



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	ADULT'S AGE		ETHNIC GROUP OR RACE
<input type="checkbox"/> Man <input type="checkbox"/> Woman			
TODAY'S DATE	ADULT'S BIRTHDATE		
Mo. _____ Date _____ Yr. _____	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): _____

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.**

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	

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:

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

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 social 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.