Geriatrics for Rehab Residents Attitudes Assessment

The following statements are designed to assess your Geriatric attitude. There is no right answer or opinion to any of the questions so please answer them truthfully. On a scale of 1–5 as indicated below, please rate your opinion of the following statements to the best of your ability:

1 = Strongly disagree
2 = Somewhat disagree
3 = Neutral
4 = Somewhat agree
5 = Strongly agree

1. Most old people are pleasant to be with.
2. The federal government should reallocate money from Medicare to research on AIDS or pediatric disease.
3. If I have the choice, I would rather see younger patients than elderly ones.
4. It is society’s responsibility to provide care for its elderly persons.
5. Medical care for older people uses up too much human and material resources.
6. As people grow older, they become less organized and more confused.
7. Elderly patients tend to be more appreciative of the medical care I provide than are younger patients.
8. Taking medical history from elderly patients is frequently an ordeal.
9. I tend to pay more attention and have more sympathy towards my elderly patients than my younger patients.
10. Old people in general do not contribute much to society.
11. Treatment of chronically ill old patients is hopeless.
12. Old persons don’t contribute their fair share towards paying for their health care.
13. In general, older people act too slow for modern society.
14. It is interesting listening to old people’s accounts of their past experiences.
15. I have an interest in pursuing additional training in geriatrics.

16. Age ______________________________________
17. Gender ______________________________________
18. Race/Ethnicity ______________________________________
19. Country of birth ______________________________________
20. If US, state of birth ______________________________________
21. Undergraduate degree ______________________________________
22. Country of medical school graduation ______________________________________
23. Expected fields of post-residency specialty, if any. Please list: ______________________________________

24. Any grandparents alive? YES NO
25. Any children? YES NO
26. Married? YES NO
27. Rural upbringing? YES NO