please skip to page 2.

Yes—Circle **0, 1, or 2** beside items A-H to describe his/her relationship **during the past 6 months**:

**0 = Not True (as far as you know)    1 = Somewhat or Sometimes True    2 = Very True or Often True**

0 1 2 A. Gets along well with spouse or partner	0 1 2 E. Disagrees with spouse or partner about living arrangements, such as where to live
0 1 2 B. Has trouble sharing responsibilities with spouse or partner	0 1 2 F. Has trouble with spouse or partner's family
0 1 2 C. Seems satisfied with spouse or partner	0 1 2 G. Likes spouse or partner's friends
0 1 2 D. Enjoys similar activities as spouse or partner	0 1 2 H. Is annoyed by spouse or partner's behavior

*Please print your answers. Be sure to answer all items.*

---

III. Does he/she have any illness, disability, or handicap?  No  Yes—please describe:

---

IV. Please describe any concerns you have about him/her:  No concerns

---

V. Please describe the best things about him/her:

VI. Below is a list of items that describe people. As you read each item, please decide whether it has been true of the adult over the past 6 months. Then circle 0, 1, or 2 to describe the adult. Please answer all items as well as you can, even if some do not seem to apply to the adult.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 1. Is too forgetful
- 0 1 2 2. Makes good use of his/her opportunities
- 0 1 2 3. Argues a lot
- 0 1 2 4. Works up to ability
- 0 1 2 5. Blames others for own problems
- 0 1 2 6. Uses drugs (other than alcohol or nicotine) for nonmedical purposes (describe): \_\_\_\_\_
- 0 1 2 7. Bragging, boasting
- 0 1 2 8. Can't concentrate, can't pay attention for long
- 0 1 2 9. Can't get mind off certain thoughts; obsessions (describe): \_\_\_\_\_
- 0 1 2 10. Can't sit still, restless, or hyperactive
- 0 1 2 11. Too dependent on others
- 0 1 2 12. Complains of loneliness
- 0 1 2 13. Confused or seems to be in a fog
- 0 1 2 14. Cries a lot
- 0 1 2 15. Is pretty honest
- 0 1 2 16. Cruelty, bullying, or meanness to others
- 0 1 2 17. Daydreams or gets lost in his/her thoughts
- 0 1 2 18. Deliberately harms self or attempts suicide
- 0 1 2 19. Demands a lot of attention
- 0 1 2 20. Damages or destroys his/her own things
- 0 1 2 21. Damages or destroys things belonging to others
- 0 1 2 22. Worries about his/her future
- 0 1 2 23. Breaks rules at work or elsewhere
- 0 1 2 24. Doesn't eat well
- 0 1 2 25. Doesn't get along with other people
- 0 1 2 26. Doesn't seem to feel guilty after misbehaving
- 0 1 2 27. Easily jealous
- 0 1 2 28. Gets along badly with family
- 0 1 2 29. Fears certain animals, situations, or places (describe): \_\_\_\_\_
- 0 1 2 30. Poor relations with opposite sex
- 0 1 2 31. Fears he/she might think or do something bad
- 0 1 2 32. Feels he/she has to be perfect
- 0 1 2 33. Feels or complains that no one loves him/her
- 0 1 2 34. Feels others are out to get him/her
- 0 1 2 35. Feels worthless or inferior
- 0 1 2 36. Gets hurt a lot, accident-prone

- 0 1 2 37. Gets in many fights
- 0 1 2 38. His/her relations with neighbors are poor
- 0 1 2 39. Hangs around people who get in trouble
- 0 1 2 40. Hears sounds or voices that aren't there (describe): \_\_\_\_\_
- 0 1 2 41. Impulsive or acts without thinking
- 0 1 2 42. Would rather be alone than with others
- 0 1 2 43. Lying or cheating
- 0 1 2 44. Feels overwhelmed by responsibilities
- 0 1 2 45. Nervous, highstrung, or tense
- 0 1 2 46. Nervous movements or twitching (describe): \_\_\_\_\_
- 0 1 2 47. Lacks self-confidence
- 0 1 2 48. Not liked by others
- 0 1 2 49. Can do certain things better than other people
- 0 1 2 50. Too fearful or anxious
- 0 1 2 51. Feels dizzy or lightheaded
- 0 1 2 52. Feels too guilty
- 0 1 2 53. Has trouble planning for the future
- 0 1 2 54. Feels tired without good reason
- 0 1 2 55. Moods swing between elation and depression
- 0 1 2 56. Physical problems **without known medical cause:**
- 0 1 2 a. Aches or pains (**not** stomach or headaches)
- 0 1 2 b. Headaches
- 0 1 2 c. Nausea, feels sick
- 0 1 2 d. Problems with eyes (**not** if corrected by glasses) (describe): \_\_\_\_\_
- 0 1 2 e. Rashes or other skin problems
- 0 1 2 f. Stomachaches
- 0 1 2 g. Vomiting, throwing up
- 0 1 2 57. Physically attacks people
- 0 1 2 58. Picks skin or other parts of his/her body (describe): \_\_\_\_\_
- 0 1 2 59. Fails to finish things he/she should do
- 0 1 2 60. There is very little that he/she enjoys
- 0 1 2 61. Poor work performance
- 0 1 2 62. Poorly coordinated or clumsy

Please print your answers. Be sure to answer all items.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- 0 1 2 63. Would rather be with older people than with people of own age
- 0 1 2 64. Has trouble setting priorities
- 0 1 2 65. Refuses to talk
- 0 1 2 66. Repeats certain acts over and over; compulsions (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 67. Has trouble making or keeping friends
- 0 1 2 68. Screams or yells a lot
- 0 1 2 69. Secretive, keeps things to self
- 0 1 2 70. Sees things that aren't there (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 71. Self-conscious or easily embarrassed
- 0 1 2 72. Worries about his/her family
- 0 1 2 73. Meets responsibilities to his/her family
- 0 1 2 74. Showing off or clowning
- 0 1 2 75. Too shy or timid
- 0 1 2 76. Irresponsible behavior
- 0 1 2 77. Sleeps more than most other people during day and/or night (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 78. Has trouble making decisions
- 0 1 2 79. Speech problem (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 80. Stares blankly
- 0 1 2 81. Very changeable behavior
- 0 1 2 82. Steals
- 0 1 2 83. Is easily bored
- 0 1 2 84. Strange behavior (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 85. Strange ideas (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 86. Stubborn, sullen, or irritable
- 0 1 2 87. Sudden changes in mood or feelings
- 0 1 2 88. Enjoys being with people
- 0 1 2 89. Rushes into things without considering the risks
- 0 1 2 90. Drinks too much alcohol or gets drunk
- 0 1 2 91. Talks about killing self
- 0 1 2 92. Does things that may cause trouble with the law (describe): \_\_\_\_\_  
\_\_\_\_\_

- 0 1 2 93. Talks too much
- 0 1 2 94. Teases a lot
- 0 1 2 95. Temper tantrums or hot temper
- 0 1 2 96. Passive or lacks initiative
- 0 1 2 97. Threatens to hurt people
- 0 1 2 98. Likes to help others
- 0 1 2 99. Dislikes staying in one place for very long
- 0 1 2 100. Has trouble sleeping
- 0 1 2 101. Stays away from job even when not sick and not on vacation
- 0 1 2 102. Underactive, slow moving, or lacks energy
- 0 1 2 103. Unhappy, sad, or depressed
- 0 1 2 104. Is unusually loud
- 0 1 2 105. Is disorganized
- 0 1 2 106. Tries to be fair to others
- 0 1 2 107. Feels he/she can't succeed
- 0 1 2 108. Tends to lose things
- 0 1 2 109. Likes to try new things
- 0 1 2 110. Makes good decisions
- 0 1 2 111. Withdrawn, doesn't get involved with others
- 0 1 2 112. Worries
- 0 1 2 113. Sulks a lot
- 0 1 2 114. Fails to pay his/her debts or meet other financial responsibilities
- 0 1 2 115. Is restless or fidgety
- 0 1 2 116. Gets upset too easily
- 0 1 2 117. Has trouble managing money or credit cards
- 0 1 2 118. Is too impatient
- 0 1 2 119. He/she is not good at details
- 0 1 2 120. Drives too fast
- 0 1 2 121. Tends to be late for appointments
- 0 1 2 122. Has trouble keeping a job
- 0 1 2 123. He/she is a happy person
124. **In the past 6 months**, about how many times per day did he/she use tobacco (including smokeless tobacco)? \_\_\_\_\_ times per day.
125. **In the past 6 months**, on how many days was he/she drunk? \_\_\_\_\_ days.
126. **In the past 6 months**, on how many days did he/she use drugs for nonmedical purposes (including marijuana, cocaine, and other drugs, except alcohol and nicotine)? \_\_\_\_\_ days.