

Year 2 Assessment



**Ongoing Research on Aging in New Jersey
Bettering Opportunities for Wellness in Life**



NEW JERSEY INSTITUTE
NJISA
FOR SUCCESSFUL AGING

INSTRUCTIONS

Please complete each question by writing your answer in the space provided or by choosing among the responses provided.

If you are torn between two answers, choose the one you think is better.

As you complete the booklet, please try to avoid skipping any question or item.

If you have questions or need assistance in completing this form, please call us toll-free at 1-877-NJ-AGING (1-877-652-4464).

Upon completing this questionnaire, please return it to ...

ORANJ BOWLSM Research Program
New Jersey Institute for Successful Aging
42 East Laurel Road, Suite 2300
Stratford, New Jersey 08084

... using the pre-addressed, post-paid envelope provided.

Section Two: YOUR AGING EXPERIENCE

1. Please think about your aging experience. Using a scale from 0 to 10 where 0 means “Not Successful At All” and 10 means “Completely Successful,” please tell me which number best describes your aging experience?

Not Successful At All	<input type="checkbox"/>	Completely Successful									
	0	1	2	3	4	5	6	7	8	9	10

2. Please mark the one box that best describes how strongly you agree or disagree with each of the following three statements.

a. As I grow older, things seem better than I thought they would be.

Agree Completely	Agree Mostly	Agree Somewhat	Disagree Somewhat	Disagree Mostly	Disagree Completely
<input type="checkbox"/>					

b. As I look back on my life I am fairly well satisfied.

Agree Completely	Agree Mostly	Agree Somewhat	Disagree Somewhat	Disagree Mostly	Disagree Completely
<input type="checkbox"/>					

c. These are the best years of my life.

Agree Completely	Agree Mostly	Agree Somewhat	Disagree Somewhat	Disagree Mostly	Disagree Completely
<input type="checkbox"/>					

3. Now, please think about your life as a whole. How satisfied are you with it?

Very Satisfied	Somewhat Satisfied	Not Very Satisfied	Not At All Satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Using a scale from 0 to 10, where 0 means “the worst possible life” and 10 means “the best possible life”, how would you rate your life these days?

The Worst Possible Life	<input type="checkbox"/>	The Best Possible Life									
	0	1	2	3	4	5	6	7	8	9	10

5. Please mark the **one** box to best describe your level of agreement or disagreement with each of the following statements.

	Agree Strongly	Agree Mostly	Agree A Little	Disagree A Little	Disagree Mostly	Disagree Strongly
a. In general, I look forward to each new day about as much as I always have.	<input type="checkbox"/>					
b. I think my daily life now is not nearly as interesting and fulfilling as it has been throughout most of my lifetime.	<input type="checkbox"/>					
c. I may be getting along in years, but I continue to feel life is worth living about as much as I ever have.	<input type="checkbox"/>					
d. I feel I no longer can engage in activities that bring me pleasure.	<input type="checkbox"/>					
e. Even though things may change, my life continues to be about as much fun as it always has been.	<input type="checkbox"/>					
f. Considering the hand life had dealt me, I feel that I have accomplished pretty much what I could have hoped for at this point in my life.	<input type="checkbox"/>					
g. I am not as happy now as I was when I was younger.	<input type="checkbox"/>					

6. Please think about your aging experience. Using a scale from 0 to 10, where 0 means “Not well at all” and 10 means “Extremely well”, what number would you choose to describe how well you are aging?

Not Well At All Extremely Well

0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Section Three: APPROACH TO LIFE

Please mark the one box that best describes your level of agreement or disagreement with each of the following statements. Please try to be as honest and as accurate as possible, keeping in mind that there are no right or wrong answers.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am not a worrier.	<input type="checkbox"/>				
2. I like to have a lot of people around me.	<input type="checkbox"/>				
3. I don't like to waste my time daydreaming.	<input type="checkbox"/>				
4. I try to be courteous to everyone I meet.	<input type="checkbox"/>				
5. I keep my belongings neat and clean.	<input type="checkbox"/>				
6. I often feel inferior to others.	<input type="checkbox"/>				
7. I laugh easily.	<input type="checkbox"/>				
8. Once I find the right way to do something, I stick to it.	<input type="checkbox"/>				
9. I often get into arguments with my family and co-workers.	<input type="checkbox"/>				
10. I'm pretty good about pacing myself so as to get things done on time.	<input type="checkbox"/>				
11. When I am under a great deal of stress, sometimes I feel like I'm going to pieces.	<input type="checkbox"/>				
12. I don't consider myself especially "light-hearted."	<input type="checkbox"/>				
13. I am intrigued by the patterns I find in art and nature.	<input type="checkbox"/>				
14. Some people think I'm selfish and egotistical.	<input type="checkbox"/>				

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
15. I am not a very methodical person.	<input type="checkbox"/>				
16. I rarely feel lonely or blue.	<input type="checkbox"/>				
17. I really enjoy talking to people.	<input type="checkbox"/>				
18. I believe letting students hear controversial speakers can only confuse and mislead them.	<input type="checkbox"/>				
19. I would rather cooperate with others than compete with them.	<input type="checkbox"/>				
20. I try to perform all tasks assigned to me conscientiously.	<input type="checkbox"/>				
21. I often feel tense and jittery.	<input type="checkbox"/>				
22. I like to be where the action is.	<input type="checkbox"/>				
23. Poetry has little or no effect on me.	<input type="checkbox"/>				
24. I tend to be cynical and skeptical of others' intentions.	<input type="checkbox"/>				
25. I have a clear set of goals and work toward them in an orderly fashion.	<input type="checkbox"/>				
26. Sometimes I feel completely worthless.	<input type="checkbox"/>				
27. I usually prefer to do things alone.	<input type="checkbox"/>				
28. I often try new and foreign foods.	<input type="checkbox"/>				
29. I believe that most people will take advantage of you if you let them.	<input type="checkbox"/>				

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
30. I waste a lot of time before settling down to work.	<input type="checkbox"/>				
31. I rarely feel fearful or anxious.	<input type="checkbox"/>				
32. I often feel as if I'm bursting with energy.	<input type="checkbox"/>				
33. I seldom notice the moods or feelings that different environments produce.	<input type="checkbox"/>				
34. Most people I know like me.	<input type="checkbox"/>				
35. I work hard to accomplish my goals.	<input type="checkbox"/>				
36. I often get angry at the way people treat me.	<input type="checkbox"/>				
37. I am a cheerful, high-spirited person.	<input type="checkbox"/>				
38. I believe we should look to our religious authorities for decisions on moral issues.	<input type="checkbox"/>				
39. Some people think of me as cold and calculating.	<input type="checkbox"/>				
40. When I make a commitment, I can always be counted on to follow through.	<input type="checkbox"/>				
41. Too often, when things go wrong, I get discouraged and feel like giving up.	<input type="checkbox"/>				
42. I am not a cheerful optimist.	<input type="checkbox"/>				
43. Sometimes when I am reading poetry or looking at a work of art, I feel a chill or wave of excitement.	<input type="checkbox"/>				
44. I'm hard-headed and tough-minded in my attitudes.	<input type="checkbox"/>				

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
45.	Sometimes I'm not as dependable or reliable as I should be.	<input type="checkbox"/>				
46.	I am seldom sad or depressed.	<input type="checkbox"/>				
47.	My life is fast-paced.	<input type="checkbox"/>				
48.	I have little interest in speculating on the nature of the universe or the human condition.	<input type="checkbox"/>				
49.	I generally try to be thoughtful and considerate.	<input type="checkbox"/>				
50.	I am a productive person who always gets the job done.	<input type="checkbox"/>				
51.	I often feel helpless and want someone else to solve my problems.	<input type="checkbox"/>				
52.	I am a very active person.	<input type="checkbox"/>				
53.	I have a lot of intellectual curiosity.	<input type="checkbox"/>				
54.	If I don't like people, I let them know it.	<input type="checkbox"/>				
55.	I never seem to be able to get organized.	<input type="checkbox"/>				
56.	At times I have been so ashamed I just wanted to hide.	<input type="checkbox"/>				
57.	I would rather go my own way than be a leader of others.	<input type="checkbox"/>				
58.	I often enjoy playing with theories or abstract ideas.	<input type="checkbox"/>				
59.	If necessary, I am willing to manipulate people to get what I want.	<input type="checkbox"/>				
60.	I strive for excellence in everything I do.	<input type="checkbox"/>				

Section Four: HEALTH

1. In which of the following ways would you rate your overall health at the present time:

- Excellent Very Good Good Fair Poor Very Poor

2. How much do you weigh, in pounds, without shoes?

_____ POUNDS

3. How many visits, if any, have you made to a hospital emergency room *during the past 12 months*? Please include only those visits for which you were the patient.

_____ EMERGENCY ROOM VISITS

4. For how many nights, if any, have you been admitted to the hospital *during the past 12 months*?

_____ NIGHTS

5. Now think about your experiences *during the past 12 months* and, for each and every item below, answer either “Yes” or “No.”

	Yes	No
<i>a.</i> In the past 12 months, did you receive a dental check-up?	<input type="checkbox"/>	<input type="checkbox"/>
<i>b.</i> In the past 12 months, have you had your blood pressure taken by a doctor, nurse, or other health professional?	<input type="checkbox"/>	<input type="checkbox"/>
<i>c.</i> In the past 12 months, have you had your cholesterol levels checked?	<input type="checkbox"/>	<input type="checkbox"/>
<i>d.</i> In the past 12 months, have you had a physical exam or regular check-up?	<input type="checkbox"/>	<input type="checkbox"/>
<i>e.</i> In the past 12 months, have you had a flu shot?	<input type="checkbox"/>	<input type="checkbox"/>
<i>f.</i> In the past 12 months, have you had a bone density test or Dexascan?	<input type="checkbox"/>	<input type="checkbox"/>
<i>g.</i> In the past 12 months, have you had a prostate exam?	<input type="checkbox"/>	<input type="checkbox"/>
<i>h.</i> In the past 12 months, have you had a blood test to screen your PSA or Prostate Specific Antigen level?	<input type="checkbox"/>	<input type="checkbox"/>

Check that you answered “Yes” or “No” for every item before continuing.

Section Five: GENERAL OUTLOOK

Please mark the one box that best describes your level of agreement or disagreement with each of the following statements.

	I Agree A Lot	I Agree A Little	I Neither Agree Nor Disagree	I Disagree A Little	I Disagree A Lot
1. In uncertain times, I usually expect the best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. It's easy for me to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If something can go wrong for me, it will.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I'm always optimistic about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I enjoy my friends a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. It's important for me to keep busy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I hardly ever expect things to go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I don't get upset too easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I rarely count on good things happening to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall, I expect more good things to happen to me than bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your continued participation in the
ORANJ BOWLSM Research Program!**

**Please use the pre-addressed, postage-paid envelope provided
to return your completed questionnaire.**

