



# 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 OLDER ADULT'S AGE ETHNIC GROUP OR RACE

TODAY'S DATE OLDER ADULT'S BIRTHDATE  
Mo. \_\_\_\_ Date \_\_\_\_ Yr. \_\_\_\_ Mo. \_\_\_\_ Date \_\_\_\_ Yr. \_\_\_\_

## PLEASE CHECK OLDER ADULT'S HIGHEST EDUCATION

- ☐ 1. No high school diploma and no GED ☐ 7. Some graduate school but no graduate degree  
☐ 2. General Equivalency Diploma (GED) ☐ 8. Master's Degree  
☐ 3. High school graduate ☐ 9. Doctoral or Law Degree  
☐ 4. Some college but no college degree ☐ Other education (specify): \_\_\_\_\_  
☐ 5. Associate's Degree  
☐ 6. Bachelor's or RN Degree

USUAL TYPE OF WORK, even if retired or not working now.  
Please be specific—for example, auto technician; 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 the person have? (Do not include family members.)

- ☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or more

B. About how many times a month does the person 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 the person 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 the person?

- ☐ Less than 1 ☐ 1 or 2 ☐ 3 or 4 ☐ 5 or more

## II. SPOUSE OR PARTNER:

What is the person's 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 the person live with a spouse or partner?

☐ No — please skip to page 2.

☐ Yes — Circle 0, 1, or 2 beside items A-G to describe the person's 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 B. Has trouble sharing responsibilities with spouse or partner

0 1 2 C. Seems satisfied with spouse or partner

0 1 2 D. Enjoys similar activities as spouse or partner

0 1 2 E. Has trouble with spouse or partner's family

0 1 2 F. Likes spouse or partner's friends

0 1 2 G. Is annoyed by spouse or partner's behavior

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 the person. Please answer all items as well as you can, even if some do not seem to apply to the person.

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 time  
0 1 2 2. Argues a lot
- 0 1 2 3. Has difficulty getting things done  
0 1 2 4. Takes care of own 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 own 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 own 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 thinking or doing something bad
- 0 1 2 29. Has difficulty preparing own meals  
0 1 2 30. Feels that no one cares about them
- 0 1 2 31. Feels that others are out to get them  
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 their 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 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 own appearance
- 0 1 2 52. Trouble finishing things they should do
- 0 1 2 53. There is very little that they enjoy

**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 55. Poorly coordinated or clumsy
- 0 1 2 56. Avoids talking  
0 1 2 57. Repeats certain acts over and over; compulsions (describe): \_\_\_\_\_
- 0 1 2 58. Trouble making or keeping friends  
0 1 2 59. Screams or yells a lot
- 0 1 2 60. Secretive or keeps things to self  
0 1 2 61. Sees things that aren't there (describe): \_\_\_\_\_
- 0 1 2 62. Self-conscious or easily embarrassed
- 0 1 2 63. Feels that they are being punished for something they have done
- 0 1 2 64. Meets responsibilities to others  
0 1 2 65. Shows off
- 0 1 2 66. Too shy or timid  
0 1 2 67. Irresponsible behavior
- 0 1 2 68. Sleeps more than most people during the day  
0 1 2 69. Trouble making decisions
- 0 1 2 70. Trouble talking  
0 1 2 71. Stands up for own rights
- 0 1 2 72. Worries about own family  
0 1 2 73. Steals things
- 0 1 2 74. Strange behavior (describe): \_\_\_\_\_
- 0 1 2 75. Strange ideas (describe): \_\_\_\_\_
- 0 1 2 76. Stubborn, sullen, or irritable  
0 1 2 77. Sudden changes in mood or feelings
- 0 1 2 78. Enjoys being with people  
0 1 2 79. Suspicious
- 0 1 2 80. Drinks too much alcohol or gets drunk  
0 1 2 81. Talks about killing self
- 0 1 2 82. Does things that may cause trouble with the law (describe): \_\_\_\_\_
- 0 1 2 83. Talks too much  
0 1 2 84. Seems to irritate people

- 0 1 2 85. Loses temper
- 0 1 2 86. Thinks about sex too much  
0 1 2 87. Threatens to hurt people
- 0 1 2 88. Likes to help others  
0 1 2 89. Too concerned about being neat or clean
- 0 1 2 90. Trouble sleeping  
0 1 2 91. Thinks about the past too much
- 0 1 2 92. Doesn't have much energy  
0 1 2 93. Unhappy, sad, or depressed
- 0 1 2 94. Unusually loud  
0 1 2 95. Likes to make others laugh
- 0 1 2 96. Tries to be fair to others  
0 1 2 97. Feels that they can't succeed at things
- 0 1 2 98. Likes to try new things  
0 1 2 99. Withdrawn, doesn't get involved with others
- 0 1 2 100. Worries a lot  
0 1 2 101. Wakes up too early
- 0 1 2 102. Worries too much about own health  
0 1 2 103. Nightmares
- 0 1 2 104. Has trouble dressing self  
0 1 2 105. Doesn't like to use the telephone
- 0 1 2 106. Has trouble bathing or grooming  
0 1 2 107. Acts younger than actual age
- 0 1 2 108. Likes to read  
0 1 2 109. Too concerned about death
- 0 1 2 110. Has trouble remembering things they are told  
0 1 2 111. Has soiling accidents
- 0 1 2 112. Makes own meals  
0 1 2 113. Does own laundry
- 0 1 2 114. Forgets things that are not written down  
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 them
- 0 1 2 120. Makes good use of opportunities  
0 1 2 121. Feels that they are a burden on others
- 0 1 2 122. Worries too much about own 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 they use tobacco (including smokeless tobacco) or use e-cigarettes? \_\_\_\_\_ times per day.
125. ***In the past 2 months***, on how many days did they have 5 or more alcoholic drinks? \_\_\_\_\_ days.
126. ***In the past 2 months***, on how many days were they drunk? \_\_\_\_\_ days.
127. ***In the past 2 months***, on how many days did they use drugs for nonmedical purposes (including marijuana, amphetamines, and other drugs except alcohol and nicotine)? \_\_\_\_\_ days.

**IV. Does the person have any illness, disability, or handicap?** ☐ No ☐ Yes — please describe:

**V. Please check each of the following that describes where the person 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 the person:** ☐ No concerns

**VII. Please describe the best things about the person:**

