



OLDER ADULT SELF-REPORT FOR AGES 60 AND ABOVE

For office use only
ID#

Please print your answers.

YOUR FULL NAME			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. Your work _____
First	Middle	Last	
YOUR GENDER		YOUR AGE	Spouse or partner's work _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	ETHNIC GROUP OR RACE	
TODAY'S DATE		YOUR BIRTHDATE	
Mo. _____ Date _____ Yr. _____		Mo. _____ Date _____ Yr. _____	

PLEASE CHECK YOUR 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 | |

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 do you have? (Do not include family members.)
 None 1 2 or 3 4 or more
- B. About how many times a month do you 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 do you get along with your close friends?
 Not as well as I'd like Average Above average Far above average
- D. About how many times a month do friends or family visit you?
 Less than 1 1 or 2 3 or 4 5 or more

II. SPOUSE OR PARTNER:

- What is your 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 2 months, did you live with your spouse or partner?

- No—please skip to page 2.
 Yes—Please circle 0, 1, or 2 beside items A-F to describe your relationship during the past 2 months:

0 = Not True	1 = Somewhat or Sometimes True	2 = Very True or Often True
0 1 2 A. I get along well with my spouse or partner.		0 1 2 D. My spouse or partner and I enjoy similar activities.
0 1 2 B. My spouse or partner and I have trouble sharing responsibilities.		0 1 2 E. I have trouble with my spouse or partner's family.
0 1 2 C. I feel satisfied with my spouse or partner.		0 1 2 F. I like my spouse or partner's friends.

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

III. Below is a list of items that describe people. For each item, please circle 0, 1, or 2 to describe yourself over the past 2 months. Please answer all items as well as you can, even if some do not seem to apply to you.

0 = Not True		1 = Somewhat or Sometimes True		2 = Very True or Often True					
0	1	2	1.	I make good use of my time	0	1	2	36.	I hear sounds or voices that others think are not there (describe): _____
0	1	2	2.	I argue a lot					_____
0	1	2	3.	I have difficulty getting things done	0	1	2	37.	I act without thinking
0	1	2	4.	I take care of my appearance	0	1	2	38.	I would rather be alone than with others
0	1	2	5.	I use too much medication	0	1	2	39.	I do things that others don't like
0	1	2	6.	I am self-confident	0	1	2	40.	I am nervous or tense
0	1	2	7.	I have trouble concentrating or paying attention	0	1	2	41.	Parts of my body twitch or make nervous movements (describe): _____
0	1	2	8.	I can't get my mind off certain thoughts (describe): _____					_____
				_____	0	1	2	42.	I lack self-confidence
0	1	2	9.	I have trouble sitting still (describe): _____	0	1	2	43.	I am not liked by others
				_____	0	1	2	44.	I can do certain things better than other people
0	1	2	10.	I am too dependent on others	0	1	2	45.	I am fearful or anxious
0	1	2	11.	I feel lonely	0	1	2	46.	I feel dizzy or lightheaded
0	1	2	12.	I feel confused or in a fog	0	1	2	47.	I am bothered by a guilty conscience
0	1	2	13.	I cry a lot	0	1	2	48.	I feel tired without good reason
0	1	2	14.	I am too concerned about getting old				49.	Physical problems not due to known physical cause or medication:
0	1	2	15.	I am mean to others	0	1	2	a.	I have aches or pains (not stomach or headaches)
0	1	2	16.	I sit around and don't do much	0	1	2	b.	I have headaches
0	1	2	17.	I deliberately try to hurt or kill myself	0	1	2	c.	I feel nauseous or sick
0	1	2	18.	I try to get a lot of attention	0	1	2	d.	I can't see well, even with glasses (describe): _____
0	1	2	19.	I damage or destroy things					_____
0	1	2	20.	I forget people's names	0	1	2	e.	I have itching or rashes
0	1	2	21.	I worry about my future	0	1	2	f.	I have stomachaches or cramps
0	1	2	22.	I don't get along with other people	0	1	2	g.	I vomit or throw up
0	1	2	23.	I feel too guilty	0	1	2	h.	My heart pounds or races
0	1	2	24.	I am jealous of others	0	1	2	i.	Parts of my body tingle or feel numb
0	1	2	25.	I get along badly with my family	0	1	2	j.	I am short of breath or I breathe hard
0	1	2	26.	I am afraid of certain situations or places (describe): _____	0	1	2	k.	Other physical problems not listed (describe): _____
				_____					_____
0	1	2	27.	My relations with neighbors are poor	0	1	2	50.	I physically attack people
0	1	2	28.	I am afraid I might think or do something bad	0	1	2	51.	I worry about my appearance
0	1	2	29.	I have difficulty preparing my meals	0	1	2	52.	I have trouble finishing things I should do
0	1	2	30.	I feel that no one cares about me	0	1	2	53.	There is very little that I enjoy
0	1	2	31.	I feel that others are out to get me					
0	1	2	32.	I feel worthless or inferior					
0	1	2	33.	I feel sick a lot of the time					
0	1	2	34.	I feel restless or fidgety					
0	1	2	35.	I like to have things my own way					

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

0 = Not True

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 54. My performance at tasks is poor | 0 | 1 | 2 | 85. I lose my temper |
| 0 | 1 | 2 | 55. I am poorly coordinated or clumsy | 0 | 1 | 2 | 86. I think about sex too much |
| 0 | 1 | 2 | 56. I avoid talking | 0 | 1 | 2 | 87. I threaten to hurt people |
| 0 | 1 | 2 | 57. I repeat certain acts over and over
(describe): _____
_____ | 0 | 1 | 2 | 88. I like to help others |
| 0 | 1 | 2 | 58. I have trouble making or keeping friends | 0 | 1 | 2 | 89. I am too concerned about being neat
or clean |
| 0 | 1 | 2 | 59. I scream or yell a lot | 0 | 1 | 2 | 90. I have trouble sleeping |
| 0 | 1 | 2 | 60. I am secretive or keep things to myself | 0 | 1 | 2 | 91. I think about the past too much |
| 0 | 1 | 2 | 61. I see things other people think are not
there (describe): _____
_____ | 0 | 1 | 2 | 92. I don't have much energy |
| 0 | 1 | 2 | 62. I am self-conscious or easily
embarrassed | 0 | 1 | 2 | 93. I am unhappy, sad, or depressed |
| 0 | 1 | 2 | 63. I am being punished for what I have
done | 0 | 1 | 2 | 94. I am louder than others |
| 0 | 1 | 2 | 64. I meet my responsibilities to others | 0 | 1 | 2 | 95. I like to make others laugh |
| 0 | 1 | 2 | 65. I show off | 0 | 1 | 2 | 96. I try to be fair to others |
| 0 | 1 | 2 | 66. I am too shy or timid | 0 | 1 | 2 | 97. I feel that I can't succeed at
things |
| 0 | 1 | 2 | 67. My behavior is irresponsible | 0 | 1 | 2 | 98. I like to try new things |
| 0 | 1 | 2 | 68. I sleep more than most people during
the day | 0 | 1 | 2 | 99. I keep from getting involved with
others |
| 0 | 1 | 2 | 69. I have trouble making decisions | 0 | 1 | 2 | 100. I worry a lot |
| 0 | 1 | 2 | 70. I have trouble talking | 0 | 1 | 2 | 101. I wake up too early |
| 0 | 1 | 2 | 71. I stand up for my rights | 0 | 1 | 2 | 102. I worry too much about my health |
| 0 | 1 | 2 | 72. I worry about my family | 0 | 1 | 2 | 103. I have nightmares |
| 0 | 1 | 2 | 73. I steal things | 0 | 1 | 2 | 104. I have trouble dressing myself |
| 0 | 1 | 2 | 74. I do things that other people think are
strange (describe): _____
_____ | 0 | 1 | 2 | 105. I don't like to use the telephone |
| 0 | 1 | 2 | 75. I have thoughts that other people would
think are strange (describe): _____
_____ | 0 | 1 | 2 | 106. I have trouble bathing or grooming |
| 0 | 1 | 2 | 76. I am stubborn, sullen, or irritable | 0 | 1 | 2 | 107. I feel younger than my age |
| 0 | 1 | 2 | 77. My moods or feelings change suddenly | 0 | 1 | 2 | 108. I like to read |
| 0 | 1 | 2 | 78. I enjoy being with people | 0 | 1 | 2 | 109. I am too concerned about death |
| 0 | 1 | 2 | 79. I am suspicious | 0 | 1 | 2 | 110. I have trouble remembering things I
am told |
| 0 | 1 | 2 | 80. I drink too much alcohol or get drunk | 0 | 1 | 2 | 111. I have soiling accidents |
| 0 | 1 | 2 | 81. I think about killing myself | 0 | 1 | 2 | 112. I make my own meals |
| 0 | 1 | 2 | 82. I do things that may cause trouble
with the law (describe): _____
_____ | 0 | 1 | 2 | 113. I do my own laundry |
| 0 | 1 | 2 | 83. I talk too much | 0 | 1 | 2 | 114. If I don't write things down, I forget
them |
| 0 | 1 | 2 | 84. I seem to irritate people | 0 | 1 | 2 | 115. I am bored |
| | | | | 0 | 1 | 2 | 116. I do my own shopping |
| | | | | 0 | 1 | 2 | 117. I get too tired from doing my daily tasks |
| | | | | 0 | 1 | 2 | 118. I am a happy person |
| | | | | 0 | 1 | 2 | 119. I believe that people trust me |
| | | | | 0 | 1 | 2 | 120. I make good use of opportunities |
| | | | | 0 | 1 | 2 | 121. I feel that I am a burden on
others |
| | | | | 0 | 1 | 2 | 122. I worry too much about my
memory |
| | | | | 0 | 1 | 2 | 123. I have 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 you use tobacco (including smokeless tobacco)? _____ times per day.
125. **In the past 2 months**, on how many days did you have 5 or more alcoholic drinks? _____ days.
126. **In the past 2 months**, on how many days were you drunk? _____ days.
127. **In the past 2 months**, on how many days did you use drugs for nomedical purposes (including marijuana, amphetamines, and other drugs except alcohol and nicotine)? _____ days.
-

IV. Do you have any illness, disability, or handicap? No Yes—please describe:

V. Please check each of the following that describes where you live:

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

VI. Please describe any concerns or worries you have about your living situation, relationships, or other things: No concerns

VII. Please describe the best things about yourself:

VIII. Please write down anything else that describes your feelings, behavior, interests, spiritual experiences, or other things that are important to you:
