



OLDER ADULT BEHAVIOR CHECKLIST FOR AGES 60 AND ABOVE

For office use only
ID#

Please print your answers.

OLDER ADULT'S First Middle Last
FULL NAME

OLDER ADULT'S GENDER: Male Female
OLDER ADULT'S AGE: _____
ETHNIC GROUP OR RACE: _____

TODAY'S DATE: Mo. _____ Date _____ Yr. _____
OLDER ADULT'S BIRTHDATE: Mo. _____ Date _____ Yr. _____

PLEASE CHECK OLDER 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	

USUAL TYPE OF WORK, even if retired or not working now. Please be specific—for example, auto mechanic; high school teacher; homemaker; laborer; lathe operator; shoe salesman; army sergeant.

Older adult's work _____ Spouse or partner's work _____

THIS FORM FILLED OUT BY (print your full name): _____

Your relationship to older adult:
 Spouse or partner Other (specify): _____
 Child _____

Please fill out this form to reflect **your** views of the older adult, 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
 Don't know Married, living with spouse Divorced
 Widowed Other—please describe: _____

At any time in the past 2 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-G to describe his/her relationship during the past 2 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 D. Enjoys similar activities as spouse or partner |
| 0 1 2 B. Has trouble sharing responsibilities with spouse or partner | 0 1 2 E. Has trouble with spouse or partner's family |
| 0 1 2 C. Seems satisfied with spouse or partner | 0 1 2 F. Likes spouse or partner's friends |
| | 0 1 2 G. Is annoyed by spouse or partner's behavior |

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

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

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

- | | |
|---|---|
| <p>0 1 2 1. Makes good use of his/her time</p> <p>0 1 2 2. Argues a lot</p> <p>0 1 2 3. Has difficulty getting things done</p> <p>0 1 2 4. Takes care of his/her appearance</p> <p>0 1 2 5. Uses too much medication</p> <p>0 1 2 6. Is self-confident</p> <p>0 1 2 7. Has trouble concentrating or paying attention</p> <p>0 1 2 8. Can't get mind off certain thoughts; obsessions (describe): _____</p> <p>_____</p> <p>_____</p> <p>0 1 2 9. Has trouble sitting still (describe): _____</p> <p>_____</p> <p>0 1 2 10. Too dependent on others</p> <p>0 1 2 11. Seems lonely</p> <p>0 1 2 12. Confused or seems to be in a fog</p> <p>0 1 2 13. Cries a lot</p> <p>0 1 2 14. Too concerned about getting old</p> <p>0 1 2 15. Is mean to others</p> <p>0 1 2 16. Sits around and doesn't do much</p> <p>0 1 2 17. Deliberately tries to hurt or kill self</p> <p>0 1 2 18. Tries to get a lot of attention</p> <p>0 1 2 19. Damages or destroys things</p> <p>0 1 2 20. Forgets people's names</p> <p>0 1 2 21. Worries about his/her future</p> <p>0 1 2 22. Doesn't get along with other people</p> <p>0 1 2 23. Feels too guilty</p> <p>0 1 2 24. Jealous of others</p> <p>0 1 2 25. Gets along badly with his/her family</p> <p>0 1 2 26. Fears certain situations or places (describe): _____</p> <p>_____</p> <p>0 1 2 27. Relations with neighbors are poor</p> <p>0 1 2 28. Fears he/she might think or do something bad</p> <p>0 1 2 29. Has difficulty preparing his/her meals</p> <p>0 1 2 30. Feels that no one cares about him/her</p> <p>0 1 2 31. Feels that others are out to get him/her</p> <p>0 1 2 32. Feels worthless or inferior</p> <p>0 1 2 33. Feels sick a lot of the time</p> <p>0 1 2 34. Restless or fidgety</p> <p>0 1 2 35. Likes to have things his/her own way</p> | <p>0 1 2 36. Hears sounds or voices that aren't there (describe): _____</p> <p>_____</p> <p>0 1 2 37. Acts without thinking</p> <p>0 1 2 38. Would rather be alone than with others</p> <p>0 1 2 39. Does things that others don't like</p> <p>0 1 2 40. Nervous or tense</p> <p>0 1 2 41. Nervous movements or twitching (describe): _____</p> <p>_____</p> <p>0 1 2 42. Lacks self-confidence</p> <p>0 1 2 43. Not liked by others</p> <p>0 1 2 44. Can do certain things better than other people</p> <p>0 1 2 45. Fearful or anxious</p> <p>0 1 2 46. Feels dizzy or lightheaded</p> <p>0 1 2 47. Bothered by a guilty conscience</p> <p>0 1 2 48. Seems tired without good reason</p> <p>49. Physical problems not due to known physical cause or medication:</p> <p>0 1 2 a. Aches or pains (not stomach or headaches)</p> <p>0 1 2 b. Headaches</p> <p>0 1 2 c. Nausea or feels sick</p> <p>0 1 2 d. Can't see well, even with glasses (describe): _____</p> <p>_____</p> <p>0 1 2 e. Itching or rashes</p> <p>0 1 2 f. Stomachaches or cramps</p> <p>0 1 2 g. Vomiting or throwing up</p> <p>0 1 2 h. Heart pounds or races</p> <p>0 1 2 i. Parts of his/her body tingle or feel numb</p> <p>0 1 2 j. Short of breath or breathes hard</p> <p>0 1 2 k. Other physical problems not listed (describe): _____</p> <p>_____</p> <p>0 1 2 50. Physically attacks people</p> <p>0 1 2 51. Worries about his/her appearance</p> <p>0 1 2 52. Trouble finishing things he/she should do</p> <p>0 1 2 53. There is very little that he/she enjoys</p> |
|---|---|

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 54. Performance at tasks is poor | 0 1 2 85. Loses temper |
| 0 1 2 55. Poorly coordinated or clumsy | 0 1 2 86. Thinks about sex too much |
| 0 1 2 56. Avoids talking | 0 1 2 87. Threatens to hurt people |
| 0 1 2 57. Repeats certain acts over and over;
compulsions (describe): _____
_____ | 0 1 2 88. Likes to help others |
| 0 1 2 58. Trouble making or keeping friends | 0 1 2 89. Too concerned about being neat or
clean |
| 0 1 2 59. Screams or yells a lot | 0 1 2 90. Trouble sleeping |
| 0 1 2 60. Secretive or keeps things to self | 0 1 2 91. Thinks about the past too much |
| 0 1 2 61. Sees things that aren't there
(describe): _____
_____ | 0 1 2 92. Doesn't have much energy |
| 0 1 2 62. Self-conscious or easily
embarrassed | 0 1 2 93. Unhappy, sad, or depressed |
| 0 1 2 63. Feels that he/she is being punished for
something he/she has done | 0 1 2 94. Unusually loud |
| 0 1 2 64. Meets his/her responsibilities to others | 0 1 2 95. Likes to make others laugh |
| 0 1 2 65. Shows off | 0 1 2 96. Tries to be fair to others |
| 0 1 2 66. Too shy or timid | 0 1 2 97. Feels that he/she can't succeed at
things |
| 0 1 2 67. Irresponsible behavior | 0 1 2 98. Likes to try new things |
| 0 1 2 68. Sleeps more than most people during
the day | 0 1 2 99. Withdrawn, doesn't get involved with
others |
| 0 1 2 69. Trouble making decisions | 0 1 2 100. Worries a lot |
| 0 1 2 70. Trouble talking | 0 1 2 101. Wakes up too early |
| 0 1 2 71. Stands up for his/her rights | 0 1 2 102. Worries too much about his/her health |
| 0 1 2 72. Worries about his/her family | 0 1 2 103. Nightmares |
| 0 1 2 73. Steals things | 0 1 2 104. Has trouble dressing self |
| 0 1 2 74. Strange behavior (describe): _____
_____ | 0 1 2 105. Doesn't like to use the telephone |
| 0 1 2 75. Strange ideas (describe): _____
_____ | 0 1 2 106. Has trouble bathing or grooming |
| 0 1 2 76. Stubborn, sullen, or irritable | 0 1 2 107. Acts younger than his/her age |
| 0 1 2 77. Sudden changes in mood or feelings | 0 1 2 108. Likes to read |
| 0 1 2 78. Enjoys being with people | 0 1 2 109. Too concerned about death |
| 0 1 2 79. Suspicious | 0 1 2 110. Has trouble remembering things he/
she is told |
| 0 1 2 80. Drinks too much alcohol or gets drunk | 0 1 2 111. Has soiling accidents |
| 0 1 2 81. Talks about killing self | 0 1 2 112. Makes own meals |
| 0 1 2 82. Does things that may cause trouble
with the law (describe): _____
_____ | 0 1 2 113. Does own laundry |
| 0 1 2 83. Talks too much | 0 1 2 114. Forgets things that are not written
down |
| 0 1 2 84. Seems to irritate people | 0 1 2 115. Is bored |
| | 0 1 2 116. Does own shopping |
| | 0 1 2 117. Gets too tired from doing daily tasks |
| | 0 1 2 118. Is a happy person |
| | 0 1 2 119. Believes that people trust him/her |
| | 0 1 2 120. Makes good use of opportunities |
| | 0 1 2 121. Feels that he/she is a burden on
others |
| | 0 1 2 122. Worries too much about his/her
memory |
| | 0 1 2 123. Has a good sense of humor |

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

124. **In the past 2 months**, about how many times per day did he/she use tobacco (including smokeless tobacco)? _____ times per day.
125. **In the past 2 months**, on how many days did he/she have 5 or more alcoholic drinks? _____ days.
126. **In the past 2 months**, on how many days was he/she drunk? _____ days.
127. **In the past 2 months**, on how many days did he/she use drugs for nonmedical purposes (including marijuana, amphetamines, and other drugs except alcohol and nicotine)? _____ days.
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IV. Does he/she have any illness, disability, or handicap? No Yes—please describe:

V. Please check each of the following that describes where he/she lives:

- Own home Relative's home Senior apartment
- Retirement community Assisted living Nursing home
- Other - please describe:
-

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

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