



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

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:
