



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 _____ Spouse or partner's work _____
YOUR GENDER	YOUR AGE	ETHNIC GROUP OR RACE	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
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	6.	I am self-confident	0	1	2	39.	I do things that others don't like
0	1	2	7.	I have trouble concentrating or paying attention	0	1	2	40.	I am nervous or tense
0	1	2	8.	I can't get my mind off certain thoughts (describe): _____	0	1	2	41.	Parts of my body twitch or make nervous movements (describe): _____
				_____					_____
0	1	2	9.	I have trouble sitting still (describe): _____	0	1	2	42.	I lack self-confidence
				_____	0	1	2	43.	I am not liked by others
0	1	2	10.	I am too dependent on others	0	1	2	44.	I can do certain things better than other people
0	1	2	11.	I feel lonely	0	1	2	45.	I am fearful or anxious
0	1	2	12.	I feel confused or in a fog	0	1	2	46.	I feel dizzy or lightheaded
0	1	2	13.	I cry a lot	0	1	2	47.	I am bothered by a guilty conscience
0	1	2	14.	I am too concerned about getting old	0	1	2	48.	I feel tired without good reason
0	1	2	15.	I am mean to others				49.	Physical problems not due to known physical cause or medication:
0	1	2	16.	I sit around and don't do much	0	1	2	a.	I have aches or pains (not stomach or headaches)
0	1	2	17.	I deliberately try to hurt or kill myself	0	1	2	b.	I have headaches
0	1	2	18.	I try to get a lot of attention	0	1	2	c.	I feel nauseous or sick
0	1	2	19.	I damage or destroy things	0	1	2	d.	I can't see well, even with glasses (describe): _____
0	1	2	20.	I forget people's names					_____
0	1	2	21.	I worry about my future	0	1	2	e.	I have itching or rashes
0	1	2	22.	I don't get along with other people	0	1	2	f.	I have stomachaches or cramps
0	1	2	23.	I feel too guilty	0	1	2	g.	I vomit or throw up
0	1	2	24.	I am jealous of others	0	1	2	h.	My heart pounds or races
0	1	2	25.	I get along badly with my family	0	1	2	i.	Parts of my body tingle or feel numb
0	1	2	26.	I am afraid of certain situations or places (describe): _____	0	1	2	j.	I am short of breath or I breathe hard
				_____	0	1	2	k.	Other physical problems not listed (describe): _____
0	1	2	27.	My relations with neighbors are poor					_____
0	1	2	28.	I am afraid I might think or do something bad	0	1	2	50.	I physically attack people
0	1	2	29.	I have difficulty preparing my meals	0	1	2	51.	I worry about my appearance
0	1	2	30.	I feel that no one cares about me	0	1	2	52.	I have trouble finishing things I should do
0	1	2	31.	I feel that others are out to get me	0	1	2	53.	There is very little that I enjoy
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 55. I am poorly coordinated or clumsy
 0 1 2 56. I avoid talking
 0 1 2 57. I repeat certain acts over and over
 (describe): _____

 0 1 2 58. I have trouble making or keeping friends
 0 1 2 59. I scream or yell a lot
 0 1 2 60. I am secretive or keep things to myself
 0 1 2 61. I see things other people think are not
 there (describe): _____

 0 1 2 62. I am self-conscious or easily
 embarrassed
 0 1 2 63. I am being punished for what I have
 done
 0 1 2 64. I meet my responsibilities to others
 0 1 2 65. I show off
 0 1 2 66. I am too shy or timid
 0 1 2 67. My behavior is irresponsible
 0 1 2 68. I sleep more than most people during
 the day
 0 1 2 69. I have trouble making decisions
 0 1 2 70. I have trouble talking
 0 1 2 71. I stand up for my rights
 0 1 2 72. I worry about my family
 0 1 2 73. I steal things
 0 1 2 74. I do things that other people think are
 strange (describe): _____

 0 1 2 75. I have thoughts that other people would
 think are strange (describe): _____

 0 1 2 76. I am stubborn, sullen, or irritable
 0 1 2 77. My moods or feelings change suddenly
 0 1 2 78. I enjoy being with people
 0 1 2 79. I am suspicious
 0 1 2 80. I drink too much alcohol or get drunk
 0 1 2 81. I think about killing myself
 0 1 2 82. I do things that may cause trouble
 with the law (describe): _____

 0 1 2 83. I talk too much
 0 1 2 84. I seem to irritate people

- 0 1 2 85. I lose my temper
 0 1 2 86. I think about sex too much
 0 1 2 87. I threaten to hurt people
 0 1 2 88. I like to help others
 0 1 2 89. I am too concerned about being neat
 or clean
 0 1 2 90. I have trouble sleeping
 0 1 2 91. I think about the past too much
 0 1 2 92. I don't have much energy
 0 1 2 93. I am unhappy, sad, or depressed
 0 1 2 94. I am louder than others
 0 1 2 95. I like to make others laugh
 0 1 2 96. I try to be fair to others
 0 1 2 97. I feel that I can't succeed at
 things
 0 1 2 98. I like to try new things
 0 1 2 99. I keep from getting involved with
 others
 0 1 2 100. I worry a lot
 0 1 2 101. I wake up too early
 0 1 2 102. I worry too much about my health
 0 1 2 103. I have nightmares
 0 1 2 104. I have trouble dressing myself
 0 1 2 105. I don't like to use the telephone
 0 1 2 106. I have trouble bathing or grooming
 0 1 2 107. I feel younger than my age
 0 1 2 108. I like to read
 0 1 2 109. I am too concerned about death
 0 1 2 110. I have trouble remembering things I
 am told
 0 1 2 111. I have soiling accidents
 0 1 2 112. I make my own meals
 0 1 2 113. I do my own laundry
 0 1 2 114. If I don't write things down, I forget
 them
 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 nonmedical purposes (including marijuana, amphetamines, and other drugs except alcohol and nicotine)? _____ days.
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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:

- | | | |
|---|--|---|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Relative's home | <input type="checkbox"/> Senior apartment |
| <input type="checkbox"/> Retirement community | <input type="checkbox"/> Assisted living | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> 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:
