

World of Wisdom, Age of Innocence: An Intergenerational Exchange Program

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Table of Contents

Table of Contents	ii
List of Tables	iii
Abstract	iv
Introduction	1
Statement of the Problem	2
Research Methods	4
Analysis of Results	7
Discussion	8
Recommendations	13
References	15
Appendix	21

List of Tables

Table I, Elder Demographics	8
Table II, Children's Demographics	8
Table III, Elder Depression Scales	12
Table IV, Elder Weights	13
Table V, Elder PRN Medication Monthly Doses	13
Table VI, Children's SASAP Scores	15

Abstract

An interdisciplinary team from Southwest Texas State University implemented an intergenerational exchange program between residents at a local nursing home and preschool children from the University's child care program. The study was undertaken to study and evaluate the impact of intergenerational relations on the quality of life of nursing home residents, quality of care of nursing home residents, and perceptions of preschool children on the elderly and aging. Program development, implementation and outcomes are discussed with implications for replication by others.

Introduction

The problems surrounding long term care institutions are no secret. Though our country is well known for its technical medical advances, the nursing home industry remains plagued with negative perceptions and practices. According to Dr. William Thomas, the three plagues are loneliness, helplessness, and boredom. None of these plagues is sufficiently addressed through the medical model or geriatric textbooks (1994). The decision to enter a nursing home is usually filled with emotional trauma for all concerned. Studies indicate that in American culture, the admission of a family member to a nursing home is a decision of last resort. Family members typically make valiant efforts which impact careers, leisure time and family life to avoid the nursing home admission of a loved one (Gordon, 1994). The perception that nursing homes represent warehouses for the elderly adds to the trauma of admitting a loved one. The young family members in this situation experience guilt. The older family member admitted to the nursing home may develop depression, disabling psychiatric conditions, isolation, separation from things familiar, loss of community and wasting of wisdom.

These problems often go unaddressed, or if they are addressed, the most common treatment will likely be an antidepressant with little therapeutic intervention (Payne, 1987; Burns, Wagner, Taube, Magaziner et. al., 1993). The effects of depression and isolation can be many and costly. Negative symptoms are associated with physical disability, boredom, and depression (Meeks, Gibson, & Walker, 1992). Thus, residents with depressive symptoms may eat less, have

problems sleeping, take more medications, and exhibit other behaviors which are unhealthy for the resident and time consuming for staff. An emotionally stable resident will have a higher quality of life, as will their family members, and will require less medical care.

Statement of the Problem

Mental health problems among the elderly in institutions are often largely a response to their sterile environment. Loss is familiar to nursing home residents: loss of a mate, loss of home and cherished belongings, loss of proximity to family, loss of usefulness. Due to lack of time and/or training, facility staff may be unable to provide residents with the personalized attention which makes one feel valued. Cut off from their loved ones, often with no one with whom they communicate and little to do, nursing home residents frequently express feelings of loneliness and exhibit a decrease in social interaction. This is especially true if their move to the nursing home was involuntary (Earle, 1980). Dooghe, Vanderleyden, and Van Loon (1980) found that loneliness was the main obstacle to social adjustment for institutionalized elderly.

At the same time, societal changes are contributing to the demise of the traditional extended family and are thus indirectly depriving youngsters of valuable opportunities to interact with their elders. Numerous researchers have indicated concern that contemporary American children have too little contact with the elderly (Bronfenbrenner, 1977; Kocarnik & Ponzetti, 1991; Kupetz, 1993).

Interactions of young and old have long been a method of transmitting values and wisdom to the next generation. Some studies have proposed that this decline in interaction is related to decreased quality of life in the elderly and stereotypical views of the elderly by youth (Kocarnik & Ponzetti, 1991; Kupetz, 1993; Marks, Newman, & Owanola, 1985).

An approach to addressing the needs of the young and the old in our current society is the emergence of the intergenerational program, which is defined by the National Council on Aging as an activity that increases cooperation and exchange between any two age groups. Attempts to increase interactions between young children and institutionalized elderly have occurred with mixed results. Seefeldt (1987) found that preschool age children who visited a nursing home held more negative perceptions toward the elderly than those who did not visit. However, Dellman-Jenkins, Lambert and Fruit (1991) found that increased contact with the elderly, including nursing home residents, was beneficial in fostering the prosocial behavior of preschoolers toward the elderly. The literature contains numerous descriptions of programs designed to promote the quality of life of institutionalized seniors and young children through planned interactions between the groups.

Research Methods

Funding for "World of Wisdom, Age of Innocence: An Intergenerational Exchange Program" was provided by the Institute for Quality Improvement in Long Term Health Care, School of Health Professions, at Southwest Texas State University. The program was designed around a series of weekly exchanges and interactions between residents of a local nursing home and preschool children from the University child care program. The program's purpose was to improve the quality of life and physical well-being of the nursing home residents and to foster children's prosocial attitudes and perceptions of the elderly and aging.

A team of individuals at Southwest Texas State University (SWT) came together from different disciplines with a common interest in intergenerational programming. The interdisciplinary approach is somewhat unusual on college campuses but proves to be very beneficial in creating programs that work. Team members from child development, health administration, gerontology, and social work brought knowledge, tools, and associations that contributed to the effort. The team's intent was to emphasize to the children the importance of prosocial behavior and usefulness and to promote hope in the elders.

During several months of planning, the group met weekly to discuss the needs, the resources, and the activities to include, the ways of measuring changes in the residents' mental and physical condition, and children's perceptions and attitudes. It was interesting to note the many similarities in the childcare and eldercare diet, games, and activities. Graham crackers and juice, bingo, balloon

volleyball, and gardening activities are all examples of foods and activities these two groups had in common. A proposal was written and submitted based on these discussions; funding of the proposal covered staffing, supplies, and transportation.

In January of 1995 the exchanges began, and by the end of the year three phases of the exchange visits were conducted. Although the original plan included only two phases, the thought of discontinuing the very positive established interactions convinced all parties involved to continue. In each of the first two phases, approximately sixteen nursing home residents of the Arboretum of San Marcos and twenty four preschool age children at the SWT Child Development Center participated in weekly site visits between the two facilities. The first group (Group I) of elders was chosen from those with higher levels of mental and physical function. They were more ambulatory and had effective communication skills. The second group (Group II) included residents of more moderate mental and physical function. Group III participants were not pre- and posttested due to shortages of staff and requirements. Residents who participated in the first two exchanges were pretested by the facility Social Worker using the Geriatric Depression Scale (Yesavage, Brink, Rose, Lum, Huang, Adey & Leirer, 1983) which consists of 30 yes/no questions, e.g. "Do you feel that your situation is hopeless?". A score of 11 points or more on the GDS indicates depression. In addition, physical health was measured using the residents' weight and monthly use of pro re nata (PRN) medications, which are administered as needed rather

than by a set dosage.

The children who participated were all four- and five-year-olds attending the Child Development Center (CDC) on the campus of SWT. The children were largely of the Anglo-American race but the group also consisted of minority children, including Hispanic, African-American and Asian races.

The Social Attitude Scale of Ageist Prejudice (SASAP) (Isaacs & Bearison, 1986) was used before and after the exchanges to assess children's perceptions of the elderly. The SASAP consists of 60 statements, e.g., "One of these people is the boss at work. Which (man/woman) is the boss?" Thirty of the statement/questions represent buffer items and were removed to accommodate the young children. As each statement/question was read aloud, the child was shown two 3"X5" photos. The photos included average appearing male and female individuals younger than 40 years and older than 65 years.

Before each set of exchanges the teachers talked with their children about the visits: what they would do, who they would see, where they would be, what the elderly would be like, etc. The first groups of children received no special classroom curriculum beyond explanation of the activities planned for the exchange visits. With the following groups more curriculum was introduced to the children. The elderly received similar information to prepare them for the visits.

Each of the three phases lasted for approximately 12 weeks. For 12 weeks, after a snack and a short exercise routine, structured activities lasting approximately one hour were led by staff of the respective facilities. Activities

were planned according to the abilities of the participants and were designed to promote interaction between the elderly and the children. Successful activities included balloon volleyball, cooking, picture bingo, and ribbon dancing.

In addition, field trips were incorporated into the list of activities to enhance a sense of community in the participants. The first field trip to a park in a low-income section of town was made with members of Phi Alpha college fraternity and the Youth Chamber of Commerce, a service organization of the Youth Empowerment Project and the local school district. The second outdoor activity, an Intergenerational Carnival, took place on the nursing home grounds with the Youth Services Bureau and the SWT chapter of the Organization of Student Social Workers providing various games and activities and the welcome presence of additional generations. A petting zoo was included as the presence of animals has been found to increase positive social behavior in the elderly (Kongable, Buckwalter, & Stolley, 1989). Members of the community were invited in an effort to move the nursing home from the fringes of the larger community to its center.

The demographic information on the residents and the children included in Group I and Group II is presented in the two tables that follow.

Table I Elder Demographics

Characteristic	Group I		Group II	
	n	Percent	n	Percent
Age				
50-60	2	16.66%	-	-
61-70	1	8.33%	-	-
71-80	4	33.33%	2	18.18%
81-90	5	41.67%	9	81.82%
Gender				
Male	1	8.33%	2	18.18%
Female	11	91.66%	9	81.82%
Race				
Anglo	10	83.33%	8	72.73%
Hispanic	2	16.66%	2	18.18%
African-Amer.	-	-	1	9.0%

Table II Children's Demographics

Characteristic	Group I		Group II	
	n	Percent	n	Percent
Age				
4	15	68.18%	12	50%
5	7	31.82%	12	50%
Gender				
Male	13	59.09%	10	41.67%
Female	9	40.91%	14	58.33%
Race				
Anglo	16	72.73%	7	29.17%
Hispanic	2	9.09%	13	54.17%
African-Amer	2	9.09%	1	4.17%
Other	2	9.09%	3	12.50%

Analysis of Results

Though the plan was to have a specific, original group of elderly residents with each phase, some residents were not ready to end their interactions when their phase ended, so they continued participating beyond the end of their session.

Others who were not pretested but wanted to participate or at least watch were also accommodated.

Because of the relatively small numbers of subjects, the many uncontrolled variables, and the lack of a control group for comparison, it is difficult to make generalizations based on this project. This article focuses on the process of an intergenerational exchange program, rather than on the test results. Challenges were met and learning occurred with each phase and resulted in positive experiences for all involved. Weekly quality improvement meetings were held by program staff to proactively respond to the express or implied needs of the participants.

Discussion

Challenges were faced in order to implement the project. The local hospital provided transportation as an in-kind contribution. The bus was not equipped with seat belts, so other transportation had to be arranged for the children. Also, the sudden death of the hospital's driver during the first set of exchanges impacted the elderly participants and program staff personally and practically.

Several elder residents showed a significant increase in their activity level. A female resident who had rarely participated in group activities in the 28 months at the facility, not only visited the CDC each week, but began playing bingo. She attended the Nursing Home Games in Austin and wore the medal she won there for several weeks. One participant asked frequently about her favorite child, who walked with crutches due to Spina Bifida. Another resident reminds staff frequently that there could be a future President of the United States among the children. A participant with memory loss who rarely remembered where she was sometimes asked when we were going to visit the children.

The children's parents were very supportive, sometimes sitting in during the exchange visits. Several parents reported that their children often talked about their "special friends" from the nursing home.

Positive experiences were found in both the planned activities and in the spontaneous interactions among the elders and children. There were some special bonds that developed between certain children and seniors. Some of the simplest things touched hearts. An example that comes to mind involves a resident who put a pencil behind her ear. The children were utterly fascinated and began a game of seeing which of them could get that pencil to stay behind their ear. Another example involves a resident who slid down a small slide on the playground for the first time in many years. The look on her face cannot be captured in test scores. The involvement of the residents singing with the children, and learning the words and accompanying hand movements to the

children's favorite songs cannot be scored.

Staff involved in the program noted that residents were more talkative and laughed more when the children were present. The residents received and gave numerous hugs and expressed particular enjoyment regarding this part of the interaction. Two newspaper articles were published in the local paper and featured the fair and field trip. The nursing home administrator commented that the facility had gotten more positive publicity from this undertaking than from any other, including employment of a marketing director.

The majority of the residents had fewer negative answers on the GDS following their participation. Changes in the physical health of the residents were observed by comparing their weight and doses of PRN medications at the pre and post-test periods. Weight gain is considered a positive sign, and there were small increases for several residents.

Residents with cognitive loss were able to benefit from the interaction but responded more positively to simpler activities, increased structure, and less waiting time between parts of an activity. Decreases in depression scale scores and PRN medication needs, as well as increases in weight, indicate an overall improvement in the residents' quality of life. The improved outlook on life and increased feelings of usefulness expressed by the elderly subjects highlight the benefits of the intergenerational interactions for the seniors involved. They felt valued by being able to teach the children and responded strongly to the physical affection. This increased sense of self-esteem led to a higher level of involvement

with others and increased appetite. These appetite changes and the decrease of symptoms requiring PRN medications most likely translate into fewer demands on the facility staff. Thus, not only did this program benefit the elders but indirectly benefitted those who work with them.

Differences in scores were found between the elderly who remained at the nursing home facility and those who traveled to the CDC, with those who traveled showing greater benefit. This may indicate that the change of scene combined with the interaction with the children was more beneficial than the interaction alone. This should provide incentive for institutions for the elderly to arrange more outings for their residents. Activity Directors and Social Workers in these facilities should work together to enhance these services to their clients.

Table III Elder Depression Scales

Traveled to Child Development Center				Stayed at Nursing Home			
Group I (n = 5)		Group II (n = 5)		Group I (n = 6)		Group II (n = 6)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post
5	1	1	15	9	9	18	19
5	6	2	2	6	2	4	3
10	5	5	4	3	11	4	6
11	8	4	4	12	1	6	4
2	0	1	1	6	1	18	20
				14	11	5	3
(6.6)	(4.0)	(2.6)	(5.2)	(8.3)	(5.8)	(9.2)	(9.2)

() = averages

Depression Scale Values:

0 = no depression

11+ = high level of depression

Table IV Elder Weights in Pounds

Traveled to Child Development Center				Stayed at Nursing Home			
Group I (n = 5)		Group II (n = 5)		Group I (n = 7)		Group II (n = 6)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post
232	230.5	159	154	120	113	161.5	160
150	153.5	139	135	109	108	106	106.5
106.5	107	149	151	141	133	139	141
170	169	109	109	135	137	128	131
129	130.5	153.5	155.4	150	168	125	123
				137	132	118.5	118.5
				175	178		
(157.5)	(158.1)	(141.9)	(140.9)	(138.1)	(138.5)	(129.7)	(130.0)

() = averages

Table V Elder PRN Medication Monthly Doses

Traveled to Child Development Center				Stayed at Nursing Home			
Group I (n = 5)		Group II (n = 5)		Group I (n = 6)		Group II (n = 6)	
Pre	Post	Pre	Post	Pre	Post	Pre	Post
8	3	0	0	0	0	0	0
26	22	0	0	55	58	0	1
14	14	0	0	0	0	0	0
2	0	1	1	0	0	0	0
0	0	22	1	1	0	0	0
				0	0	2	2
(10)	(7.8)	(4.6)	(0.4)	(9.3)	(9.7)	(0.3)	(0.5)

() = averages

The childrens' scores on the SASAP increased slightly. The nursing home setting and unfamiliar surroundings for the children are possibly responsible for this small increase in ageist prejudice. In the third exchange the residents came to the CDC only, and more focus was put on accommodating the children in familiar settings and allowing for choice. As has been the result in previous studies such as that by Seefeldt (1987), the elderly subjects of this program exhibited greater benefits, of the kind that can be measured with paper and pencil, than did the children.

The increase in the children's ageist prejudice scores was not anticipated. (See Table VI, Childrens' SASAP Scores Group I and Group II.) However, it is not without precedence that contact with frail elderly is related to negative attitudes. Seefeldt (1987) found that children who visited residents of a nursing home for one year also showed greater ageist prejudice than children who did not visit. Rosenwasser, et. al.(1986) found a negative correlation for quantity and quality of contact with the elderly and preschool childrens' attitudes toward the elderly.

The most plausible explanation for childrens' increased negativism is that the experience was a less than positive and enjoyable one for them. The nursing home setting was unfamiliar and more stark to the children compared to their own child development center. The nature of the instrument may also be at fault. Several of the questions relate more to success and popularity than to kindness and loveliness. However, it may be true that significant contact with elders who

are physically frail may not have an ameliorating effect on attitudes that already tend to be negative. The children at the CDC also interact with well elders through the Foster Grandparent Program, and it is hoped that this will help balance their perceptions of elderly and the aging process. Also, Dellman-Jenkins, Lambert and Fruit (1991) found that increased contact with the elderly, including nursing home residents, was beneficial in fostering the prosocial behavior of preschoolers toward the elderly. The children's experiences can serve to make them more compassionate, caring individuals.

Table VI Children's SASAP Scores

Traveled to Nursing Home				Stayed at Child Development Center			
Pre	Post	Pre	Post	Pre	Post	Pre	Post
Group I (n = 12)		Group II (n = 11)		Group I (n = 10)		Group II (n = 14)	
16	16	25	*	20	20	20	22
16	15	15	*	21	24	13	20
23	23	20	*	18	23	14	21
19	21	21	*	19	17	3	*
10	23	16	*	19	21	18	30
24	26	23	24	27	27	21	*
21	19	24	16	23	23	10	*
10	16	21	31	21	21	24	*
10	14	17	*	13	24	16	*
25	24	12	*	24	26	19	*
9	7	17	*			22	19
14	19					26	27
						17	24
						16	20
(16.4)	(18.6)	(19.2)	(23.7)	(20.5)	(22.6)	(17.1)	(22.9)

() = averages

* = Children dropped out of the project prior to its completion.

The impact of the exchange program on the well-being of the elderly seems to show more promise. While the increases in factors related to well-being are small, they are in the right direction. Subsequent phases of the program will focus on strategies to maximize the benefits to the elderly and reverse the ageist prejudice associated with the children. It is probable that operational changes which reflect greater sensitivity to the needs of the children, including familiar settings, choices of activities, and smaller groups would accomplish the desired results. Some external funding support is necessary to implement the subsequent phases of the program though limited related activities continue. An effort is being made to secure external funding through private foundations.

The exchange program highlights foundational principles that should be part of every intergenerational program. These fundamentals include the following:

- service - those working with the elderly should be exposed to the merit of community service or service excellence as a way of life now and for the future;
- mentoring - the elderly should have opportunities and encouragement to continue their involvement with community life through contributing to the positive development of a younger person; and
- celebration - service and mentoring should be recognized consistently and frequently through special events that celebrate the positive contributions of the children and the elderly and which involve the greater community of family, friends, neighbors and the populace in such times of recognition and celebration.

Recommendations

The problems of isolation and loneliness in the nursing home need to be addressed. The intergenerational exchange program is a novel, simple, relatively inexpensive program which makes use of existing resources and benefits residents, staff, children, and the community. It can be replicated easily and implemented with minimal resources and can be the catalyst for the development of additional intergenerational programs involving youth, the independent elderly, and working adults. National periodicals learned of the program through interviews with intergenerational program advocates, and two publications featured the program as an innovative, promising approach to bridging the gap between young and elderly.

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Appendix

GERIATRIC DEPRESSION SCALE

CHOOSE THE BEST ANSWER FOR HOW YOU FELT OVER THE PAST WEEK:

- | | |
|---|----------|
| 1. ARE YOU BASICALLY SATISFIED WITH YOUR LIFE? | YES / NO |
| 2. HAVE YOU DROPPED MANY OF YOUR ACTIVITIES AND INTERESTS? | YES / NO |
| 3. DO YOU FEEL THAT YOUR LIFE IS EMPTY? | YES / NO |
| 4. DO YOU OFTEN GET BORED? | YES / NO |
| 5. ARE YOU HOPEFUL ABOUT THE FUTURE? | YES/NO |
| 6. ARE YOU BOTHERED BY THOUGHTS YOU CAN'T GET OUT OF YOUR HEAD? | YES/NO |
| 7. ARE YOU IN GOOD SPIRITS MOST OF THE TIME? | YES / NO |
| 8. ARE YOU AFRAID THAT SOMETHING BAD IS GOING TO HAPPEN TO YOU? | YES / NO |
| 9. DO YOU FEEL HAPPY MOST OF THE TIME? | YES / NO |
| 10. DO YOU OFTEN FEEL HELPLESS? | YES/NO |
| 11. DO YOU OFTEN GET RESTLESS AND FIDGETY? | YES / NO |
| 12. DO YOU PREFER TO STAY AT HOME RATHER THAN GOING OUT AND DOING NEW THINGS? | YES / NO |
| 13. DO YOU FREQUENTLY WORRY ABOUT THE FUTURE? | YES/NO |
| 14. DO YOU FEEL YOU HAVE MORE PROBLEMS WITH YOUR MEMORY THAN MOST? | YES / NO |
| 15. DO YOU THINK IT IS WONDERFUL TO BE ALIVE? | YES / NO |
| 16. DO YOU OFTEN FEEL DOWNHEARTED AND BLUE? | YES/NO |
| 17. DO YOU FEEL PRETTY WORTHLESS THE WAY YOU ARE NOW? | YES / NO |
| 18. DO YOU WORRY A LOT ABOUT THE PAST? | YES/NO |
| 19. DO YOU FIND LIFE VERY EXCITING? | YES/NO |
| 20. IS IT HARD FOR YOU TO GET STARTED ON NEW PROJECTS? | YES/NO |
| 21. DO YOU FEEL FULL OF ENERGY? | YES / NO |
| 22. DO YOU FEEL THAT YOUR SITUATION IS HOPELESS? | YES / NO |
| 23. DO YOU THINK THAT MOST PEOPLE ARE BETTER OFF THAN YOU ARE? | YES / NO |
| 24. DO YOU FREQUENTLY GET UPSET OVER LITTLE THINGS? | YES/NO |
| 25. DO YOU FREQUENTLY FEEL LIKE CRYING? | YES/NO |
| 26. DO YOU HAVE TROUBLE CONCENTRATING? | YES/NO |
| 27. DO YOU ENJOY GETTING UP IN THE MORNING? | YES/NO |
| 28. DO YOU PREFER TO AVOID SOCIAL GATHERINGS? | YES/NO |
| 29. IS IT EASY FOR YOU TO MAKE DECISIONS? | YES/NO |
| 30. IS YOUR MIND AS CLEAR AS IT USED TO BE? | YES/NO |

Date _____ Center _____ Ss Name _____ Ss Code _____

SOCIAL ATTITUDE SCALE OF AGIST PREJUDICE (SASAP)

1. These two men want to fix a chair. Who will be able to
fix a chair? _____
These two women want to fix a chair. Who will be able
to fix a chair? _____
2. One of these people is always invited to all the parties
because everyone likes him. Which person does
everybody like? _____
One of these people is always invited to all the parties
because everyone likes her. Which person does
everybody like? _____
3. Larry doesn't like to be with one of these people
because she complains all the time. Who complains all
the time? _____
Larry doesn't like to be with one of these people
because she complains all the time. Who complains all
the time? _____
4. Mr. Jones and Mr. Smith are arguing over something
silly. Which one always starts arguments? _____
Mrs. Jones and Mrs. Smith are arguing over something
silly. Which one always starts arguments? _____
5. These two men are arguing. One of them is mean and is
always yelling at people. Which one is mean? _____
These two women are arguing. One of them is mean and is
always yelling at people. Which one is mean? _____

6. One of these people has trouble understanding and always

has to have things explained to him. Which one has trouble understanding? _____

One of these people has trouble understanding and always has to have things explained to her. Which one has trouble understanding? _____

7. These two men are running for president of their club.

Which one will win? _____

These two women are running for president of their club.

Which one will win? _____

8. One of these people threw his garbage on the ground.

Who threw the garbage on the ground? _____

One of these people threw her garbage on the ground.

Who threw the garbage on the ground? _____

9. Mr. Jones and Mr. Smith are playing a game of checkers.

Which one will win the checkers game? _____

Mrs. Jones and Mrs. Smith are playing a game of checkers. Which one will win the checkers game? _____

10. One of these people dented his car. Who did it? _____

One of these people dented her car. Who did it? _____

11. All of the men like to go out with one of these men

because he is so nice. Which man is nice? _____

All of the women like to go out with one of these women

because she is so nice. Which woman is nice? _____

12. One of these men always finishes his work first, and

it's always just right. Which one? _____

One of these women always finishes her work first, and

it's always just right. Which one? _____

13. Mr. Brown is having a party. He does not like one of these men and is not going to invite him. Which one does he not like? _____

Mrs. Brown is having a party. She does not like one of these women and is not going to invite her. Which one does she not like? _____

14. The policeman is asking these men what happened in an accident. One of them is lying. Which one always lies? _____

The policeman is asking these women what happened in the accident. One of them is lying. Which one always lies? _____

15. One of these people is the boss at her work. Which man is the boss? _____

One of these people is the boss at her work. Which woman is the boss? _____

16. These two people are teachers. One is a very good teacher. Which one is a good teacher? _____

17. One of these men always burns the food when he cooks. Which one is the bad cook? _____

One of these women always burns the food when she cooks. Which one is the bad cook? _____

18. These two men both sew well. They are going to sew suits. Whose suit will be nicer? _____

These two women both sew well. They are going to sew dresses. Whose dress will be nicer? _____

19. These two men are trying to fix their cars. One will

break his car even more. Who will break his car even
more? _____

These two women are trying to fix their cars. One will
break her car even more. Who will break her car even
more? _____

20. These two men are doing puzzles. Which one will be
able to finish his puzzle? _____

These two women are doing puzzles. Which one will be
able to finish her puzzle? _____

21. Suzi is sick. Which doctor will be able to make her
better? _____

22. These men are cleaning house. Whose house will be
cleaner when they are finished? _____

These women are cleaning house. Whose house will be
cleaner when they are finished? _____

23. Mr. Jones and Mr. Smith are buying gifts. Who buys the
gifts that children like best? _____

Mrs. Jones and Mrs. Smith are buying gifts. Who buys
the gifts that children like best? _____

24. Mr. Black and Mr. Green both sing well. Which man will
win the prize for singing best? _____

Mrs. Black and Mrs. Green both sing well. Which woman
will win the prize for singing best? _____

25. Here are Mr. Jones and Mr. Brown. One has an ugly
house. Whose house is ugly? _____

Here are Mrs. Jones and Mrs. Brown. One has an ugly
house. Whose house is ugly? _____

26. One of these teachers is mean to the children. Who is mean to the children? _____
27. One of these people does not like children. Who does not like children? _____
28. The storekeeper left his money on the counter. One of these people is thinking about stealing it. Which person may steal the money? _____
29. One of these men wrote a book. Which man wrote a book?
One of these women wrote a book. Which woman wrote a book? _____
30. Share has a new puzzle. Which person will she choose to help her with her new puzzle? _____