



# 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

- 0 1 2 1. Makes good use of his/her time
- 0 1 2 2. Argues a lot
- 0 1 2 3. Has difficulty getting things done
- 0 1 2 4. Takes care of his/her appearance
- 0 1 2 5. Uses too much medication
- 0 1 2 6. Is self-confident
- 0 1 2 7. Has trouble concentrating or paying attention
- 0 1 2 8. Can't get mind off certain thoughts; obsessions (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 9. Has trouble sitting still (describe): \_\_\_\_\_
- 0 1 2 10. Too dependent on others
- 0 1 2 11. Seems lonely
- 0 1 2 12. Confused or seems to be in a fog
- 0 1 2 13. Cries a lot
- 0 1 2 14. Too concerned about getting old
- 0 1 2 15. Is mean to others
- 0 1 2 16. Sits around and doesn't do much
- 0 1 2 17. Deliberately tries to hurt or kill self
- 0 1 2 18. Tries to get a lot of attention
- 0 1 2 19. Damages or destroys things
- 0 1 2 20. Forgets people's names
- 0 1 2 21. Worries about his/her future
- 0 1 2 22. Doesn't get along with other people
- 0 1 2 23. Feels too guilty
- 0 1 2 24. Jealous of others
- 0 1 2 25. Gets along badly with his/her family
- 0 1 2 26. Fears certain situations or places (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 27. Relations with neighbors are poor
- 0 1 2 28. Fears he/she might think or do something bad
- 0 1 2 29. Has difficulty preparing his/her meals
- 0 1 2 30. Feels that no one cares about him/her
- 0 1 2 31. Feels that others are out to get him/her
- 0 1 2 32. Feels worthless or inferior
- 0 1 2 33. Feels sick a lot of the time
- 0 1 2 34. Restless or fidgety
- 0 1 2 35. Likes to have things his/her own way

- 0 1 2 36. Hears sounds or voices that aren't there (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 37. Acts without thinking
- 0 1 2 38. Would rather be alone than with others
- 0 1 2 39. Does things that others don't like
- 0 1 2 40. Nervous or tense
- 0 1 2 41. Nervous movements or twitching (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 42. Lacks self-confidence
- 0 1 2 43. Not liked by others
- 0 1 2 44. Can do certain things better than other people
- 0 1 2 45. Fearful or anxious
- 0 1 2 46. Feels dizzy or lightheaded
- 0 1 2 47. Bothered by a guilty conscience
- 0 1 2 48. Seems tired without good reason
- 49. Physical problems **not due to known physical cause or medication:**
- 0 1 2 a. Aches or pains (**not** stomach or headaches)
- 0 1 2 b. Headaches
- 0 1 2 c. Nausea or feels sick
- 0 1 2 d. Can't see well, even with glasses (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 e. Itching or rashes
- 0 1 2 f. Stomachaches or cramps
- 0 1 2 g. Vomiting or throwing up
- 0 1 2 h. Heart pounds or races
- 0 1 2 i. Parts of his/her body tingle or feel numb
- 0 1 2 j. Short of breath or breathes hard
- 0 1 2 k. Other physical problems not listed (describe): \_\_\_\_\_  
\_\_\_\_\_
- 0 1 2 50. Physically attacks people
- 0 1 2 51. Worries about his/her appearance
- 0 1 2 52. Trouble finishing things he/she should do
- 0 1 2 53. There is very little that he/she enjoys

*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;<br>compulsions (describe): _____<br>_____ | 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<br>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<br>(describe): _____<br>_____                   | 0 1 2 92. Doesn't have much energy                           |
| 0 1 2 62. Self-conscious or easily<br>embarrassed                                       | 0 1 2 93. Unhappy, sad, or depressed                         |
| 0 1 2 63. Feels that he/she is being punished for<br>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<br>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<br>the day                                | 0 1 2 99. Withdrawn, doesn't get involved with<br>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): _____<br>_____                                   | 0 1 2 105. Doesn't like to use the telephone                 |
| 0 1 2 75. Strange ideas (describe): _____<br>_____                                      | 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/<br>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<br>with the law (describe): _____<br>_____ | 0 1 2 113. Does own laundry                                  |
| 0 1 2 83. Talks too much  | 0 1 2 114. Forgets things that are not written<br>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<br>others        |
|   | 0 1 2 122. Worries too much about his/her<br>memory          |
|   | 0 1 2 123. Has a good sense of humor                         |

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

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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:

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**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

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

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