



THE INTERGENERATIONAL EVALUATION TOOLKIT



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Introduction

“We know intergenerational interaction is positive, but proof achieved through research is needed to support what we witness daily.”

- Ginny Cullen, director of adult services at Mount Olivet Day Services



Photo courtesy of Champion Intergenerational Enrichment and Education Center

Intergenerational shared sites—programs that bring together younger and older generations in the same physical location—are doing incredible and innovative work, and a few have measured the impacts of their programs. Sites consistently report that access to data about the impact of intergenerational programs and shared sites would be extremely helpful in terms of program design, implementation of intergenerational programming and fundraising.

In an effort to collect more data on intergenerational shared sites and facilitate program evaluation, Generations United, with support from The Eisner Foundation, partnered with Dr. Shannon Jarrott of The Ohio State University to develop this toolkit.

The Intergenerational Evaluation Toolkit represents over 15 years of collaborative research by Dr. Jarrott and is a companion piece to two reports from Generations United and The Eisner Foundation on intergenerational shared sites.

In 2018, we released **All in Together: Creating Places Where Young and Old Thrive** which included the results of a public opinion poll and national survey of intergenerational programs. In 2019, we took a deeper look at the factors inhibiting the development of shared sites in the report, **The Best of Both Worlds: A Closer Look at Creating Spaces the Connect Young and Old**. Both reports are available for free at www.gu.org.

Repeatedly we hear that intergenerational program practitioners need tools and support to measure the impact of their work. In 2018, 278 respondents completed the national survey of people providing and interested in intergenerational programs. Respondents represented diverse services and interests, engaging tens of thousands of youth and older adults in 2017. Non-profit, for-profit, and public entities served people with diverse ages and abilities, and coming from diverse circumstances.

When asked about the needs that intergenerational programming addressed, respondents described programming designed to: foster positive intergenerational relationships (93%) and health promotion (81%), utilize community talent (80%) and build capacity to meet community needs (63%), and achieve greater financial stability (47%) and improve workplace climate (42%). This toolkit focuses on the most frequently cited challenge to operating an intergenerational program—that is demonstrating impact of intergenerational programming.

Demonstrating program impact is critical. Providers use evidence to encourage families and individuals to select their intergenerational services and programming opportunities. Funders search for demonstrated program impact when making funding decisions, which is relevant as nearly half of respondents rely on grant funding – 13% rely exclusively on grants and donations (See Jarrott, 2019 for a detailed report of survey findings).

At the same time, program staff may not have a background in evaluation, or they may be unable to dedicate time to assess impact and meet their primary obligations. This toolkit offers three resources designed to meet the needs of program providers and researchers committed to demonstrating the impact of intergenerational

programming and understanding the practices by which outcomes are achieved. Their use can help advocates improve, expand, and sustain intergenerational opportunities in every community.

The toolkit includes:

- The new **Intergenerational Practice Evaluation Tool** designed to be easily, quickly, and reliably completed by program staff to assess intergenerational activities and support evidence-based practices,
- An 8-step guide on **Planning an Intergenerational Evaluation** designed to help practitioners get started in planning and conducting program evaluation, and
- **Tools for Outcome Measurement**, a curated list of reliable, valid measures that have been used to demonstrate the impact of intergenerational programs with detailed information on five effective tools.

We hope you will use the Intergenerational Evaluation Toolkit to start or expand your efforts to improve and grow your work and assess your impact. As you do, we want your feedback. Please let us know what you think and how you are using these resources; we would also love to learn about your evaluation results. You can contact Sheri Steinig at ssteinig@gu.org or Dr. Shannon Jarrott at jarrott.1@osu.edu.

DEFINITIONS

Shared Site Programs involve one or more organizations delivering services generally to unrelated younger people, usually 24 and under, and older adults, typically over 50, at the same location, such as a building, campus or neighboring buildings. Some shared sites may also serve adults and families.

Intergenerational Programs provide opportunities for unrelated younger and older people to interact with each other typically at a location serving either youth or older adults.



Photo courtesy of Ebenezer Ridges

The Intergenerational Practice Evaluation Tool

The Intergenerational Practice Evaluation Tool is designed for practitioners and researchers to assess intergenerational activities involving unrelated young people (usually under the age of 24) and older adults (usually over the age of 50) brought together to share an activity.

This tool was created by Dr. Shannon Jarrott of The Ohio State University and represents 15 years of collaborative intergenerational practice and evaluation research (Jarrott, Stremmel, & Naar, 2019). For more information on the development and assessment of the tool, please see the section of this toolkit **Background on the Intergenerational Practice Evaluation Tool**.

Why use the Tool?

The Intergenerational Practice Evaluation Tool, found on pages 13-15 in this toolkit, is divided into two parts.

Part 1 is designed to be easily, quickly, and reliably completed by program staff or researchers. The 15 items in Part 1 help facilitators track programming and note use of evidence-based practices. Items 1-10 reflect steps facilitating staff or volunteers can take to increase an activity's success. In items 11-12, facilitators reflect on how well the activity went. Items 13-14 capture participants' social behaviors and affect as intergenerational programming is usually offered to support positive interaction among young and old persons. Item 15 captures open-ended reflection or notes that can inform future programming. Combined, these items can help users connect activity features to youth and older adults' social responses to an activity.

Part 2 - an optional section - allows users to identify and evaluate progress towards goals besides participant social interaction. These goals

**Download a print-ready
version of the
Intergenerational Practice
Evaluation Tool
at www.gu.org**

are chosen by programs and will reflect why facilitators bring the groups together. Those completing the form can then associate activity characteristics, facilitation practices, and participant responses in Part 1 with the Part 2 evaluation.

Part 1 of the Intergenerational Practice Evaluation Tool should be simple and quick to complete, offering immediate feedback on how intergenerational practice impacts participant response.

Who can use the Tool?

Facilitating staff or volunteers, administrators, or trained evaluators/researchers can use the instrument.

Where to use the Tool?

The tool can be used with any intergenerational activity where programming is facilitated; these are usually planned activities. For example, weekly gardening activities at a senior residence with middle school volunteers would be a good activity to evaluate with the Intergenerational Practice Evaluation Tool. Informal interactions, for example in a reception area at a shared site care program, would not align well with this tool.

When to use the Tool?

The Intergenerational Practice Evaluation Tool can be used routinely or periodically. Here are a few ideas of when the tool could be useful.

- Pairing a new program facilitator (staff or volunteer) with a seasoned facilitator to complete the form together and reinforce the use of evidence-based practices as the new facilitator builds their expertise.
- Documenting whether the evidence-informed practices are consistently used by facilitators. Inconsistent use of a practice might suggest a need for additional training or that the practice is less relevant to the activity context.
- Facilitators may use completed forms to reflect on what practices they felt were most important to young and old participants' quality of experience; this information can inform subsequent activity plans and implementation.
- Studying forms completed at the start, middle, and end of an intergenerational program (e.g., a 12-week student volunteer program) can indicate whether participants' social behavior changed over time.

If used in conjunction with Part 2 or another program outcome evaluation, evaluators can connect activity features (implementation strategies) to these other outcomes.

How to use the Tool?

Facilitating staff or volunteers should read this section before using the Tool. Once facilitators are confident that they understand the items and how to code the answers, they may benefit from facilitating or observing an intergenerational activity with a colleague. They can complete Part 1 of the Tool on their own and compare answers; referring to the guide when discussing

discrepancies may help clarify the item being measured. Once facilitators or evaluators who will complete the form achieve a high level of agreement with their colleague (e.g., 80% or higher), they can complete the Tool independently.

It is best to complete the Tool immediately after the intergenerational activity, or as soon as possible. Facilitating partners may complete it jointly, or one facilitator might fill it out. Some practices may have been used for part but not all of the activity or with some but not all participants. Choose the single answer that best describes the entire activity for the whole group. Space is provided to record notes providing additional observations. Candid responses will yield the greatest understanding of how practices affect program outcomes.

Guidelines and examples for each item

The following section provides detailed guidelines and examples for completing each item in the Tool. Staff should also review the sample of the completed Tool on pages 16-18 of this toolkit for more information.

1. Time was set aside for adult and youth program facilitators to plan the activity.

Whether facilitators are staff members or volunteers who implement the intergenerational activity with youth and older adult participants, activity plans can be improved by combining their unique expertise working with the groups.

Collaboration can lead to recognition of important developmental characteristics of participants (e.g., instability some frail older adults experience walking or standing) and potential challenges (e.g., choking hazards of some food activities involving pre-school age children) that should inform activity plans.

Even if activities are facilitated by one person, they will benefit from discussing plans with staff who work with the youth and/or older adults. In some instances the facilitator is what makes for an intergenerational activity (e.g., a university Service-Learning student facilitating reminiscence with individual assisted living residents). They will also benefit from checking their activity plans with a staff member who works with the older adults.

Example: J & D meet quarterly during one of their planning period to sketch out their intergenerational activity plans. Because of staffing ratio requirements, they take turns facilitating the intergenerational activities. They text each other with updates if things come up with scheduling or plans.

2. Activity plans were informed by participants and/or facilitator knowledge of participant culture, experiences, interests and language(s).

Intergenerational activities offer great opportunities for youth and older adults to build and exercise decision making skills. Contributing to activity plans offers the added bonus of increasing the likelihood of participation in and enjoyment of the activity. Even very young children and adults with early- to mid-stage dementia can often indicate preferences when given a choice.

If a participant group is unable or unavailable to engage in decision making about the activity, facilitators can draw on their knowledge of participants' experiences, interests, and cultural backgrounds to develop plans reflecting the participants themselves.

Example: T & L discussed upcoming intergenerational activity plans. T shared what her 8th graders had recommended for music at the dance. L knew that a few of the assisted living residents had played in jazz bands, and residents really enjoyed a recent

jazz concert. With these ideas, they put together a play list of jazz and contemporary tunes that everyone enjoyed dancing to.

3. Materials and space reflected participants' diversity (cognitive, cultural, developmental, sensory, and/or socioeconomic).

Just as activities should reflect the abilities and interests of participants, so should the materials used and the space where the activity is facilitated. Youth and older adult participants have many similarities but also differences in cognitive abilities, racial and ethnic background, and physical abilities.

Selecting materials that can be fully used as intended will increase engagement in and enjoyment of activities. Sometimes facilitators have limited choice of space and materials for activities, but some small changes can make a big difference

Example: A class of preschoolers had a very hard time attending to a nutrition activity held in the common room at a large senior center. They were seated at tables with older adult participants, and other seniors sat in chairs around the room and were also



Photo courtesy of Grace Living Center/Jenks West Elementary

coming and going through the nearby entrance. For the next visit, children and elders met in a smaller room towards the back of the center; all the participants could see and hear better and engage more fully in the activity.

4. **The activity was appropriate for older adult participants.**

Older adults and youth share many interests, which can result in older adults being treated like children. In a shared activities, older adults can take on an age appropriate role with youth participants. Even adults with dementia can help a youth practice a skill and model appropriate behavior for the youth.

Example: P was planning an intergenerational activity, building on a spring theme in their 2nd grade classroom. While the children typically worked with Crayola crayons and watercolors, P chose oil pastels for this activity with the nursing home residents; the older adults were asked to help the students, such as selecting colors and paper.

5. **Materials were paired or used centrally (e.g., intergenerational participants shared materials rather than having their own). (Select N/A if no materials were used).**

With interaction between youth and older adult participants an objective of most intergenerational activities, giving intergenerational participants materials to share should increase interaction.

If no materials were needed for the activity, such as for a simple shared conversation or walk, n/a – or “not applicable” – would be the appropriate answer for this item.

Example: A youth and older adult are invited to choose one trowel, one watering can, and



Photo courtesy of Easterseals of South Florida

one packet of seeds for a shared gardening activity. They may take turns with the materials or one may water after one has turned the soil.

6. **Activity incorporated intergenerational pairs or small intergenerational groups (e.g., no more than 3 youth per older adult or 3 older adults per youth).**

Interaction among intergenerational participants is more likely when group size is small. Participants can see and hear each other better and may feel less self-conscious than in a big group.

Sometimes, activities will start out in a large group, perhaps with a video to watch or instruction from a facilitator, before participants divide up into smaller groups. Although large groups may allow more youth or older adult participants to join in, their ability to interact may be low.

Example: A class of 30 3rd graders and 15 older independent living residents listened to an African band perform. After the 10-minute

show, facilitators matched two students and one older adult to model an instrument after one they had heard the band play.

7. **Facilitators used directions that encouraged intergenerational interaction.**

Youth and older adult participants who are somewhat new to each other benefit from guidance that fosters interaction. Focusing on an activity can increase comfort.

Participants may be used to asking the facilitator for materials or assistance; a skillful facilitator can use directions for one participant to assist their intergenerational partner.

Example: A senior center director facilitating a canned food drive with older adult participants and high schoolers distributed packing lists to the older adults and bags to the students. They directed the intergenerational pairs to fill the student's bag with the items on the older adult's list.

8. **Facilitators shared or invited participants to share social history (i.e., preferences and experiences) to encourage intergenerational interaction.**

Youth and older adults have diverse experiences and cultural backgrounds. For relationships to form, it helps to share information about these experiences, traditions, and preferences.

When youth or older adult participants are unable to share this information, such as if a child is very young, a youth speaks a different language, or the older adult cannot verbalize, facilitators often can share this information, allowing intergenerational partners to better know and appreciate each other.

Example: A child care provider leading an activity exploring transportation might share a story from M's social history because M cannot remember the story. "M used to ride

to school on a donkey when she was a little girl. What do you think that was like? How do you think you will get to school when you start kindergarten?"

9. **Facilitators stood back periodically to encourage intergenerational interaction.**

Sometimes intergenerational participants rely heavily on facilitators for security and direction. However, close engagement with participants during activities can discourage intergenerational interaction. Stepping back from the activity can increase the chance of youth and older adults working interdependently.

The facilitator might note which intergenerational pairings are working well and if another group would benefit from encouragement (e.g., item 7).

N/A - If the facilitator is what makes the activity intergenerational (e.g., an older adult tutoring high school students), the appropriate answer to this item is likely n/a - "not applicable" - as they may be unable to step back from the activity.

Example of stepping back: After seeing youth and older adults into small groups and inviting them to decide which country they would research, the facilitator stepped back to watch things develop. Most groups were talking about countries they had visited or want to visit as potential choices. They saw one group having technical problems with their computer and another group where the older adult had taken control of the computer and was pulling up information without talking to their young partner. The facilitator moved to address the technical problem and help the other group refocus as partners.

10. **Youth and older adult participants were or will be invited to provide feedback about this activity.**

Similar to item 2, programming benefits from

input from participants both young and old. Beyond indicating if they enjoyed the activity, they may offer ideas for modifications to the activity or activities they might do together in the future.

Contributing to decision making at this point also increases interest in participating in future activities, and facilitators can remind participants how their feedback informed programming.

Example: S had a routine of staying in the intergenerational studio with the adult day services participants after an activity had ended and the children returned to their class. They'd found it was the best time to ask for input on the activity - the adults, some of whom had dementia, were more likely to remember what they'd just done, and they had environmental cues from the activity. S made a few notes at the end of her evaluation form, which she referred to when planning intergenerational activities with A.

11. This activity should be facilitated again, without modifications.

It's very common to finish an intergenerational activity with ideas of how it could be improved - even when it achieved objectives and participants expressed enjoyment. Use this space to note future modifications that would make the activity even more successful.

Example: J facilitated a reminiscence group between university Service-Learning students and seniors at a congregate meal site. Students had been trained on how to facilitate the conversation, and J set a theme to guide the conversation. After the first two sessions, conversation was still very formal, and students expressed frustration. J advised the students to prepare 5 open-ended questions on the theme in advance of the

meeting and share them to an electronic discussion board where she and the other students could offer feedback. After this modification, students demonstrated greater confidence, and conversation flowed more easily between the intergenerational partners.

12. What effect did the intergenerational component have on the activity?

Most intergenerational programming is associated with benefits for one or more groups of participants, but sometimes it proves ineffective. Consider whether combining the generations improved the experience for participants or if the activity would have been as good or better with just one generation of participants. Some activities may be better suited to single generation programming, or an activity may require modification to be successful with multiple generations of participants. Notes in item 11 and 14 can offer ideas.

Example: The senior housing services coordinator invited a church youth group to a weekly Bible study that residents highly anticipated. Although residents and youth were polite and respectful of each other, taking turns reading passages and discussing their meaning, the coordinator found the discussion much more limited than usual. Residents commented that they enjoyed seeing the youth but felt their presence intruded on the close ties among study group members and limited what they could talk about. The coordinator and youth group leader planned a new activity with input from residents and youth - a recycling project - that was a huge success.

13. The success of an intergenerational activity depends, in part, on youth and older adult participants' observable social behaviors. Indicate the behavior that was most

common among the majority of participants during the activity. Answer separately for youth and older adults.

Intergenerational interaction and relationship-building are the goals of most intergenerational programs, or it supports achievement of other objectives. It's hard to measure relationships, but there are behavioral indicators of relationship formation. The three behavioral categories are described below. In coding the most common behavior for youth and older adults, trust your instinct; one answer won't describe every individual's experience through the whole activity, but this summary response will indicate the trend in participant behavior.

Solitary: Participants are engaged in an activity, without observing, responding to or interacting with others. They might be engaged in the presented activity but working independently, or they might be engaged in something else.

Example: a facilitator might put out all the activity materials for a pumpkin painting project on one table. Instead of pairing up with an intergenerational partner, each participant takes their own pumpkin and decorates the pumpkin on their own, without engaging with their partners.

Watching: Observing, without engaging in the activity or interacting with others. An activity might be structured in a way that observing is the appropriate response, such as a performance to the group, or watching might occur when participants are interested but unsure, uncomfortable, or unable to join the activity. Setting up the space and materials with consideration of participants' diversities can increase engagement.

Example: A facilitator invites older adult volunteers to a reading activity in a classroom. The elders bring a book of their

choice to share with the youth. Some of the children do not speak the language used by the facilitator and older adult participants and cannot join the activity.

Intergenerational Interactive: Responding to, communicating with, or interacting with 1 or more intergenerational participants. Interaction between youth and older adult participants can be verbal or non-verbal. It can be brief or extended. In the most common intergenerational program settings, typically involving young children and older adults in care settings, activities are facilitated by program staff, who may also be a source of intergenerational interaction. Given the focus on programming for the clients of these programs (the young children or older adult care recipients), this code should reflect interaction between these participants.

Example: Adult day services participants and children from a neighboring preschool join for a fruit salad activity. intergenerational partners decide together which fruit they'd like to prepare for the salad. With one cutting board and one safe knife, the child cuts the banana while the adult holds the cutting board and then holds the bowl while the child adds the banana to the bowl; they swap roles and the adult prepares the strawberries. Everyone enjoys their own bowl of the tasty salad.

14. **Social behavior of youth and older adult participants often suggests interest and enjoyment in their activity, but sometimes additional indicators are helpful. Indicate the apparent mood that was most common among the majority of participants during the activity.** Answer separately for youth and older adults.

Positive intergenerational interaction is another common goal of intergenerational programs. However, sometimes young and old participants feel compelled to engage in an activity even

when their mood suggests they are not enjoying it. Thus, noting predominant behavior and mood can help facilitators interpret participants' response to programming.

The five categories run on one dimension from "awful" to "fantastic." It is common for participants engrossed in what they are doing (a sign that they are enjoying the activity) to display a relatively neutral "Okay" facial expression, so evaluators should not expect scores of 5 for every activity. As well, given the changes in skin tone and muscle experienced with normative aging, older adults may be less likely than young participants to display what looks like "fantastic" mood, even when they are enjoying programming as much as anything else they could do.

In coding the most common behavior for youth and older adults, trust your instinct; one answer won't describe every individual's experience through the whole activity, but this summary response will indicate the trend in participant mood.

15. Facilitator Notes

Reflect on other aspects of the activity not captured in the items above. If you are familiar with the activities, reflect on changes in the flow of the activity, such as indication of relationships developing among youth and older adult

participants. Reflections may spark ideas for improvements, future activities, or ways to demonstrate short- and long-term outcomes.

How to use the completed Intergenerational Practice Evaluation Tool?

Facilitators can review completed forms informally after an activity or during periodic planning meetings with colleagues; they can reflect on which practices they used or did not use and what effect this had on the outcome.

Evaluators might choose to complete the instrument with a simple spreadsheet or online survey tool like Qualtrics and generate reports to see if outcomes, including participant social behavior, are different when certain practices are used or as a result of a change in programming. For example, a supervisor might expect a new staff member facilitating intergenerational activities to exhibit a greater number of the practices after a month of training compared to when they first started.

Facilitators might expect to see *intergenerational interactive* behavior increase after 6 weeks of programming compared to when the participants were new to intergenerational programming and their intergenerational partners.

How to use Part 2 of the Tool?

Common Goals for Intergenerational Activities

Youth participants

- **Cognitive:** expressing feelings, expressing preferences, problem solving, attention to detail, creativity, reflection
- **Social/emotional:** cooperation, initiative, engagement, positive mood, communication, empathy, self-confidence
- **Physical:** fine motor, gross motor, hand/eye coordination, sensory development

Older adult participants

- **Cognitive:** creativity, attention to detail, problem solving, decision making, reminiscence
- **Social/emotional:** nurturing, cooperation, initiative, independence, positive mood, communication, self-confidence
- **Physical:** fine motor, gross motor, hand/eye coordination, range of motion, alertness, sensory stimulation

Intergenerational Practice Evaluation Tool - Part 1

Intergenerational facilitating partners complete after each intergenerational activity

Activity name/description _____	Activity date _____
Location _____	Activity duration (approx.) _____
Youth participants (#) _____	Older participants (#) _____
Youth group (e.g., class) _____	Older group (e.g. ADS) _____
Facilitating staff member(s) _____	Form completed by _____
How will you know this activity was successful for youth and older adult participants? _____	

For each item, choose the single answer that best describes the activity.

Before the Intergenerational Activity

- | | | |
|--|-----|-----------------|
| 1. Time was set aside for adult and youth program facilitators to plan the activity.
a. Clarification: | Yes | No
(clarify) |
| 2. Activity plans were informed by participants and/or facilitator knowledge of participant culture, experiences, interests and language(s). | Yes | No |
| 3. Materials and space reflected participants' diversity (cognitive, cultural, developmental, sensory, and/or socioeconomic).
a. Clarification: | Yes | No
(clarify) |

During the Intergenerational Activity

- | | | |
|---|-----|--------------------------|
| 4. The activity was appropriate for older adult participants.
a. Clarification: | Yes | No
(clarify) |
| 5. Materials were paired or used centrally (e.g., intergenerational participants shared materials rather than having their own). (Select N/A if no materials were used) | Yes | No N/A |
| 6. Activity incorporated intergenerational pairs or small intergenerational groups (e.g., no more than 3 youth per older adult or 3 older adults per youth). | Yes | No |
| 7. Facilitators used directions that encouraged intergenerational interaction.
a. Clarification: | Yes | No
(clarify) |
| 8. Facilitators shared or invited participants to share social history (e.g., preferences and experiences) to encourage intergenerational interaction. | Yes | No |
| 9. Facilitators stood back periodically to encourage intergenerational interaction.
a. Clarification: | Yes | No
(clarify) N/A |

After the Intergenerational Activity

- | | | |
|--|------|------------------------|
| 10. Youth and older adult participants were or will be invited to provide feedback about this activity.
a. Clarification: | Yes | No
(clarify) |
| 11. This activity should be facilitated again, without modifications.
a. Clarification: What modifications are needed before repeating? (e.g., getting materials in other languages.) | Yes | No
(clarify) |
| 12. What effect did the intergenerational component have on the activity?
a. Clarification: How did intergenerational negatively or positively affect the activity? | None | Negative Positive |

13. The success of an intergenerational activity depends, in part, on youth and older adult participants' observable social behaviors. Which behavior was most common among the majority of participants during the activity? Answer separately for youth and older adults.

Youth participants (circle one behavior)



Solitary: engaged in an activity without observing, responding to or interacting with others.



Watching: observing, without engaging in the activity or interacting with others.



Intergenerational Interactive: responding to, communicating with, or interacting with 1 or more intergenerational partners.

Older adult participants (circle one behavior)



Solitary: engaged in an activity without observing, responding to or interacting with others.



Watching: observing, without engaging in the activity or interacting with others.

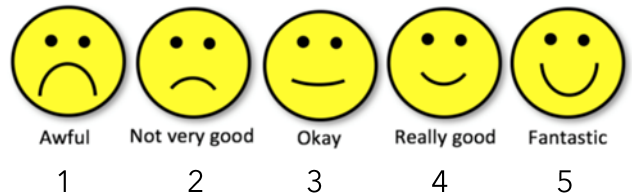


Intergenerational Interactive: responding to, communicating with, or interacting with 1 or more intergenerational partners.

14. Which face describes the predominant mood of:

a. Youth participants: _____

b. Older adult participants: _____



Facilitator notes. Reflect on aspects of the activity not captured above. If you're familiar with the intergenerational activities, reflect on changes you observed, such as indication of developing intergenerational relationships. Reflections may spark ideas for improvements, activities, or ways to demonstrate impact.

Intergenerational Practice Evaluation Tool - Part 2

Setting and noting progress towards goals

Before starting an intergenerational program or series of activities, identify its main goal(s) in the table below, common goals are included at the bottom of this form. *One or two per participant group is good.* For standardized outcome measures (e.g., life satisfaction or self-esteem), see Tools for Outcome Measurement, which provides materials and procedures for measuring the outcome.

Date: _____ Completed by: _____

	Goal	Progress notes
Youth Participants		
Older Adult Participants		

Common goals for intergenerational activities:

Youth participants

- *Cognitive: expressing feelings, expressing preferences, problem solving, attention to detail, creativity, reflection*
- *Social/emotional: cooperation, initiative, engagement, positive mood, communication, empathy, self-confidence*
- *Physical: fine motor, gross motor, hand/eye coordination, sensory development*

Older adult participants

- *Cognitive: creativity, attention to detail, problem solving, decision making, reminiscence*
- *Social/emotional: nurturing, cooperation, initiative, independence, positive mood, communication, self-confidence*
- *Physical: fine motor, gross motor, hand/eye coordination, range of motion, alertness, sensory stimulation*

Intergenerational Practice Evaluation Tool - Part 1

Intergenerational facilitating partners complete after each intergenerational activity

Activity name/description	<u>Plant seeds-pumpkin</u>	Activity date	<u>5/8/19</u>
Location	<u>Corner Garden</u>	Activity duration (approx.)	<u>30-40 min.</u>
Youth participants (#)	<u>6</u>	Older participants (#)	<u>4</u>
Youth group (e.g., class)	<u>4-5 y.o. Waveriders</u>	Older group (e.g. ADS)	<u>ADS Orange Group</u>
Facilitating staff member(s)	<u>SJ & GT</u>	Form completed by	<u>SJ</u>

How will you know this activity was successful for youth and older adult participants?

Intergenerational partners will work interdependently to gather materials, prepare soil, plant and water seeds, label; Adults B & C will each work with two children (B, Z&X work well together as do C, Y&W)

For each item, choose the single answer that best describes the activity.

Before the Intergenerational Activity

1. Time was set aside for adult and youth program facilitators to plan the activity. Yes No (clarify)
 a. Clarification: *Not part of the monthly plan. Kids asked about pumpkins. G got seeds, and suggested we grow them.*
2. Activity plans were informed by participants and/or facilitator knowledge of participant culture, experiences, interests and language(s). Yes No
3. Materials and space reflected participants' diversity (cognitive, cultural, developmental, sensory, and/or socioeconomic). Yes No (clarify)
 a. Clarification: *Pumpkin seeds are big enough for small and arthritic hands.*

During the Intergenerational Activity

4. The activity was appropriate for older adult participants. Yes No (clarify)
 a. Clarification: *Adults carried heavier items, supervised soil prep.*
5. Materials were paired or used centrally (e.g., intergenerational participants shared materials rather than having their own). (Select N/A if no materials were used) Yes No N/A
6. Activity incorporated intergenerational pairs or small intergenerational groups (e.g., no more than 3 youth per older adult or 3 older adults per youth). Yes No
7. Facilitators used directions that encouraged intergenerational interaction. Yes No (clarify)
 a. Clarification: *Encouraged turn taking with tools in soil preparation.*
8. Facilitators shared or invited participants to share social history (e.g., preferences and experiences) to encourage intergenerational interaction. Yes No
9. Facilitators stood back periodically to encourage intergenerational interaction. Yes No (clarify) N/A
 a. Clarification: *Giving kids and adults the hose required lots of supervision.*

After the Intergenerational Activity

10. Youth and older adult participants were or will be invited to provide feedback about this activity. Yes No (clarify)
 a. Clarification: *Adults provided feedback after children left patio; kids discussed at lunch.*
11. This activity should be facilitated again, without modifications. Yes No (clarify)
 a. Clarification: *What modifications are needed before repeating? (e.g., getting materials in other languages.) Bring pumpkin pics at different stages. Bring weeding tools too.*
12. What effect did the intergenerational component have on the activity? None Negative Positive
 a. Clarification: *How did intergenerational negatively or positively affect the activity? Adults kept kids focused on this singular task; adults enjoyed sharing with kids.*

13. The success of an intergenerational activity depends, in part, on youth and older adult participants' observable social behaviors. Which behavior was most common among the majority of participants during the activity? Answer separately for youth and older adults.

Youth participants (circle one behavior)



Solitary: engaged in an activity without observing, responding to or interacting with others.



Watching: observing, without engaging in the activity or interacting with others.



Intergenerational Interactive: responding to, communicating with, or interacting with 1 or more intergenerational partners.

Older adult participants (circle one behavior)



Solitary: engaged in an activity without observing, responding to or interacting with others.



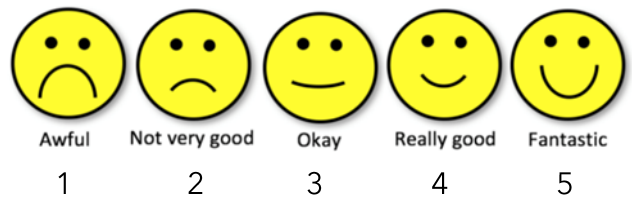
Watching: observing, without engaging in the activity or interacting with others.



Intergenerational Interactive: responding to, communicating with, or interacting with 1 or more intergenerational partners.

14. Which face describes the predominant mood of:

- a. Youth participants: 4
- b. Older adult participants: 3



Facilitator notes. Reflect on aspects of the activity not captured above. If you're familiar with the intergenerational activities, reflect on changes you observed, such as indication of developing intergenerational relationships. Reflections may spark ideas for improvements, activities, or ways to demonstrate impact.

Different pairings than expected—X joined C and W joined B. Lasted only about 15 minutes given that there were just the mixing of soil with water and nutrients, and planting. Could extend by having other gardening work to do. Don't forget aprons for the adults! S will make and put on clipboard in classroom a chart for children to track their observations of the seeds' growth—share w/ adults.

Intergenerational Practice Evaluation Tool - Part 2

Setting and noting progress towards goals

Before starting an intergenerational program or series of activities, identify its main goal(s) in the table below, common goals are included at the bottom of this form. *One or two per participant group is good.* For standardized outcome measures (e.g., life satisfaction or self-esteem), see Tools for Outcome Measurement, which provides materials and procedures for measuring the outcome.

Date: 4/25/19Completed by: SJ & JN

	Goal	Progress notes
Youth Participants	Practice fine motor	Making labels for plants has improved lettering Sorting seeds is hard! Some use tweezers, which is still fine motor
	Practice nurturing	Children forgot about plans after first putting them in ground but with a reminder, now ask to check daily. With plants growing now, they need help not "over-nurturing"
	Practice observation	The like using measuring tools—magnifying glasses, tape measure, rulers, scale, rain gauge, and all senses.
Older Adult Participants	Exercise motor skills	Paired with kids, gross motor used for carrying water can, using trowel, pulling weeds. Some fine motor—usually left to kids!
	Persistence	Not wanting to let kids down, most will work through all the plants/tasks requiring attention, even though kids can be slow
	Cooperation	Directions help remind both young and old to take turns w/ tools and help each other hold/steady/lift things

Common goals for intergenerational activities:

Youth participants

- Cognitive: expressing feelings, expressing preferences, problem solving, attention to detail, creativity, reflection
- Social/emotional: cooperation, initiative, engagement, positive mood, communication, empathy, self-confidence
- Physical: fine motor, gross motor, hand/eye coordination, sensory development

Older adult participants

- Cognitive: creativity, attention to detail, problem solving, decision making, reminiscence
- Social/emotional: nurturing, cooperation, initiative, independence, positive mood, communication, self-confidence
- Physical: fine motor, gross motor, hand/eye coordination, range of motion, alertness, sensory stimulation

Planning an Evaluation

This section provides a guide to get practitioners started in planning and conducting program evaluation. The 8 steps below outline the key questions to ask before getting started. You can use the attached Intergenerational Evaluation Plan worksheet to respond to these questions. Included is a sample of a completed version of the plan to help you get started.

STEP 1: Who should be evaluated?

- Because intergenerational programming, by definition, should benefit all participants, all participants should be involved in evaluation. It can empower frequently marginalized groups, including staff members.
- Observations and proxy reports from caregivers can represent the experiences of participants unable to convey their experiences with traditional methods, such as very young children or persons with significant cognitive impairment.
- Sometimes funders focus on a single group of stakeholders and discourage evaluation of another group, particularly if it incurs additional costs. Evaluators often balance these demands with a value for including all voices.

STEP 2: Why is an evaluation being conducted?

- For programs exploring or planning an intergenerational program, needs assessments identify the number and characteristics of potential clients whose needs are not being served through existing resources.
- Process evaluations can be useful to programs launching and in the process of implementing their program; program monitoring data, focus groups with stakeholders, and even informal notes gathered at routine staff meetings can help practitioners work out programming kinks and identify factors that will influence impact.
- Impact evaluations estimate the effects of

programming on identified goals. Data may be gathered at beginning, middle, and end points to track change over time, which is more powerful than a post-test only assessment conducted after exposure to programming.

- Pairing process and impact evaluation data can contribute to an assessment of program sustainability, which will depend on how acceptable programming is to stakeholders, availability of resources needed to continue programming, and assessment of its value relative to required input.

STEP 3: What should be evaluated?

- If a program is already operating, an evaluation should reflect the mission, values, and priorities of the organization.
- Evaluation of programming tailored to a specific need should connect directly to this identified goal.
- Evaluators can find a range of instruments appropriate for evaluating the impact of intergenerational programming on page 26 of this toolkit. Details on some of the instruments are included in **Tools for Outcome Measurement**. Evaluators should carefully consider whether and how their program supports achievement of or improvement in the outcome measured by the instrument.
- Depending on programming objectives, evaluators may need measures not available in this toolkit. For example, evaluators of a program designed to reduce older adults' fall risk might turn to occupational therapy resources for an appropriate measure.

- If assessing program outcomes, incorporate measures of practice to connect these to the outcome measure. Facilitator practice and environmental characteristics, such as those captured in Part 1 of the Intergenerational Practice Evaluation Tool aid interpretation of outcome results and support replication.
- Qualitative data, such as focus groups, narratives, and visual images compliment quantitative evaluation methods.

STEP 4: When can/should the evaluation be done?

- If an organization is developing plans to launch programming, baseline measures, administered before initiating the program, paired with follow-up measures, provide a valuable chance to assess change over time.
- If a program has already started, evaluation may track ongoing participation, progress toward individual goals, or periodic satisfaction surveys.
- Some evaluations lend themselves to ongoing administration, while others may be used only intermittently. The Intergenerational Practice Evaluation Tool guide offers examples. To illustrate, a new facilitator might complete the Tool for a month when they are first building their skillset and then on an annual basis to ensure best practices continue to be used.

STEP 5: Who will receive the evaluation results?

- Responsible evaluators share results with stakeholders, even checking interpretation of findings with program participants and staff. It is empowering if presented in a way that conveys value for what stakeholders help the evaluator to learn and can then support decisions made about programming.
- Different audiences will appreciate different formats, and evaluators may build or access expertise to make the results interpretable to different audiences (e.g., statistics and reports, an emphasis on stories to compliment some basic summary data, use of

infographics, and even short videos). Generations United offers several examples of how to convey results from a single study for different audiences (e.g., www.gu.org/resources/love-without-borders/).

STEP 6: How should the evaluation be completed?

- This toolkit includes directions to accompany the measures.
- Evaluators should couple their knowledge of the group being evaluated with instrument guidelines to consider needed accommodations. For example, a scale validated as a survey with first through fifth graders may work best with first graders if completed one-on-one with staff. Some adults with dementia may be able to complete an interview if it is conducted in a quiet, semi-private space immediately after the referent activity completed.
- Surveys or interviews may need to be translated (and back-translated) into the preferred language of respondents.
- Persons with sensory impairment may benefit from having a copy of a survey in front of them while an interviewer reads the item. It may be easier for some respondents to point to an answer choice on a card than to verbalize their response.
- Evaluators should consider if using technology will promote response rates and ease participation and data management. A survey available on one's phone may yield a higher response rate (and save consumable resources) among university students or busy parents compared to a paper survey. Free or inexpensive online survey tools are available.
- Some organizations require that evaluation proposals be reviewed and approved by a board or committee to ensure ethical conduct. Evaluators should take steps to ensure confidentiality of responses and allow anonymous responses if identification will deter responses (e.g., satisfaction surveys).

STEP 7: Who will conduct the evaluation?

- Involving staff in the evaluation process can foster investment in the program. As well, they possess unique knowledge of participants and organizational culture.
- At the same time, bias is a risk when evaluations are conducted internally. Strategies can reduce bias, for example by receiving data anonymously or having multiple evaluators collaborate to share in data interpretation.
- For internal evaluations, consider what training might be needed. Data from a valid, reliable instrument is useless if the evaluator lacks the skills to administer it in an unbiased manner that facilitates comprehension and accurate scoring.
- External evaluators can offer a more objective approach to evaluation. They are often chosen for evaluation skills not represented at the organization (e.g., training with an observational scale or data analysis expertise).
- Cost is often an issue when conducting evaluations. Funders may require that a portion of a grant be dedicated to evaluation; they may also prohibit the use of grant funds for evaluation. Free or low-cost evaluation resources may be available from local colleges and universities. Organizations and instructors or students may find mutual benefit in collaboration; the organization gains access to evaluation expertise, while evaluators build skills and gain access to a data source.

STEP 8: What should be done with evaluation results?

- Data must be shared—whether they are analyzed with descriptive, summative findings (e.g., mean ratings of older adult participants' depression before and after 6-weeks of programming) or statistical analyses (e.g., whether youth participants engaging more frequently in programming demonstrated statistically greater increases in empathy scores than those who joined less frequently).
- Staff, participants, and families can take pride in their contribution to the program's successes and contribute to "course corrections" for adapting the program in response to evaluation results.
- Highlights may be advertised in marketing materials to recruit clients, staff, and collaborating partners.
- Other intergenerational programs want to know about your results! A frequently identified challenge identified by 2018 survey respondents was locating other programs with whom to share intergenerational ideas and strategies. By sharing successes and lessons learned through trial and error, programs can support their own and each other's success. This may be accomplished through peer networks that meet virtually or in person at state, regional, and national conferences. (e.g., state associations for early childhood educators or adult day services associations). Print and social media also offer valuable means to support each other's growth.



Photos courtesy of Kingsley House and Mt. Olivet Day Services

Intergenerational Evaluation Plan

Who should be evaluated?

Why is an evaluation being conducted?

What should be evaluated?

When should the evaluation be done?

Who will receive evaluation results?

How should the evaluation be completed?

Who will conduct the evaluation?

What should be done with the evaluation results?

Sample Intergenerational Evaluation Plan

Background: Administrators of the local community center attended a meeting where they learned that local youth and older adults report high levels of isolation, which is associated with loneliness and poor health. Having just read Generations United’s shared site report, the senior and youth center administrators decided the time was right to pilot an intergenerational program to bring their participants together.

Who should be evaluated?	<ul style="list-style-type: none"> Youth ages 13-17; Senior center participants; Staff facilitators; Administrators
Why is an evaluation being conducted?	<ul style="list-style-type: none"> We are launching an intergenerational program following a community survey describing high isolation among teens and older adults. We anticipate needing grant funding to sustain the program beyond a 2-year pilot period. Having feasibility and outcome data will help us make the case to funders and attract more participants.
What should be evaluated?	<ul style="list-style-type: none"> Since the program is a response to an identified need of isolation, we will measure participant loneliness (UCLA Loneliness Scale in the Intergenerational Evaluation Toolkit) before and during programming (after 2- and 4-months) Because facilitator practice contributes to outcomes, we will use the Intergenerational Practice Evaluation Tool We want to know if stakeholders view the program as feasible and sustainable; we will conduct focus groups with different stakeholder groups (staff and administrators).
When should the evaluation be done?	<ul style="list-style-type: none"> To determine if loneliness, as an indicator of isolation, declines with program participation, the survey will be administered before the first intergenerational session and again after 2- and 4-months of programming. If a participant withdraws (e.g., due to moving from the area), the survey will be administered as part of an exit survey. The Intergenerational Practice Evaluation Tool will be administered for each activity during month 1 of programming and then during week 1 of each month thereafter. Stakeholder focus groups will be administered 5-6 months after launch of programming; loneliness change scores (from baseline to 2 months, baseline to 4 months, and 2 months to 4 months) will be shared with participants as part of the focus group, so time is needed to process those data before the focus group.

Who will receive evaluation results?	<ul style="list-style-type: none"> • Community stakeholders, including participants, will receive an infographic presenting loneliness data and focus group themes. • The infographic and detailed statistical analyses will be incorporated into grant proposals.
How should the evaluation be completed?	<ul style="list-style-type: none"> • The UCLA loneliness survey will be translated into Spanish, the primary language of many potential participants. • Youth are old enough to complete the loneliness survey as a group with directions provided by administrator. 90% of youth this age have phones so the survey will be administered using Kahoot; those without phones can complete on computers at the youth center. • Older adults with vision or motor impairments will have the survey read to them. • Focus groups will be conducted separately for different stakeholders, i.e., one for facilitating staff and one for administrators.
Who will conduct the evaluation?	<ul style="list-style-type: none"> • Youth facilitator staff will administer the survey to youth participants. • Older adult facilitator staff will administer the survey to older adult participants. • A social science graduate student trained in conducting focus groups will conduct, transcribe, and analyze focus groups.
What should be done with the evaluation results?	<ul style="list-style-type: none"> • Infographic will be incorporated into community center's annual report to stakeholders. • Youth administrators will share infographic and discuss with youth at the quarterly youth leadership council, with discussion of continuing or modifying the project. • A parallel discussion with senior center participants will be facilitated by their staff. • Facilitating staff will submit to present findings at the biennial Generations United conference. • Pinterest, Twitter, and Facebook posts will be made of the infographic describing method and results.

Intergenerational Assessment Tools

This list includes tools that may be used with Part 2 of the Intergenerational Practice Evaluation Tool (IPET).

Target	Outcome	Instrument
Youth (young child)	Attitude towards older adults	Age Differentiation Scale (Caspi, 1984)
		Children's Attitudes Toward Elders Scale (Jantz et al., 1980)
	Interactive behavior	Elder-Child Interaction Analysis (Newman et al., 1999)
	Social behavior	Intergenerational Observation Scale (Jarrott, 2016)
Youth	Attitude toward aging	Revised Aging Semantic Differential Scale (Rosencranz & McNevin, 1969)
		Social Distance Scale (Kidwell & Booth, 1977)
	Ego integrity	Ego Integrity Scale (Kim, 1989)
	Empathy	Empathy Scale (Femia et al., 2008)
	Knowledge about aging (attitude)	Facts on Aging Quiz (Palmore, 1998)
	Self-concept/Sense of worth	Self-Concept Scale (Harter, 2012)
	Self-efficacy	Self-Efficacy Scale (Sherer et al., 1982)
	Self-esteem	Rosenberg's Self-Esteem Scale (Rosenberg, 1965)
Older adults	Affect	Positive and Negative Affect Scale (Watson et al., 1988)
	Anxiety	Beck Anxiety Inventory (Beck et al., 1988)
	Attitude toward aging	Aging Semantic Differential Scale (e.g., Meshel & McGlynn, 2004)
	Depression	Geriatric Depression Scale (Yesavage et al., 1981)
	Generativity	Loyola Generativity Scale (McAdams & De St. Aubin, 1992)
		Perception of Generativity Scale (Gruenewald et al., 2015)*
	Interactive behavior	Elder-Child Interaction Analysis (Newman et al., 1999)
	Life satisfaction	Satisfaction with Life Scale (Diener, et al., 1985)
		Quality of Life-Alzheimer's Disease Scale (Logsdon et al., 2002)
	Loneliness	UCLA Loneliness Scale (Russell, 1996)
	Morale	PGC Morale Scale (Lawton, 2003)
	Self-esteem	Rosenberg's self-esteem scale (Rosenberg, 1965)
	Sense of community	Brief Sense of Community Scale (Peterson et al., 2008)
	Social behavior	Intergenerational Observation Scale (Jarrott, 2016)
Social Behavior Scale (Short et al., 1996)		
Menorah Park Engagement Scale (Camp & Skrajner, 2004)		
Staff	Behavior	Intergenerational Observation Scale (Jarrott, 2016)

Tools for Outcome Measurement

Overview

This section is a compilation of published measures for practitioners and researchers interested in connecting intergenerational program practices with outcomes. These instruments could be used independently or in conjunction with Part 1 of the Intergenerational Practice Evaluation Tool.

With a goal of identifying reliable, valid outcome measures with balanced representation of target participants and constructs measured, the following criteria were set: (a) instrument meets acceptable criteria of reliability and validity, (b) instrument has been used in intergenerational research, (c) instrument is entirely or primarily quantitative, (d) the instrument is available, and (e) the measured construct is of interest to providers and potential funders.

Measures from approximately 100 intergenerational research articles published over the last 40 years were catalogued to identify, investigate, and curate those most appropriate for contemporary intergenerational programs.

The selected list includes 26 different instruments that can be found on page 26. This section includes detailed information on 10 of those instruments. We plan to build this collection with the remaining instruments in the near future.

Target Respondents

Measures for youth include a small number for young children, including observational measures. Older children and youth are the target respondents for measures reflecting attitudes and knowledge about older adults and aging as well as psychosocial constructs reflecting healthy development, such as empathy

and self-efficacy. Some measures proven reliable and valid with youth can also be used with older adult respondents, such as Rosenberg's self-esteem scale (1965).

Other measures reflect conditions relevant to older adult development and health, such as life satisfaction, loneliness, and morale.

Observational scales are included for use with young children and older adults who may be unable to provide self-report on their experiences (e.g., Jarrott & Smith, 2011).

Instruments for use with other stakeholders did not typically meet inclusion criteria, but one measure is provided that captures staff practices (Jarrott & Smith, 2011)– a precursor to the Intergenerational Practice Evaluation Tool.

Sample Instrument Layout

The sampling of tools included are formatted to provide potential adopters with all the information needed to implement the assessment. Each sample includes the scale and a coversheet that indicates:

- target population,
- construct measured,
- instrument length,
- original purpose and use in intergenerational research,
- procedure,
- indicators of reliability and validity, and
- original source and intergenerational citations.

Training & Skills Needed

Many of the instruments require basic interviewing skills used by clinicians and researchers to support unbiased scale administration, whether subjects complete the instrument as a survey or interview. Additional training is noted for a few instruments.

Additional Outcome Measures

Other outcome measures of interest to intergenerational programs presented in the review of literature. They are not included in here for a few reasons.

First, they represented outcomes specific to the unique nature of the intergenerational program studied and would thus not align with the goals of many intergenerational programs (e.g., vegetable consumption following an intergenerational nutrition program).

Second, a catalogue of such outcomes (e.g., the test of grade-level reading associated with a specific curriculum) would exceed the scope of current effort.

Third, resources exist to help researchers locate measures aligned with focused content such as programming to improve diet, cognition, or cardiovascular health.

In contrast the measures incorporated into the compilation can be applied appropriately across diverse programming content when Part 1 practices are implemented - that is, programming is intended to promote positive interaction and mechanisms of friendship among intergenerational participants.



Photo courtesy of Alexa Gardner

Age Differentiation Scale

Target: Young children (Caspi studied children between three and six years of age)

Construct Measured: Knowledge of aging

Length: Two tasks can be completed within a few minutes

Purpose: Caspi (1984) reasoned that negative attitudes children hold about older adults may stem from their inability to differentiate between people in different age groups, thereby confusing ideas about differences between groups. Caspi expected that intergenerational contact would enhance children's ability to accurately differentiate persons by age and that this cognitive "sophistication" (p. 75) might positively influence attitudes toward older adults.

Procedures: Each child completed the task individually in a private or semi-private space with the researcher. The researcher had six images 1 each of young, middle age, and older males and females. Caspi used black and white line drawings with neutral facial expression and clothing. The researcher presented the child with the three drawings of persons from the same sex and asked the child "I have some pictures of people for you to look at. Look at them very carefully, and then point to the picture of the person you think is oldest. Look at every one closely" (p. 75). When the child selected one picture as representing the oldest person, the researcher asked "All right. Is this the oldest person" (p. 76). With the child's affirmation, the researcher removed the picture from the group and asked the child to pick the oldest person from the remaining two pictures, asking "Now look at these pictures and tell me which you think is oldest." The researcher had the child repeat the task with the images of the other same sex group.

The task generates two scores, one for each group of images. The researcher notes (yes or no) whether or not the child correctly identified the oldest person.

Range of scores: 0-1 for each set of same-sex images

Psychometrics:

Reliability: Test-retest reliability was reported based on pretests of the scale at another childcare center with children ages 3-6 years. Per Caspi "eighty percent of the children provided consistent (i.e., the same) responses to this task administered twice over a two-week interval" (p. 76)

Validity: Not reported

Accessing and using the scale: Researchers will likely wish to select carefully images that they employ in an age differentiation scale. They may wish to use photos instead of drawings, and they may wish to have images that represent racial, ethnic, or other characteristics of interest – e.g., similar to the children being studied. Facial expressions should be neutral across the pictures and distracting features such as clothing, hairstyles, jewelry, and backgrounds should be eliminated.

Instrument Citation:

Caspi, A. (1984). Contact hypothesis and inter-age attitudes: A field study of cross-age contact. *Social Psychology Quarterly*, 47(1), 74-80. DOI: 10.2307/3033890

Intergenerational Citation:

Caspi, A. (1984). Contact hypothesis and inter-age attitudes: A field study of cross-age contact. *Social Psychology Quarterly*, 47(1), 74-80. DOI: 10.2307/3033890

Children's Attitudes Toward Elders Scale (CATE)

Target: Children ages 3-11

Construct Measured: Attitudes

Length: Comprised of four tests instrument creators indicated that the CATE can be completed in 15-minutes, even with children as young as three. Interviews are done in a one-on-one setting and should be conducted in a quiet space.

Purpose: Jantz, Seefeldt, Galper, and Serlock (1977) developed the CATE to measure young persons' attitudes towards older adults using dimensions of behavior, affect, and knowledge. Four tests are used, comprised of different subtests. Conducted as an interview, children: (a) respond to open-ended, word association survey questions, (b) complete a structured semantic differential survey, (c) engage in a picture seriation task and, (d) engage in a Piaget-based instrument assessing concept of age. The first three tests are presented here with details drawn exclusively from Jantz and colleagues' test manual of the CATE (1980); because Jantz and colleagues described their Concept of Age task as experimental, it is not presented here, and interested readers are directed to work by Looft and others using a Piagetian framework to study children's development of age as a concept, which may be helpful for developing materials on aging to present to children.

The word association component is intended to reflect cognitive, affective, and behavioral dimensions of attitudes about older adults. The semantic differential component taps the evaluative dimension of children's attitudes. Ordering pictures in the seriation task, according to creators, reflects children's attitudes in the presence of concrete examples. Creators note that the Piagetian task may be useful for instructors formulating instruction that depends upon children's understanding of the concept of age.

While there is no evidence of researchers using all three components in recent intergenerational research, researchers frequently use one or more of the Word Association, Semantic Differential, or Seriation components (e.g., Hoe & Davidson, 2002). Persons considering adoption of one or more components of the CATE should pilot the component(s) with the targeted age group of children; some elements may prove difficult to complete with very young children.

Procedures: Anticipating that the CATE will be administered in a single session, the interviewer will want to first establish rapport with the child. Evaluators may wish to capture video or audio recordings of the CATE administration. Interviewers also have space on the CATE form to notate the child's responses and any observations.

Components should be presented in the sequence presented here so that the child does not receive input or clues about older adults from the interviewer or the instrument materials.

After asking the child a question, the child should take the time they need to answer the question; however, developers suggest that 30-seconds without a response is usually an appropriate length to wait before moving on to the next question. If children ask for clarification or don't respond to an item, the interviewer can repeat the statement or question but should not rephrase it.

Word Association

Scoring Section 1: Interviewees' responses to the question "what can you tell me about old people" are scored to reflect which of three categories (cognitive, affective, and behavioral) their response matches. The interviewer notes each distinct response to the question; categorization of responses begins during the interview and can be checked afterwards. Scoring takes place after the interview is complete, allowing a frequency count for each category. The interview form is structured to simplify scoring.

- Affective: answer describes feelings about older adults expressed such as "they are kind," "they are mean," or "I like them."
- Physical: answer describes physical characteristics or appearance, for example, "they have no hair," or "they are wrinkly."
- Behavioral: answer describes things older adults do or indicators of lifestyle, such as "old people give you candy," or "old people ride in scooters."

Once the interviewer has checked categorization of the responses, they count the child's frequency of responses in each category. For example, a child giving 7 responses may have offered 3 in the affective category, 3 in the physical category, and 1 coded as behavioral. As well, responses will be coded as positive or negative [NOTE: no category for neutral responses is described, a potential limitation of the scale]. A score is calculated by subtracting the number of negative responses from positive responses within a category. Extending the example above, if 2 of the 3 affective responses were positive and 1 was negative, the affect score is 1; if 1 of the 3 physical category responses is positive and 2 are negative, the physical score is -1; if the 1 behavioral response is positive, the behavior score is 1.

Scoring Section 2: If a child answers yes to the question "what old people do you know," their response is coded as belonging to one of two categories:

- Knowledge of old people within the family structure
- Knowledge of old people outside the family

A child indicating that they know one or more old persons next responds to the question about what they do with that person. Answers are grouped into one of three categories.

- With-Active: answers in this category demonstrate the child joining the older adult in active engagement, such as going places, playing active games (e.g., bicycling), or doing active chores, such as gardening or cooking.
- With-Passive: answers in this category refer to quiet, typically sedentary activities, such as talking, reading, or watching TV.
- For: children may describe either doing something for the older person or the older person doing something for them, such as "I go visit him," or "she gives me presents."

Scoring Section 3: Answers to the question “how do you feel about getting old,” are coded into three categories, positive, neutral, and negative. Creators indicated that each child should receive just one score for this item. If a child offers multiple responses crossing more than one category, their score will be neutral. For example, a child offering a positive and negative response would be scored as neutral as the positive and negative answers cancel each other.

- Positive: response indicates that the youth feels good about becoming old or has positive expectations, for example, “I’ll have a lot more time to swim.”
- Neutral: response indicates lack of control or uncertainty about old age, such as “it just happens” or “it’s okay.”
- Negative: response indicates fear or distaste for becoming old, such as “I’ll feel sad” or “bad.”

Semantic Differential

Semantic differentials involve the presentation of bipolar adjectives that could describe a referent group, such as older adults. Widely used with adults, Jantz and colleagues cite work by Thomas and Yamamoto and their own work piloting the SD with youth. Still, they indicate “The Semantic Differential Subtest is to be viewed as experimental and in need of further validity and reliability studies, however investigations by Divesta (1966) have indicated” their appropriateness with youth in second through seventh grades (Jantz et al., 1980, p. 12).

Scoring the Semantic Differential: Interviewers first asks the child to rate the referent group as one adjective or another (e.g., “good” or “bad”). After the child selects one, the interviewer asks about the intensity of their feeling. For example, if the youth indicates “good,” the interviewer asks “are they very good, good, or a little good?” Items are scored on a 5-point scale so that a higher score indicates a more favorable response.

Picture Seriation

The picture seriation task builds on the idea that young children have difficulty understanding abstract concepts, such as old or young. Intended to elicit attitudinal responses and challenge stereotypes of age, the expectation is that subjects who can correctly seriate the pictures have a better understanding of the abstract concept of age. As mentioned earlier, the seriation task may help educators wanting to know how well a focal group of children understand the abstract concept of age, for example in preparing to teach a unit on aging.

Originally, the pictures used by Jantz and colleagues were drawings of white men. Others have used photos of more diverse adults. Researchers may find it best to use pictures of persons of a single gender and race or ethnicity so that children focus on physiological differences associated with aging and not those associated with gender, racial, or ethnic differences. Persons interested in implementing the picture seriation task may wish to work with a gerontologist or someone familiar with age-related physical changes to select photos representing young, middle-age, and older adults.

To administer the 3-section task, interviewers display the pictures in a random order and ask the child to select the image of the oldest person and explain why they think that person is oldest. The interviewer next asks the child how it will feel to be that old, what the child can do to help the older adult and what the older adult might do to help the child. In section 2, the same pictures are displayed in random order and

the interviewer asks the child to sequence them from youngest to oldest, indicating where to put the picture of the youngest child and in which direction to seriate (e.g., left to right representing youngest to oldest). Section 3 involves the interviewer displaying the same pictures and asking the child to indicate which of the people they would prefer to be with and why. Finally, the child is asked what they could do with that older person.

Scoring Section 1: First, the child is scored for whether they correctly identified the oldest person (yes or no). Responses to the question “why do you think this is the oldest person” are coded into one of two categories:

- Evaluative: response reflects an opinion or judgement, such as “he’s nice.”
- Physical-descriptive: response reflects observable physiological traits, such as “he has wrinkles.”

If a child provides multiple responses, the interviewer codes the response to reflect the category into which the majority of the responses fall.

To score response to the question, “how will you feel when you are that old,” interviewers use the same scoring system described above for Section 3 of the word association task.

Responses to the question, “what things would you help this person do,” are coded into one of three categories:

- Affective: response indicates feeling or emotion, such as “be nice to them.”
- Behavioral stereotype: response reflects the idea that old people need help because of their age, such as “help them walk” or “take care of him.”
- Behavioral unique: this third category was created for rare instances depicting unique help, such as “help them carry boxes when they move” that cannot be characterized as affective or reflecting age-associated dependence stereotypes.

The question “what things could they help you do” is coded by the interviewer into one of two categories.

- Affective: response indicates feeling or emotion, such as “love me.”
- Behavioral stereotype: response reflects the idea that old people need help because of their age, such as “they could help me with my homework.”
- NOTE: while not specified by the creators, a behavioral unique category may also be needed for coding responses to this item.

Scoring Section 2: According to Jantz and colleagues, this task is scored only as “yes” or “no” indicating the child ordered the pictures accurately from youngest to oldest. NOTE: investigators might give a score to indicate how many pictures were correctly seriated with the high score being equal to the number of pictures.

Creators also described asking children to estimate the age of each person pictured. Creators do not describe how to score this aspect of the test other than to calculate mean estimates within a sample. NOTE: investigators might give a score of 1 point if the child estimates the person’s age within 5-10 years of their actual age. If this item is asked of subjects, care must be taken to ensure that selected pictures are representative of adults of that age.

Scoring Section 3: Interviewers note which image the child chooses, scoring a 1 for the picture of the youngest person and 4 for the picture of the oldest person (NOTE: consider these data to be categorical only). Responses to the question “why would you prefer to be with this person,” are coded into one of three categories:

- Age-related: response refers to age, such as “they’re younger.”
- Altruistic: response reflects interest for the other person, such as “I want to take care of them.”
- Evaluative: response reflects the child’s assessment of the person, for example “they are happy” or “she can take me to the park.”

Finally, answers to the question “what kinds of things could you do with that person are coded the same as answers in section 2: with-active, with-passive, and for.

Psychometrics:

Reliability

- Inter-rater reliability of the Word Association test was reported by the creators as .80 to .98.
- Semantic Differential: creators indicated that item-total correlation offered some indication of internal consistency ($r=.450-.698$). As well, Cronbach’s alpha of .787 was reported. Cronbach’s alpha was not reported for this version of the Semantic Differential.
- Inter-rater reliability among administrators of the Seriation task ranged from .7184 to .9777.

Validity

- Creators reported that a random sample of children ages 3-11 ($N=180$) who completed the Word Association and Semantic Differential tests consistently demonstrated comprehension of items (Word Association), adjectives (Semantic Differential), and choice options.
- Creators of the picture seriation task indicated that validation was determined by having graduate students estimate the ages of the individuals in the pictures.

Accessing and using the scale: There is no charge to use the CATE.

Instrument Citation:

Jantz, R. K., Seefeldt, C., Galper, A., & Serlock, K. (1977). Children’s attitudes toward the elderly. *Social Education*, 41, 518-523.

Jantz, R. K., Seefeldt, C., Galper, A., & Serock, K. (1980). The CATE: Children's attitudes toward the elderly. Test manual. College Park, MD: University of MD. (ERIC Document Reproduction Service No. PSO 12399).

Looft, W. (1971). Children’s judgements of age. *Child Development*, 42, 1281-1283.

Intergenerational Citation:

- Baggett, S. (1981). Attitudinal consequences of older adult volunteers in the public school setting. *Educational Gerontology, 7*, 21-31. <https://doi.org/10.1080/03601278100701032>.
- Cummings, S. M., M. M. Williams, et al. (2003). "Impact of an Intergenerational Program on 4th Graders' Attitudes Toward Elders and School Behaviors." *Journal of Human Behavior in the Social Environment, 8*(1): 43-61. [10.1300/J137v08n01_033](https://doi.org/10.1300/J137v08n01_033).
- Hoe, S., & Davidson, D. (2002). The effects of priming on children's attitudes toward older individuals. *International Journal of Aging and Human Development, 55*, 341-366. DOI: 10.2190/41L2-5C5E-5HQU-1DW2.
- Seefeldt, C. (1987). "Intergenerational programs: Making them work." *Childhood Education, 64*(1): 14-18. <https://proxy.lib.ohio-state.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=1988-34125-001&site=ehost-live4>.
- Seefeldt, C. (1987). The effects of preschoolers' visits to a nursing home. *The Gerontologist, 27*, 228-232. Identifier: <http://dx.doi.org.proxy.lib.ohio-state.edu/10.1093/geront/27.2.2285>.
- Sparling, J. W. and J. C. Rogers (1985). "Intergenerational intervention: A reciprocal service delivery system for preschoolers, adolescents, and older persons." *Educational Gerontology, 11*(1): 41-55. <https://proxy.lib.ohio-state.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=1986-30879-001&site=ehost-live>

Children's Attitudes Toward Elders Scale

Participant Name: _____

Word Association

Section 1		
What can you tell me about old people?	Positive	Negative
Frequency Count–Affective Responses		
Physical Responses		
Behavioral Responses		

Section 2		
What old people do you know?	Yes	No
Family		
Others		
What do you do with that person?	Yes	No
With active		
With passive		
For		

Section 3		
Can you give me another name for old people? (Circle one and note "another name" if yes.)	Yes	No

Section 4		
How do you feel about getting old? (Check one)		
Positive		
Neutral		
Negative		

Semantic Differential

Rating Young People: Place a check mark in the column matching the respondent's intensity of feeling about the selected word in the pair.

	Very		A little		Very	
Helpful	_____	_____	_____	_____	_____	Harmful
Sick	_____	_____	_____	_____	_____	Healthy
Rich	_____	_____	_____	_____	_____	Poor
Dirty	_____	_____	_____	_____	_____	Clean
Friendly	_____	_____	_____	_____	_____	Unfriendly
Ugly	_____	_____	_____	_____	_____	Pretty
Wonderful	_____	_____	_____	_____	_____	Terrible
Wrong	_____	_____	_____	_____	_____	Right
Happy	_____	_____	_____	_____	_____	Sad
Bad	_____	_____	_____	_____	_____	Good

Rating Old People: Place a check mark in the column matching the respondent's intensity of feeling about the selected word in the pair.

	Very		A little		Very	
Good	_____	_____	_____	_____	_____	Bad
Sad	_____	_____	_____	_____	_____	Happy
Right	_____	_____	_____	_____	_____	Wrong
Pretty	_____	_____	_____	_____	_____	Ugly
Terrible	_____	_____	_____	_____	_____	Wonderful
Unfriendly	_____	_____	_____	_____	_____	Friendly
Clean	_____	_____	_____	_____	_____	Dirty
Poor	_____	_____	_____	_____	_____	Rich
Healthy	_____	_____	_____	_____	_____	Unhealthy
Harmful	_____	_____	_____	_____	_____	Helpful

Picture Series

Section 1

Directions: Photographs are shuffled and placed in random order on testing table.

A. Which person do you think is the oldest?

Response: _____ Ability to identify? YES NO

Why?

Response: _____ Evaluative _____ Physical-descriptive

B. Photographs remain on table.

Directions: If child has identified correctly in A, examiner continues.

If child has failed to identify, examiner points to photograph of oldest man.
How will you feel when you are that old?

Response: Positive Neutral Negative

C. Directions: Examiner points to oldest person

What things would you help this person do?

Response: Affective Behavioral-stereotype Behavioral-unique

D. Directions: Examiner points to oldest person.

What things could they help you do?

Response: Affective Behavioral-stereotype

Section 2

Directions: Photographs remain on testing table in random order.

A. Can you put these pictures in order from the youngest to oldest?

Response: _____ Ability to order? YES NO

Directions: Photographs are placed in proper sequence. Examiner points to photographs, one at a time in correct order.

B. How old do you think each of these persons are?

Photograph 1 (youngest)

Photograph 2 (2nd youngest) _____

Photograph 3 (2nd oldest) _____

Photograph 4 (oldest) _____

Section 3

Directions: Examiner indicates all four photographs.

A. Which of these people would you prefer to be with?

1 (youngest)

2 (2nd youngest)

3 (2nd oldest)

4 (oldest)

Why?

Age-related

Altruistic

Evaluative

B. What kinds of things could you do with that person?

Response:

With-active

With-passive

For

Elder-Child Interaction Analysis

Target: Youth (kindergarten through sixth grade) and older adult intergenerational participants

Construct Measured: Interactive behavior

Length: Behaviors are coded across 5 1-minute intervals

Purpose: Informed by Flanders' *Interaction Analysis* instrument (1970), Newman and Onawola developed the ECIA to represent verbal and non-verbal exchange between youth and older adults in school settings. Newman and Ward revised the scale for a study of young children and adult day services participants (with dementia) attending one of three adult day sites.

Procedures: Intergenerational activities are video recorded (Newman and Ward used a wide-angle lens) for coding after the activity ends. Children and adults are grouped into triads for programming and video recording purposes. The camera is trained on the older adults' faces and bodies and is moved to focus on each triad in turn for 3-minute segments. After each triad is recorded in turn, the video recording starts the observation cycle over. In Newman and Ward's 1993 study, 30-minute activities were repeated first without, then with the children present, with a 15-minute break between sessions. Time clock codes were added to the recordings afterwards to assist with coding.

Coders completed training and established acceptable inter-rater reliability before beginning to code videos for data analysis. From a 3-minute video segment of a triad, five randomly selected 10-second intervals were chosen. Coders tallied the positive behaviors for each older adult in the segment. Coders scored these intervals for each triad across multiple weeks of observation. To illustrate, Newman and Ward (1993) filmed on five days to create their database.

Behaviors that were coded included: (1) smiling, (2) extending hands, (3) clapping hands, (4) tapping feet, (5) singing, (6) verbal interaction, (7) touching, (8) hugging, and (9) holding hands.

NOTE: This scale and the behaviors catalogued evolved with time as Newman and colleagues studied it in different conditions and made adaptations. Initially conceptualized to code only the adults' behavior (Newman & Ward, 1993, the 1999 version by Newman, Morris, and Streetman included corresponding adult and child behaviors, which was intended to capture reciprocal behaviors. Researchers interested in using this scale may find it appropriate to further adapt the scale for their populations and behaviors of interest. If they do so, they should clearly operationalize each behavior code and establish inter-rater reliability before gathering data for analyses.

Psychometrics:

Reliability: Authors reported that coders achieved reliability "easily" but did not specify what that level of inter-rater agreement was (Newman & Ward, 1993).

Validity: Not specified

Accessing and using the scale:

To our knowledge this is the most detailed representation of the ECIA. The original citation was not available when requested.

Training requirements for the ECIA are substantial. Newman and Ward (1993) described that coders were blind to the hypothesis, thereby reducing bias in coding. Practice is necessary to develop accuracy coding.

Instrument Citation:

Newman, S. Morris, G., Streetman, H. (1999). Elder-child interaction analysis: An observation instrument for classrooms involving older adults as mentors, tutors, or . *Child and Youth Services*, 20(1-2), 129-145. [10.2190/7PN1-L2E1-ULU1-69FT](https://doi.org/10.2190/7PN1-L2E1-ULU1-69FT)

Intergenerational Citation:

Newman, S., & Ward, C. (1993). An observational study of intergenerational activities and behavior change in dementing elders at adult day care centers. *International Journal of Aging and Human Development*, 36, 321-333. <https://doi.org/10.2190/7PN1-L2EI-ULU1-69FT>

Elder-Child Interaction Analysis (ECIA)

Taken from Appendix A of Newman et al., 1999

ELDER BEHAVIOR	1st min.	2nd min.	3rd min.	4th min.	5th min.	CHILD BEHAVIOR
Looks at student						
						Looks at elder
Smiles at student						
						Smiles at elder
Touches student						
						Touches elder
Engages in person inquiry						
						Responds to personal inquiry
Talks spontaneously						
						Talks spontaneously
Offers help*						
						Asks for help
Provides instruction						
						Responds to instruction
Asks questions						
						Answers questions
Answers questions						
						Asks questions
Clarifies instruction						
						Clarifies statement
Reviews student's work						

Revised Aging Semantic Differential Scale

Target: Adults, typically young adult students (e.g., university students)

Construct Measured: stereotypic attitudes toward older adults

Length: 24 polar adjective pairs

Purpose: Polizzi revised Rosencranz and McNevin's (1969) Aging Semantic Differential in response to critiques about currency of adjectives, inconsistent attitude target (e.g., aging or aged adults), and inability of researchers to duplicate their 3-factor model. Gonzales and colleagues (2010) further refined directions for the attitude target ("older persons 65 and older") and called for continued revision given limitations described below under Psychometrics. The scale is very commonly used in assessing attitudes young adults have towards old people, often in the context of Service-Learning and other educational opportunities. For example, in a study of college students joining older adults for small group discussion as part of a Meaningful Connections program, students demonstrated less ageist attitudes when post-test scores were compared to pre-test scores (Penick, Fallshore, & Spencer, 2014). Using Polizzi's Revised Aging Semantic Differential, multidisciplinary health students participating in a senior mentoring program exhibited significant improvements in attitudes towards the 70-85 year old man and woman referents.

Procedures: Individual respondents complete the survey with references to older persons 65 and older, using Gonzales and colleagues' directions, which are reflected in the scale presented here. Polizzi's directions would engage the respondent to complete the scale of adjectives twice - once for a "man 70-85 years of age" and a "woman 70-85 years of age."

Range of scores: Each item is scored from 1 to 7. For example:

Cheery	1	2	3	4	5	6	7	Crabby
--------	---	---	---	---	---	---	---	--------

Item scores are then summed with a potential range of 24-168. Polizzi and Millikin (2002) specified that "a total score of less than 96 indicates a positive attitudinal score; a score of greater than 96 indicates a negative attitudinal score" (Gonzales et al., pp. 308-309).

Psychometrics:

Reliability: A high Cronbach alpha of .89 was obtained by Gonzales and colleagues (2010). Test-retest reliability ranging from .79 (older woman referent) to .81 (older man referent) was also reported by Polizzi (2003).

Validity: In Gonzales and colleagues 2010 analysis of qualitative reflections by medical students who also completed the Refined Aging Semantic Differential, face validity and content validity were apparent. Variance observed quantitatively was reflected in qualitative data. However, the authors recommend that additional research is needed, likely with additional revisions, to adequately describe the multiple dimensions, beyond attitude, captured by the scale. In so doing, validity may be assessed.

Accessing and using the scale: There is no cost to access the scale. The scale has recently been tested in Mandarin (Gonzales, Marchiondo, Tan, Wang, & Chen (2017)).

Instrument Citations:

- Gonzales, E., Tan, J., & Morrow-Howell, N. (2010). Assessment of the Refined Aging Semantic Differential: Recommendations for enhancing validity. *Journal of Gerontological Social Work, 53*, 304-318, doi: 10.1080/01634371003715791
- Gonzales, E., Marchiondo, L. A., Tan, J., Wang, Y., & Chen, H. (2017). The Aging Semantic Differential in Mandarin Chinese: Measuring attitudes toward older adults in China. *Journal of Gerontological Social Work, 60*, 245-254, doi: 10.1080/01634372.2017.1295122
- Polizzi, K. (2003). Assessing attitudes toward the elderly: Polizzi's refined version of the Aging Semantic Differential. *Educational Gerontology, 29*, 197-216. doi:10.1080/713844306
- Polizzi, K., & Millikin, R. (2002). Attitudes toward the elderly: Identifying problematic usage of ageist and overextended terminology in research instructions. *Educational Gerontology, 28*, 367-377. DOI: 10.1080/03601270290081344

Intergenerational Citations:

- Basran, J. F. S., Dal Bello-Haas, V., Walker, D., MacLeod, P., Allen, B., D'Eon, M., ... Trinder, K. (2012). The Longitudinal Elderly Person Shadowing Program: Outcomes from an interprofessional senior partner mentoring program. *Gerontology & Geriatrics Education, 33*, 302-323. DOI: 10.1080/02701960.2012.679369
- Penick, J. M., Fallshore, M., & Spencer, A. M. (2014). Using intergenerational service learning to promote positive perceptions about older adults and community service in college students. *Journal of Intergenerational Relationships, 12*, 25-39. DOI: 10.1080/15350770.2014.870456.

Revised Aging Semantic Differential Scale

Name: _____

Instructions: Below are listed a series of polar adjectives accompanied by a scale. You are asked to place a check mark along the scale at a point which in your judgment best describes individuals aged 65 and over. Make each item a separate and independent judgment. Do not worry or puzzle over individual items. Do not try to remember how you have marked earlier items even though they may seem to have been similar. It is your first impression or immediate feeling about each item that is wanted.

Cheerful								Crabby
Pleasant								Unpleasant
Friendly								Unfriendly
Kind								Cruel
Sweet								Sour
Nice								Mean
Tolerant								Intolerant
Cooperative								Uncooperative
Fair								Unfair
Grateful								Ungrateful
Unselfish								Selfish
Considerate								Inconsiderate
Patient								Impatient
Positive								Negative
Calm								Agitated
Thoughtful								Thoughtless
Humble								Arrogant
Frugal								Generous
Flexible								Inflexible
Good								Bad
Hopeful								Despairing
Optimistic								Pessimistic
Trustful								Suspicious
Safe								Dangerous

Sources: Gonzales, E., Tan, J., & Morrow-Howell, N. (2010). Assessment of the Refined Aging Semantic Differential: Recommendations for enhancing validity. *Journal of Gerontological Social Work, 53*, 304-318, doi: 10.1080/01634371003715791

Polizzi, K. (2003). Assessing attitudes toward the elderly: Polizzi's refined version of the Aging Semantic Differential. *Educational Gerontology, 29*, 197-216. doi:10.1080/713844306

Social Distance Scale

Target: Children and youth. Different versions are available to measure perceived social distance from diverse groups. Care should be taken selecting the version appropriate for the targeted age group of respondents.

Construct Measured: Attitude, perceived closeness to older adults

Length: Varies by measure. Kidwell and Booth's measure consists of 12 items. The version used by Femia and colleagues consists of 6 items.

Purpose: Distinguished from spatial relations, "social distance" represents the degree of "understanding and intimacy" persons feel towards social relations generally.

Kidwell and Booth (1977) studied social distance across the life course, determining that people feel the least social distance from persons in their own age group. Older adults scored their own age group as more distant than did younger adults. Authors interpreted their findings to indicate "older people are less desirable as social objects" (p. 417).

Femia and colleagues (2008) found that children (ages 6-8 years old) who had attended a co-located inter-generational preschool reported greater closeness (less social distance) to older adults than age peers who had not had such an experience. They found differences in responses regarding a pictured older woman compared to an older man, indicating greater social distance from the man.

In this document, two versions of a social distance scale are provided: (a) Kidwell and Booth's (1977) and (b) Femia and colleagues' (2008).

Procedures: Procedures will vary depending on the specific scale used and the age and ability of the respondents. For example, the version used by Femia and colleagues would be administered as an interview to young children whose reading ability may be limited.

In this document, two versions of a social distance scale are provided: (a) Kidwell and Booth's (1977) and (b) Femia and colleagues' (2008).

Procedures for Kidwell and Booth's Social Distance Scale: Respondents complete the survey individually. Administrators may choose to read the items to respondents if reading ability is limited or highly variable. Respondents are instructed to read 12 statements that reflect ways that people feel about each other. They indicate which age groups they associate with the statement. For example, if they "would sit next to them on a bus if [they] didn't know them" regardless of the stranger's age, the respondent would place check marks in each column associated with the different age groups. If they would not sit next to an older stranger, their check marks would be limited to those columns associated with younger persons. The statements were chosen to represent high (less intimacy), medium, and low (greater intimacy) social distance with 4 items representing each level of closeness. Items are weighted to reflect degree of closeness indicated (high social distance = 1; medium social distance=2; low social distance = 3). Creators described "values for each item checked were added together and the sum subtracted from 36 (the maximum score) that a high score signifies high social distance" (p. 415).

- High social distance (1 point each)
 1. Would Acknowledge them when passing
 2. Would sit next to them on a bus if I didn't know them
 3. Would initiate a conversation with them
 4. Would respond to a conversation initiated by them
- Medium social distance (2 points each)
 1. Would like to have them as a coworker
 2. Would enjoy spending an afternoon with them
 3. Would invite them to my home for a small dinner party
 4. Would call them by their first name
- Low social distance (3 points each)
 1. Would confide in them about trouble members of family are in
 2. Would enjoy spending a week's vacation with them
 3. Would consider them as a lover
 4. Would consider as a close, intimate friend

Procedures for Femia and colleagues' Social Distance Scale: The scale is administered as a 1-on-1 interview. Interviewers first show the child a photograph of an old man and read 6 items to the child. Children indicate on a 4-point Likert scale (1=definitely no to 4=definitely yes) whether they would or would not like to engage with the person in the picture as described in the item. The child is then shown a photo of an older woman and asked the same questions. Item scores are summed separately for the older man and older woman. A higher score indicates less distance between the respondent and older adults.

Range of scores: Scores reflecting responses to individual items are summed to convey the degree of social distance between the respondent and referent group. Range will vary depending on the scale.

Range of scores for Kidwell and Booth's Social Distance Scale: 0-36 with a high score indicating high social distance.

Range of scores for Femia and colleagues' Social Distance Scale: 6-24 with a higher score indicating greater closeness to older adults.

Psychometrics:

Reliability:

Kidwell and Booth do not provide psychometric data in the presentation of their social distance scale (1977). Internal consistency in the Femia et al. study (2007) were high ($\alpha = .94$ and $.72$ for old man and woman, respectively).

Validity: Neither Kidwell and Booth nor Femia and colleagues present indicators of scale validity.

Accessing and using the scale: There is no fee for accessing the scale. Potential adopters are reminded that a number of different social distance scales can be found, and care should be taken to ensure that a scale is appropriate for their target respondents.

Instrument Citation:

Kidwell & Booth, 1977. Social distance and intergenerational relations, *The Gerontologist*, 17, 412-420.
DOI: 10.1093/geront/17.5_Part_1.412

Intergenerational Sources:

Chapman, N. J. and M. B. Neal (1990). "The effects of intergenerational experiences on adolescents and older adults." *The Gerontologist* 30(6): 825-832. DOI: [10.1093/geront/30.6.825](https://doi.org/10.1093/geront/30.6.825)

Femia, E. E., Zarit, S. H., Blair, C., Jarrott, S. E., & Bruno, K. (2008). Impact of intergenerational programming on child outcomes. *Early Childhood Research Quarterly* 23, 272-287. [doi:10.1016/j.ecresq.2007.05.001](https://doi.org/10.1016/j.ecresq.2007.05.001)

Kidwell and Booth Social Distance Scale

Respondent's Name _____

Instructions: Below are 12 statements that reflect different ways people feel about each other. Check those statements that reflect the way you feel about people in each different age category. Think of the members of each age group on the whole, not the best you have known, nor the worst. For example, for the first statement check those age categories you would like to have as coworker. Then, do the same for the other eleven statements.

Statement	Age Categories						
	19- 24	25- 34	35- 44	45- 54	55- 64	65- 74	75- plus
Would like to have them as a coworker							
Would acknowledge them when passing							
Would confide in them about trouble members of family are in							
Would sit next to them on a bus if I didn't know them							
Would initiate a conversation with them							
Would respond to a conversation initiated by them							
Would enjoy spending a week's vacation with them							
Would consider them as a lover							
Would enjoy spending an afternoon with them							
Would consider as a close, intimate friend							
Would invite them to my home for a small dinner party							
Would call them by their first name							

Source: Kidwell & Booth, 1977. Social distance and intergenerational relations, *The Gerontologist*, 17, 412-420. DOI: 10.1093/geront/17.5_Part_1.412

Kidwell and Booth Social Distance Scale

SAMPLE SCORING SHEET

Statement	Age Categories						
	19-24	25-34	35-44	45-54	55-64	65-74	75-plus
Would like to have them as a coworker (M=2 pts)	√ 2						
Would acknowledge them when passing (H=1 pt)	√ 1	√ 1	√ 1	√ 1	√ 1	√ 1	√ 1
Would confide in them about trouble members of family are in (L=3 pts)				√ 3	√ 3	√ 3	√ 3
Would sit next to them on a bus if I didn't know them (H=1 pt)	√ 1	√ 1	√ 1	√ 1	√ 1		
Would initiate a conversation with them (H=1 pt)	√ 1	√ 1					
Would respond to a conversation initiated by them (H=1 pt)		√ 1	√ 1	√ 1	√ 1	√ 1	√ 1
Would enjoy spending a week's vacation with them (L=3 pts)			√ 3	√ 3			
Would consider them as a lover (L=3 pts)				√ 3	√ 3		
Would enjoy spending an afternoon with them (M=2 pts)		√ 2	√ 2	√ 2	√ 2	√ 2	√ 2
Would consider as a close, intimate friend (L=3 pts)		√ 3	√ 3	√ 3	√ 3	√ 3	√ 3
Would invite them to my home for a small dinner party (M=2 pts)		√ 2	√ 2	√ 2	√ 2	√ 2	√ 2
Would call them by their first name (M=2 pts)	√ 2	√ 2	√ 2	√ 2	√ 2	√ 2	√ 2
Total	7	13	15	21	18	14	14
Calculation (subtract total from 36)	29	23	21	15	18	22	22
Interpretation: This respondent feels closest to persons 45-54 persons and least close to 19-24 year old persons.							

Source: Kidwell & Booth, 1977. Social distance and intergenerational relations, *The Gerontologist*, 17, 412-420. DOI: 10.1093/geront/17.5_Part_1.412

Social Distance Scale (Femia et al., 2008)

[Adopters of this scale will need to select a photo of an older man and an older woman to insert into the instrument. The persons in the pictures should be recognizably old to the respondents and represent normatively aging older adults.]

Here is a photo like someone who might come to your school to work with kids.

	[Insert Photo]					[Insert Photo]				
Would you like it if:	PHOTO #1 (MAN)					PHOTO #2 (WOMAN)				
	Definitely no				Definitely yes	Definitely no				Definitely yes
They came to your school with you?	1	2	3	4	5	1	2	3	4	5
They came to work with one of your teachers?	1	2	3	4	5	1	2	3	4	5
They came in your classroom to read to class?	1	2	3	4	5	1	2	3	4	5
They read a book with you?	1	2	3	4	5	1	2	3	4	5
They sat with you at lunch?	1	2	3	4	5	1	2	3	4	5
They wanted to be your friend?	1	2	3	4	5	1	2	3	4	5

Source: Femia, E. E., Zarit, S. H., Blair, C., Jarrott, S. E., & Bruno, K. (2008). Impact of intergenerational programming on child outcomes. *Early Childhood Research Quarterly* 23, 272-287. [doi:10.1016/j.ecresq.2007.05.001](https://doi.org/10.1016/j.ecresq.2007.05.001)

Ego Integrity Scale

Target :Adults

Construct Measured: Ego Integrity

Length: 31 Likert-scale items

Purpose: To measure ego integrity as an indicator of achieving a sense of wholeness in one's life. Erikson described that the final developmental challenge is ego integrity versus despair.

Kim and Lee (2018) studied ego integrity as an outcome of Korean nursing home residents who were randomly assigned to usual programming or a 6-week intergenerational program with local high school students. Older adults in the intergenerational (treatment) group demonstrated significantly greater improvements in ego integrity, affect, and nursing home adaptation.

Procedures: The scale comprises six domains: satisfaction with life, wisdom, attitude toward life, acceptance of death, acceptance of aging, and acceptance of past life. Items are scored on a 5-point Likert scale ranging from 1 = not at all to 5 = strongly agree. Some items need to be reverse coded so that a higher score indicates greater ego integrity. Items can be summed by domain. Higher scores indicate a higher level of ego integrity. Cronbach's alpha of the instrument at the time of development was 0.93. Cronbach's alpha was 0.92 at baseline in the current study

Items are listed below by factor. * indicates the item requires reverse coding. Specifically, recode these items as follows: 1 into 5, 2 into 4, 3 is unchanged, 4 into 2, and 5 into 1.

Factor 1: Satisfaction with present life	
Item #	Statement
1	I am satisfied with myself in general
2	I regret that I have many uncompleted tasks in this world*
5	Life is worth living and meaningful
18	Reflecting on the past, I am satisfied with my life in general
22	My life has turned out this way because I was unfortunate*
26	I feel like my life has been a failure*
30	I feel sad that my life has turned out this way*
31	I am grateful that I have been fortunate all my life

Factor 2: Wise life	
4	I have given up trying to improve myself*
8	My life is still worth living even though I am now old
10	Older adults' wisdom and experiences are helpful to young people
15	I find it fulfilling to volunteer to help others
21	I feel useless sometimes*
25	I would rather die than be old and tired*
28	I am at least as important as anyone else
Factor 3: Attitude towards life	
9	I do not feel intimate with other people*
11	My future seems dark and miserable*
13	Now is the most tedious time of my life*
16	I am tired of myself*
23	Everything gets worse as I get older*
29	I think I am old and tired these days*
Factor 4: Acceptance of death	
7	I am not afraid of facing death
12	I feel resentful and afraid of death*
27	The thought of afterlife bothers me*
Factor 5: Acceptance of aging	
3	Things are better now than they were when I was young
6	I feel like I am old, but this does not bother me
14	I am as happy now as when I was young
17	Being old means being useless and tired*
Factor 6: Acceptance of the past	
19	I like the place where I live now
20	I have done my best in my life
24	I would live the same way if I had a second chance at life

Range of scores: Scores range for each dimension. A sum score for all the item will range from 31-155.

Psychometrics:

Reliability: Kim (1989) described internal consistency of .93 for the full scale.

Validity: Kim's articles in English did not present indicators of validity.

Accessing and using the scale: There is not cost for accessing this scale. Note that the version presented here is the first time it has been presented in English. Jarrott worked with Ms. Cherrie Park and Dr. Kathy Lee to translate and back-translate between the original Korean items and English.

Instrument Citation:

Kim, J.S. (1989). A study of social activities and ego integrity of the aged. *Health and Nursing, 1*, 31-50.

Intergenerational Citation:

Kim, J., & Lee, J. (2018). Intergenerational program for nursing home residents and adolescents in Korea. *Journal of Gerontological Nursing, 44*(1), 32-41. DOI: 10.3928/00989134-20170908-03.

Ego Integrity Scale

Name _____

Instructions: Read each statement below and circle the number indicating your agreement.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I am satisfied with myself in general	1	2	3	4	5
2. I regret that I have many uncompleted tasks in this world	1	2	3	4	5
3. Things are better now than when I was young	1	2	3	4	5
4. I have given up trying to improve myself	1	2	3	4	5
5. Life is worth living and meaningful	1	2	3	4	5
6. I feel like I am old, but this does not bother me	1	2	3	4	5
7. I am not afraid of facing death	1	2	3	4	5
8. My life is worth living even though I am now old	1	2	3	4	5
9. I do not feel intimate with other people	1	2	3	4	5
10. Older adults' wisdom and experiences are helpful to young people	1	2	3	4	5
11. My future seems dark and miserable	1	2	3	4	5
12. I feel resentful and afraid of death	1	2	3	4	5
13. Now is the most tedious time of my life	1	2	3	4	5
14. Being old, I am as happy as I was in my younger years	1	2	3	4	5
15. I find it fulfilling to volunteer to help others	1	2	3	4	5
16. I am tired of myself	1	2	3	4	5
17. Being old means being useless and tired	1	2	3	4	5
18. Reflecting on the past, I am satisfied with my life in general	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
19. I like the place where I live now	1	2	3	4	5
20. I have always done my best	1	2	3	4	5
21. I feel useless sometimes	1	2	3	4	5
22. My life has turned out this way because I was unfortunate	1	2	3	4	5
23. Everything get worse as I get older	1	2	3	4	5
24. I would live the same way if I had a second chance at life	1	2	3	4	5
25. I would rather die than be old and tired	1	2	3	4	5
26. I feel like my life has been a failure	1	2	3	4	5
27. The thought of afterlife bothers me	1	2	3	4	5
28. I am at least as important as anyone else	1	2	3	4	5
29. I think I'm old and tired these days	1	2	3	4	5
30. I feel sad that my life has turned out this way	1	2	3	4	5
31. I am grateful that I have been fortunate all my life.	1	2	3	4	5

Source: Kim, J.S. (1989). A study of social activities and ego integrity of the aged. *Health and Nursing*, 1, 31-50.

Empathy Scale

Target: Older adults or youth, indicate if a specific age range of youth or if it's designed for adults with or without cognitive impairment

Construct Measured: Empathy, a vicarious emotional response that matches the perceived emotional experience of others

Length: 22 items in the Bryant version; 29 items in the Femia et al. version adapted for intergenerational use

Purpose: Bryant (1982) created the scale to capture empathy from a wide range of ages of children and adolescents using items that would be comparable to those commonly used with adults.

As an outcome of intergenerational program participation, Femia and colleagues (2008) used the scale to assess whether empathy differed between a group of elementary school students who had attended an intergenerational preschool as young children and age-peers without such non-familial intergenerational experience. Children who had attended the intergenerational preschool demonstrated higher levels of empathy towards older adults than children in the comparison group; empathy towards age peers was comparable across the two groups. There were no significant differences between groups on current level of contact with grandparents or other older adults.

Procedures: To test the measure in Bryant's 1982 study, researchers "administered individually to children in the first grade and group administered as a paper-and-pencil measure to children in the fourth grade and to adolescents in the seventh grade. Items were read aloud to all the students included in the study. Except for the first graders, the subjects read along silently and responded in writing. First graders responded verbally or by placing a card in one of two boxes identified as either "me" or "not me," their version of a two-point format" (Bryant, 1982, p. 418). Because research has demonstrated that boys and girls have greater empathy for same-gender peers, Bryant administered a male- or female-version of the survey depending on the gender of the respondent.

Rather than have boy- and girl-versions of the survey, Femia and colleagues (2008) used a 29-item version that alternately specified boys and girls as the stimuli. Twenty-one of these items came from the original scale. Two empathy items with youth stimuli were added for the study (i.e., "I feel sad when a classmate can't get a good grade" and "I feel sad when a child doesn't get his turn."), and five additional items modeled on original items referring to boy/girl were added with older adult as the stimuli (i.e., "I get upset when a [boy/girl] gets hurt). Thus Femia and colleagues calculated separate empathy scores for the youth items and older adult items.

Youth empathy items: 1, 2, 4, 5-8, 10-12, 14, 15, 17, 18, 20-26, 28, 29

Older adult empathy items: 3, 9, 13, 16, 19, 27

Range of scores: Bryant used a 9-point and 2-point response format. The range for the 2-point format is 0-1 for individual items; thus total score range for Bryant's original score is 0-22. With the -4 to +4 9-point format, score range is -88 to 88. Bryant recommended the 2-point response format for young children, which Femia and colleagues used in their study where children's mean age was 6.5 years. The -4 to +4 version has not been used in intergenerational research to date. The range of scores for the 29-item in Femia's study is 0-29.

The scale consists of a mix of items indicating greater or lesser levels of empathy. Reverse coding is used to score the instrument after completion so that, using the 2-point score, a score of 0 is reverse coded to 1, and 1 is reverse coded to 0. Totals are then summed; higher scores indicate greater empathy.

Items requiring reverse coding: 2, 4, 11, 12, 16, 20, 21, 22, 24, 25

Psychometrics:

Reliability: The Empathy Scale demonstrated score stability with acceptable internal consistency with a Cronbach's alpha of 0.74 for first graders, 0.81 for fourth graders using the agree/disagree 2-point format. Using the 9-point format, internal consistency was 0.83 for adolescents (Bryant, 1982). In the study by Femia and colleagues (2008), Bryant's original items demonstrated internal consistency of 0.61; items about older adults achieved Cronbach's alpha of 0.78.

Validity: Correlating Empathy Scale responses to another measure of empathy (Feshbach & Roe, 1968) for first graders and an adult measure of empathy (Mehrabian & Epstein, 1972) provided support for convergent validity in Bryant's study (1982). To determine discriminant validity, empathy scores were compared to students' reading achievement scores, which should not correspond with levels of empathy. Correlations were non-significant, indicating discriminant validity (Bryant, 1982).

Accessing and using the scale: There is no cost to access the Empathy scale.

Instrument Citation:

Bryant, B. K. (1982). An index of empathy for children and adolescents. *Child Development*, 53, 413-425.
DOI: 10.2307/1128984.

Intergenerational Citation:

Femia, E. E., Zarit, S. H., Blair, C., Jarrott, S. E., & Bruno, K. (2008). Impact of intergenerational programming on child outcomes. *Early Childhood Research Quarterly* 23, 272-287. DOI: 10.1016/j.ecresq.2007.05.001

Empathy Scale

Participant Name: _____

Read the items below and indicate if you agree or disagree with the item.

	I Agree	I Disagree
1. It makes me sad to see a girl who can't find anyone to play with.	1	0
2. People who kiss and hug in public are silly.	1	0
3. It makes me sad to see an old person who has no friends.	1	0
4. Boys who cry because they are happy are silly.	1	0
5. I really like to watch people open presents, even when I don't get a present myself.	1	0
6. Seeing a boy who is crying makes me feel like crying.	1	0
7. I get upset when I see a girl get hurt.	1	0
8. Even when I don't know why someone is laughing, I laugh too.	1	0
9. I get upset when I see an old person get hurt.	1	0
10. Sometimes I cry when I watch TV.	1	0
11. Girls who cry because they are happy are silly.	1	0
12. It's hard for me to see why someone else gets upset.	1	0
13. When I see an old person having some trouble doing something, I want to help.	1	0
14. I get upset when I see an animal being hurt.	1	0
15. It makes me sad to see a boy who can't find anyone to play with.	1	0
16. I get mad when an old person moves too slow.	1	0
17. Some songs make me so sad I feel like crying.	1	0
18. I get upset when I see a boy being hurt.	1	0
19. Grown-ups sometimes cry even when they have nothing to be sad about.	1	0
20. It's silly to treat dogs and cats as though they have feelings like people.	1	0
21. I get mad when I see a classmate pretending to need help from the teacher all the time.	1	0
22. Kids who have no friends probably don't want any.	1	0
23. Seeing a girl who is crying makes me feel like crying.	1	0
24. I think it is funny that some people cry during a sad movie or while reading a sad book.	1	0
25. I am able to eat all my cookies even when I see someone looking at me wanting one.	1	0
26. I feel upset when I see a classmate being punished by a teacher for breaking the rules.	1	0
27. It makes me sad to see an old person sitting alone.	1	0
28. I feel sad when a classmate can't get a good grade.	1	0
29. I feel sad when a child doesn't get his turn.	1	0

Source: Femia, E. E., Zarit, S. H., Blair, C., Jarrott, S. E., & Bruno, K. (2008). Impact of intergenerational programming on child outcomes. *Early Childhood Research Quarterly* 23, 272-287. DOI: 10.1016/j.ecresq.2007.05.001

Facts on Aging Quiz (FAQ)

Target: Adolescents and older

Construct Measured: Knowledge of aging

Length: Varied depending on the version used.

Purpose: First published in 1977, Palmore originally developed the FAQ1 to determine what people knew about aging. As well, he aimed to create a tool that would illustrate for his undergraduate students their misconceptions about aging – and challenge them to adjust their perspective on aging. The scale was intended as a tool to understand and respond to anti-aged bias; Palmore determined that those with more accurate knowledge about aging had lower bias against older persons. The FAQ has been revised by Palmore and others for varied purposes. As time has passed, facts may have needed corrections, new facts became salient, terms used to refer to older adults and conditions covered in the FAQ changed, and population-specific adaptations were made. Some researchers made modifications to reflect specific aspects of health among older adults (e.g., the Facts on Aging and Mental Health Quiz; Palmore, 1998) or revised it for completion by adolescents (Haught, Walls, Laney, Leavell, & Stuzen, 1999). Palmore created a version focused on aging and mental health (FAMHQ), designed to be useful for those caring for and working with older adults coping with mental health problems.

In an education or intervention study, the scale is typically administered before and after delivery of the intervention, such as a teaching unit on aging or a program involving intergenerational contact. Palmore described creating the FAQ2 so that respondents completing the FAQ1 as a pre-test would not be able to demonstrate gained knowledge at follow-up because of practice with the baseline quiz. In considering the pros and cons of administering the FAQ1 at pre- and post-assessments (differences in scores are not due to using different forms) or administering the FAQ1 at pre-test and the FAQ2 at post-test, Palmore recommended “the use of different forms at the beginning and end because of the almost inevitable increase in scores that results from retaking the test” (1998, p. 37).

Hundreds of studies around the globe have employed the FAQ in the varied iterations; these can be found online in printable and electronic versions. Thus, this document provides brief notes on scale use and psychometrics. Those interested in adopting the scale should take care to ensure that the version they use fits the needs of their evaluation research, that information is provided on the reliability and validity of the specific version of the FAQ, and that the version is appropriate for the intended audience of respondents.

Used in intergenerational studies, students engagement with course content and experiential contact with older adults is frequently associated with improved scores (increased knowledge and reduced evidence of negative-age bias) on the FAQ1 (e.g., Zuccherro, 2011).

Procedures: Respondent select answers to different statements of fact related to older adults and aging. Palmore initially created a True/False quiz. For both the FAQ1 and FAQ2, he created multiple choice versions of the same quiz. In both cases, a correct answer using this format is scored with 1 point (incorrect answers receive 0 points), and a sum is created representing the number of correct answers; a higher score indicates greater knowledge of aging.

Range of scores: Varied depending on the version used. To measure attitudes, Palmore indicated that a pro-aged bias score, anti-aged bias score, and a net bias score can be calculated. The anti-aged bias score is “the percentage of negative-bias items marked wrong (number wrong divided by number of possible negative-bias items)”... while the pro-age bias score is the percentage of the positive-bias items marked wrong” and “the net bias score is the pro-aged score minus the anti-aged score (1998, p.40).

Psychometrics:

Reliability: Varied depending on the version used. While some criticism has been leveled at the reliability of the scale, it consistently demonstrates acceptable psychometric indicators of reliability. Some researchers (e.g., Clark, 1996 as cited in Palmore, 1998) have found that adding a don't know (DK) answer option was associated with greater internal consistency.

Validity: Palmore indicated (1998) that validity is demonstrated in a few ways; first, those trained in gerontology tend to score better than those who haven't. As well, data supporting the factual statements support validity.

Accessing and using the scale: Different versions of the scale can be found in print research articles, online resources, and apps offering online quizzes that respondents can take. Palmore's True/False versions of the FAQ1, FAQ2, and FAQMH are from the 1998 volume *The Facts on Aging Quiz, 2nd edition*. An online version of the scale developed by Breytspraak, et.al and updated in 2015 is available from University of Missouri–Kansas City Consortium for Aging in Community.

Instrument Citation:

Breytspraak, L. & Badura, L. (2015). Facts on Aging Quiz (revised; based on Palmore (1977; 1981)). Retrieved from <http://info.umkc.edu/aging/quiz/>.

Haight, P. A., Walls, R. T., Laney, J. D., Leavell, A., & Stuzen, S. (1999). Child and adolescent knowledge and attitudes about older adults across time and states. *Educational Gerontology, 25*, 501-517. doi:10.1080/036012799267585

Palmore, E. B. (1998). *The facts on aging quiz: 2nd edition*. New York: Springer Publishing.

Sample Intergenerational Citations:

Zucchero, R. (2011). A Co-mentoring Project: An Intergenerational Service-Learning Experience. *Educational Gerontology, 37*(8), 687-702. <https://doi-org.proxy.lib.ohio-state.edu/10.1080/03601271003723487>

Self-Concept Scale (versions available for persons 8 years of age and older)

Target: Self-concept scales are available for different groups, including: (a) children ages 8-13, (b) adolescents 14-19, (c) learning disabled students 8-18, (d) emerging adults, (e) adults 20-60, and adults older than 60.

Construct Measured: Self-concept or sense of worth in different domains

Length: The number and types of domains represented across target groups vary slightly. For example, the version for children ages 8-13 is 36 items comprised of six 6-item subscales. The older adult measure consists of 11 6-item subscales.

Purpose: The different self-concept scales represent domains of self-evaluation relevant to developmental tasks of the targeted age group. A Global Self-Worth scale is represented in each version of the scale; it represents its own judgement rather than a sum of domain-specific scores.

Taylor and colleagues (1999) used early versions of Harter's *Behavioral Conduct* and *Self-Worth* subscales in their study of eight grade students working with older adult mentors. Self-perceptions did not change statistically as a result of participating in the intervention, but researchers did associate a number of positive outcomes of mentoring, with an important indicator that those with "exceptional" mentors exhibited significant improvements in attitudes toward school, older people, and response to situations involving substance use.

Procedures: Measures of self-concept developed by Harter are self-report; a Teacher Rating Form is included in the Profile for Children (8-13 years of age). The scale uses a unique "structured alternative format" in which respondents indicate which group they most identify with and then report whether this description is "sort of true" or "really true" of the respondent. The approach, according to Harter, helps to reduce socially desirable responses and allows greater latitude in discriminating how closely the respondent aligns with one descriptor or another. Items are "counterbalanced" to ensure respondents are tracking the item content rather than responding to items randomly or answering each item the same.

Sample items - children (dimension)

1. Some often do not like the way they behave BUT Other kids usually like the way they behave (behavioral conduct)
2. Some kids find it hard to make friends BUT Other kids find it pretty easy to make friends (social competence)
3. Some kids are pretty slow in finishing their school work BUT Other kids can do their school work quickly (scholastic competence)

Sample items - older adults

1. Some adults feel that they have made a contribution to the future by nurturing others BUT Other adults do *not* feel they have made such a contribution (nurturance)
2. Some adults keep themselves busy at things they enjoy doing BUT Other adults are unable to find activities they enjoy that would keep them busy (leisure activities)
3. Some adults like the kind of person they are BUT Other adults with they were different (self-esteem)

The scale may be administered individually or in a group. It is essential to ensure that respondents understand the response format.

Harter encourages adopters to use the full scale, indicating that each is comprised of the minimum number of items to achieve psychometric standards. Subscales, rather than the entire scale, may be used so long as the subscale items remain intact.

Detailed directions for each of Harter's measures of self-concept are provided in the manual available at Harter's website.

Range of scores: Subscale totals of the 6-item children's self-concept scale can range from 6-24 with each item earning 1-4 points. For the older adult self-concept scale, which consists of 11 6-item domains, subscale totals still range from 6-24 with each item earning 1-4 points.

Psychometrics:

Reliability: Internal consistency for the subscales of the Child Self-Concept Scale are acceptable, ranging from .83-.91. Internal consistency for the subscales of the Older Adult Self-Concept Scale are acceptable as well, ranging from .75-.86. Indicators of reliability for Harter's other Self-Concept scales are provided in the manuals available at Harter's website.

Validity: Convergent validity for the subscales of the Child Self-Concept Scale range from .56 (global self-worth subscale) to .68 (peer relations subscale) when compared to Marsh's (1988, 1991 as cited in Hart, 2012) battery of Self-Description Questionnaires. Factor analysis of items in the Older Adult Self-Concept Scale demonstrate that items load onto the factor with which they are aligned. Indicators of validity for Harter's other Self-Concept scales are provided in the manuals available at Harter's website.

Accessing and using the scale: Potential adopters are directed to Dr. Susan Harter's website (<https://portfolio.du.edu/SusanHarter/page/44210>) to review and select the appropriate competence scale for their population(s) of interest. The site provides manuals, printable copies of the scales, and guidance on preparing to use the instrument and working with data afterwards.

Instrument Citations:

Harter, S. (2012). *The Self-perception Profile for Children: Manual and Questionnaires (Grades 3-8)*. Denver, CO: University of Denver Press.

Harter, S. (2012). *The Self-perception Profile for Adolescents: Manual and Questionnaires*. Denver, CO: University of Denver Press.

Harter, S. (2016). *The Self-perception Profile for Emerging Adults: Manual and Questionnaires*. Denver, CO: University of Denver Press.

Harter, S., & Kreinik, P. (2014). *The Self-perception Profile for Older Adults*. Denver, CO: University of Denver Press.

Messer, B., & Harter, S. (2012). *The Self-perception Profile for Adults: Manual and Questionnaires*. Denver, CO: University of Denver Press.

Rennick, M. J., & Harter, S. (2012). *The Self-perception Profile for Learning Disabled Students: Manual and Questionnaires*. Denver, CO: University of Denver Press.

Available at: <https://portfolio.du.edu/SusanHarter/page/44210>

Intergenerational Citation:

Taylor, A. S., LoSciuto, L., Fox, M., Hilbert, S. M., & Sonkowsky, M. (1999). The mentoring factor: Evaluation of the across ages' intergenerational approach to drug abuse prevention. *Child & Youth Services* 20 (1): 77-99.

Self-Efficacy Scale

Target: The scale has been used with youth as young as fifth grade and was developed with adults.

Construct Measured: Self-efficacy, expectations for personal success

Length: 23 items rated on a Likert scale. While Sherer et al. used a 14-point Likert scale, Meyer et al. used a 4-point Likert scale where 1= "not at all," 2= "a little," 3= "pretty much," and 4= "totally."

Purpose: The Self-Efficacy Scale was designed to be a measure of self-expectations without being tied to specific situations or behaviors (Sherer et al., 1982). The scale was originally designed for use by therapists to note progress in clients working to improve self-efficacy.

As an outcome of intergenerational program participation (Meyer et al., 2002), both older adult tutors and fifth grade students completed the scale in a computer class in which some children had the support of an older adult tutor. Older adult tutors demonstrated significant gains in self-efficacy ($F(2,20)=4.41, p=.03$) from pre- to post-test. Students in the group working with tutors demonstrated greater gains in self-efficacy from pre- to post- than children in the course without older adult tutors ($F(2,57)=5.55, p<.01$) (Meyer et al., 2002).

Procedures: Respondents answer the survey items independently.

Range of scores: For Meyer and colleagues (2002) who used a 1-4 Likert scale, sum scores could range from 23-92.

Scoring: The scale consists of a mix of positively and negatively worded items about one's confidence in general and social situations. Reverse coding is used to score the instrument after completion so that a score of 1 is reverse coded to 4, 2 is reverse coded to 3, 3 is reverse coded to 2, and 4 is reverse coded to 1. Totals are then summed; higher scores indicate greater self-efficacy expectation.

Items requiring reverse coding: 2, 4, 5, 6, 7, 10, 11, 12, 14, 16, 17, 18, 20, 22

Psychometrics:

Reliability: The Self-Efficacy Scale has demonstrated acceptable internal consistency with a Cronbach's alpha of .86 for the general self-efficacy subscale and .71 for the social self-efficacy subscale (Sherer et al., 1982). Meyer and colleagues (2002) did not report internal consistency.

Validity: Sherer et al. (1982) tested the *construct validity* by correlating self-efficacy scores measures of personal control. Conceptual relationships were confirmed, but magnitude was insufficient to indicate that the same construct was measured by the self-efficacy and comparison scales ($r=-.287 - .451$). Indications of *criterion validity* came from significant correlations between general self-efficacy items and measures of past success achieving other goals ($r=.218-.278$). Meyer and colleagues (2002) did not report indicators of validity.

Accessing and using the scale: There is no cost to access the Self-Efficacy scale.

Instrument Citation:

Sherer, M. Maddux, J. E., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. W. (1982). The Self-Efficacy Scale: Construction and validation. *Psychological Reports, 51*, 663-671. DOI: 10.2466/pr0.1982.51.2.663.

Intergenerational Citation:

Meyer, B. J. F., Middlemiss, W., Theodorou, E., Breziński, K. L., McDougall, J., & Bartlett, B. J. et al. (2002). Effects of structure strategy instruction delivered to fifth-grade children using the Internet with and without the aid of older adult tutors. *Journal of Educational Psychology 94*(3): 486-519. DOI: 10.1037/0022-0663.94.3.486.

Self-Efficacy Scale

Participant Name: _____

Please rate between 1 and 4 to indicate which of these statements are true for you on average.

1= not at all, 2= a little, 3= pretty much, and 4= totally

1. When I make plans, I am certain I can make them work.	
2. One of my problems is that I cannot get down to work when I should.	
3. If I can't do a job the first time. I keep trying until I can.	
4. When I set important goals for myself, I rarely achieve them.	
5. I give up on things before completing them.	
6. I avoid facing difficulties.	
7. If something looks too complicated, I will not even bother to try it.	
8. When I have something unpleasant to do, I stick to it until I finish it.	
9. When I decide to do something, I go right to work on it.	
10. When trying to learn something new, I soon give up if I am not initially successful.	
11. When unexpected problems occur, I don't handle them well.	
12. I avoid trying to learn new things when they look too difficult for me.	
13. Failure just makes me try harder.	
14. I feel insecure about my ability to do things.	
15. I am a self-reliant person.	
16. I give up easily.	
17. I do not seem capable of dealing with most problems that come up in life.	
18. It is difficult for me to make new friends.	
19. If I see someone I would like to meet, I go to that person instead of waiting for him or her to come to me.	
20. If I meet someone interesting who is hard to make friends with. I'll soon stop trying to make friends with that person.	
21. When I'm trying to become friends with someone who seems uninterested at first, I don't give up easily.	
22. I do not handle myself well in social gatherings.	
23. I have acquired my friends through my personal abilities at making friends.	

Source: Sherer, M. Maddux, J. E., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. W. (1982). The Self-Efficacy Scale: Construction and validation. *Psychological Reports, 51*, 663-671. DOI: 10.2466/pr0.1982.51.2.663.

Rosenberg Self Esteem Scale (Y & OA)

Target: Youth, Adults

Construct Measured: Self Esteem

Length: 10 items

Purpose: Youth and older adults engaged in two different types of intergenerational programs completed the Rosenberg Self Esteem Scale, with no differences noted between youth or older adults or from pre- to post-test (Chapman & Neal, 1990).

Procedures:

Range of scores: Items are scored on a 4-point Likert scale where 1=strongly agree, 2=agree, 3=disagree, and 4=strongly disagree. Items 2, 5, 6, 8, and 9 are reverse coded so that an answer of 1 is recoded as 4; 2 is recoded as 3; 3 is recoded as 2; and, 4 is recoded as 1. After reverse coding items, individual item scores are summed. Scores range from 10-40 with a higher score indicating greater self-esteem.

Psychometrics:

Reliability: In their study of intergenerational programming, Chapman and Neal reported acceptable Cronbach's alpha for both youth ($\alpha=.84$) and older adults ($\alpha=.80$).

Validity:

Accessing and using the scale: There is no cost to access the scale.

Instrument Citation:

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University.

Rosenberg, M. (1986). *Conceiving the Self*. Krieger: Malabar, FL.

Intergenerational Citation:

Chapman, N. J., & M. B. Neal (1990). The effects of intergenerational experiences on adolescents and older adults. *The Gerontologist*, 30, 825-832. DOI: [10.1093/geront/30.6.825](https://doi.org/10.1093/geront/30.6.825)

Rosenberg Self Esteem Scale

Name _____

Instructions: Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

1. On the whole, I am satisfied with myself.	1	2	3	4
2. At times I think I am no good at all.	1	2	3	4
3. I feel that I have a number of good qualities.	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
5. I feel I do not have much to be proud of.	1	2	3	4
6. I certainly feel useless at times.	1	2	3	4
7. I feel that I'm a person of worth, at least on an equal plane with others.	1	2	3	4
8. I wish I could have more respect for myself.	1	2	3	4
9. All in all, I am inclined to feel that I am a failure.	1	2	3	4
10. I take a positive attitude toward myself.	1	2	3	4

Source: Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University.

Positive and Negative Affect Scale (PANAS)

Target: Adults

Construct Measured: Positive and Negative Mood or Affect

Length: 20 items, 10 positive affect and 10 negative affect terms

Purpose: Designed to measure distinct dimensions of mood affect, the PANAS has separate items that measure the extent to which a person experiences positive affect (energetic, alert, and enthusiastic) and negative affect (personal distress).

Used by Kim and Lee in an intergenerational program involving South Korean high school students and nursing home residents, investigators determined that the PANAS exhibited high internal consistency among both older adult ($\alpha=0.82$) and adolescent ($\alpha=0.86$) respondents. As well, the older adult and youth participants experienced significantly greater increase in positive affect over the study period than comparable age peers in a comparison group. Kim and Lee reverse scored the negative affect items so that a higher score reflected higher positive emotions. These scores were then added to those for the positive emotion items to generate a single score representing "positive emotion." The authors have also published a study on their validation of the scale in Korean (Lee, Kim, & Lee, 2003).

Procedures: Respondents complete the PANAS independently with directions regarding the time frame in which they are rating their positive and negative affect (i.e., how they feel right now, how they feel in general, or how they have felt today, in the past week/month/year). Administrators may wish to modify the form at the end of this document to specify the time frame respondents are asked to address, so as to reduce the potential for confusion.

Range of scores: Scored on a 5-point Likert scale, sum scores for each sub-scale can range from 10-50. A higher score on the positive adjectives indicates greater positive mood; a higher score on negative affect adjectives indicates greater negative mood.

Psychometrics:

Reliability: Watson and colleagues reported high levels of internal consistency ranging from .84-.90. Correlation between the positive and negative affect sub-scales is low, indicating "quasi-independence" (p. 1065). Test-retest reliability across seven time frames (e.g., year, past few days, today) in two weeks was high with scores showing no significant differences across time.

Validity: Factor analyses by Watson and colleagues indicated a 2-factor solution representing the positive and negative items. Convergent validity indicators stem from strong correlations of PANAS items with other affect measures ($r=.76-.92$).

Accessing and using the scale: There is no cost to access the PANAS.

Instrument Citation:

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures on positive and negative affect. The PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063-1070. DOI: 10.1037/0022-3154.54.6.1063

Intergenerational Citations:

Kim, J., & Lee, J. (2018). Intergenerational program for nursing home residents and adolescents in Korea. *Journal of Gerontological Nursing*, 44(1), 32-41. DOI: 10.3928/00989134-20170908-03 <https://doi.org/10.3928/00989134-20170908-03>

Lee, H.H., Kim, E.J. & Lee, M.K. (2003). A validation study of Korea positive and negative affect schedule: The PANAS scales. *Korean Journal of Clinical Psychology*, 22, 935-946.

PANAS Scale

Respondent Name _____

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent [INSERT APPROPRIATE TIME INSTRUCTIONS HERE, see below]. Use the following scale to record

1	2	3	4	5
Very slightly or not at all	A little	Moderately	Quite a bit	Extremely

1.	interested	11.	irritable
2.	distressed	12.	alert
3.	excited	13.	ashamed
4.	upset	14.	inspired
5.	strong	15.	nervous
6.	guilty	16.	determined
7.	scared	17.	attentive
8.	hostile	18.	jittery
9.	enthusiastic	19.	active
10.	proud	20.	afraid

Time Instructions: PANAS can be used with the following time instructions:

Moment	(you feel this way right now, that is, at the present moment)
Today	(you have felt this way today)
Past few days	(you have felt this way during the past few days)
Week	(you have felt this way during the past week)
Past few weeks	(you have felt this way during the past few weeks)
Year	(you have felt this way during the past year)
General	(you generally feel this way, that is, how you feel on the average)

Source: Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures on positive and negative affect. The PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063-1070. DOI: 10.1037/0022-3154.54.6.1063

Beck Anxiety Inventory (OA)

Target: Adults with disorders such as affective and/or anxiety disorders

Construct Measured: Anxiety

Length: 21 items

Purpose: The Beck Anxiety Inventory (BAI) is a self-report measure of anxiety.

Procedures: It is frequently given to adults to complete independently using a paper and pencil or online survey format. Respondents are asked to indicate how much they have been bothered by each of the 21 symptoms over the previous week using a 4-point Likert scale ranging from 0=not at all to 3=severely - I could barely stand it.

Individual item scores are summed for a total score.

Range of scores: Sum scores for the 21 items range from 0 to 63 with higher scores indicating higher anxiety. Sum score cutoffs described by Beck and colleagues follow:

0-21 = low anxiety

22-35 = moderate anxiety

36 and above = potentially concerning levels of anxiety

Psychometrics:

Reliability: Using a factor analysis to reduce a larger set of items and administering the shorter scale, researchers determined excellent internal consistency ($\alpha=.92$); item-total correlations ranged from .30 to .71 (mean=.60) indicating measurement of a single construct. Test-retest reliability was demonstrated with a correlation of .75.

Validity: Several indicators suggested validity of the BAI. Convergent validity was indicated by higher BAI scores among persons diagnosed with DSM III anxiety compared to the BAI scores of two comparison groups: (a) persons diagnosed with DSM III depression and (b) a control group with neither depression nor anxiety disorders. An indicator of discriminant validity comes from a low correlation between scores on the BAI and scores on the Hopelessness Scale, a measure theoretically related to depression but not to anxiety. Finally, Beck and colleagues (1998) reported a factor analysis of BAI and Beck Depression Inventory items, revealing that BAI items loaded on separate factors than the depression items.

Accessing and using the scale: There is no cost to access the **Empathy** scale. It can be found online at multiple websites in several different print-friendly formats.

Instrument Citation:

Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology, 56*, 893-897. doi: 10.1037/0022-006X.56.6.893.

Intergenerational Citation:

George, D., Whitehouse, C., & Whitehouse, P. (2011). A model of intergenerativity: How the intergenerational school is bringing the generations together to foster collective wisdom and community health. *Journal of Intergenerational Relationships, 9*, 389-404. doi: 10.1080/15350770.2011.619922.

Beck Anxiety Inventory (OA)

Name _____

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not at all	Mildly, but it didn't bother me much	Moderately - it wasn't pleasant at times	Severely- I can barely stand it.
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of the worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding or racing	0	1	2	3
Unsteady	0	1	2	3
Terrified	0	1	2	3
Nervous	0	1	2	3
Feelings of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion or discomforting abdomen	0	1	2	3
Faint	0	1	2	3
Face flushed	0	1	2	3
Sweating (not due to heat)	0	1	2	3

Source: Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology, 56*, 893-897. doi: 10.1037/0022-006X.56.6.893.

Geriatric Depression Scale

Target: Older adults, primarily those with mild cognitive impairments

Construct Measured: Depression

Length: 15-items comprise the short-form of the Geriatric Depression Scale (GDS)

Purpose: The GDS is administered to identify symptoms of depression. It does not diagnose depression but rather indicates if a participant has the potential to be depressed. The scale's authors determined the GDS reliable with a sample of older adults with dementia. Individuals that are significantly impaired may fail to comprehend the questions on the GDS. Therefore the usefulness of the GDS might be limited to participants with mild dementia. (Yesavage, 1981).

As an outcome of intergenerational program participation, the GDS was the most commonly used measure in the literature surveyed. For example, Chung's study (2009) of elders participating in intergenerational reminiscence identified significant improvement in depressive symptoms after the 12-session program. Spanish elder participants in a Service-Learning program also demonstrated significant improvement in depressive symptoms (Hernandez & Gonzalez, 2008). Consideration in administering the GDS, as with many other scales, includes baseline levels of the condition of interest. To illustrate, Skropeta and colleagues (2014) detected no significant change in their older adult participants in an intergenerational playgroup. Importantly, mean pre-test levels of depression did not indicate that participants were depressed ($M=3.09$; scores 0-4 indicate no depression), which would have made it very difficult for an intervention to reduce levels of depression in face of this floor effect.

Procedures: The Geriatric Depression Scale (GDS) is administered, usually when an older adult enrolls in a care program, and is reassessed every six months thereafter (or as needed for change in status/condition) to help with plans of care. The GDS has a staff-administered and self-administered version of the measurement. The staff-administered version is used when the participant is unable to complete the scale on their own.

If not gathered as a part of routine care practices, it may be used as an indicator of impact of participation in an intervention with a baseline and 6-month follow-up assessments.

Range of scores: 0-15

The GDS presents a mix of positively and negatively worded items indicating presence and absence of depressive symptoms. Each answer indicating depression earns a score of 1. The final score is the tally of the number of answers indicating presence of depression symptoms. Thus, items are scored as follows:

- Score 1 point for every "yes" in questions 2, 3, 4, 6, 8, 9, 10, 12, 14, 15
- Score 1 point for every "no" in questions 1, 5, 7, 11, 13

If a participant's answers to items 1-5 generate a sum score of 0 or 1, items 6-15 are not completed, and the participants' total GDS score remains a 0 or 1. If the scale is completed by the participant, a staff member asks them to complete the first five items before determining whether the participant needs to complete the additional 10 items.

Yesavage, et.al, reported that scores of 0-10 were normal while scores of 11 or greater indicated that a respondent may have depression. Greenberg (2007) recently offered more specific indicators of depression based on the scores of the GDS.

- 0-4 not depressed
- 5-8 mild depression.
- 9-11 moderate depression.
- 12-15 severe depression

Psychometrics:

Reliability: The short form of the GDS has demonstrated acceptable internal consistency with a Cronbach's alpha of 0.749 (Friedman, Heisel, & Delavan, 2005).

Validity: According to Friedman and colleagues (2005), the GDS-15 has good construct validity when compared to the Mini Mental State Examination. The authors reported good construct validity when used with a functionally impaired population. Construct validity was assessed using Spearman correlations. They identified statistically significant correlations between the GDS-15 and other measures of life satisfaction and depression.

Accessing and using the scale: There is no cost to access the GDS scale. Training requirements for the GDS are not great. The procedure takes a short amount of time to learn and takes only about 5 minutes to complete. Practice is necessary to develop ease with administering (Greenberg, 2007).

Instrument Citations:

Friedman, B., Heisel, M. J., & Delavan, R. L. (2005). Psychometric properties of the 15-item geriatric depression scale in functionally impaired, cognitively intact, community-dwelling elderly primary care patients. *Journal of the American Geriatrics Society*, 53, 1570-1576. doi: 10.1111/j.1532-5415.2005.53461.x

Greenberg, S.A. (2007). How to try this: The Geriatric Depression Scale: Short Form. *American Journal of Nursing*, 107, 60-69.

Yesavage, J., Rose, T.L., & Lapp, D. (1981). Validity of the Geriatric Depression Scale in Subjects with Senile Dementia. Palo Alto VA Clinical Diagnostic and Rehabilitation Unit: Author

Select Intergenerational Citations:

Chung, J. C. (2009). An intergenerational reminiscence programme for older adults with early dementia and youth volunteers: Values and challenges. *Scandinavian Journal of Caring Sciences*, 23(2), 259-264. DOI: 10.1111/j.1471-6712.2008.00615.x

Fujiwara, Y., Sakuma, N., Ohba, H., Nishi, M., Lee, S., Watanabe, N., ... & Amano, H. (2009). REPRINTS: Effects of an intergenerational health promotion program for older adults in Japan. *Journal of Intergenerational Relationships*, 7(1), 17-39. DOI: 10.1080/15350770802628901

- Hernandez, C. R., & Gonzalez, M. Z. (2008). Effects of intergenerational interaction on aging. *Educational Gerontology*, 34(4), 292-305. DOI: 0.1080/03601270701883908
- Murayama, Y., Ohba, H., Yasunaga, M., Nonaka, K., Takeuchi, R., Nishi, M., ... & Fujiwara, Y. (2015). The effect of intergenerational programs on the mental health of elderly adults. *Aging & mental health*, 19(4), 306-314. DOI: <https://doi.org/10.1080/13607863.2014.9333>
- Newman, S., E. Karip, et al. (1995). "Everyday memory function of older adults: The impact of intergenerational school volunteer programs." *Educational Gerontology* 21(6): 569-580. DOI: 10.1080/0360127950210603
- Sakurai, R., Yasunaga, M., Murayama, Y., Ohba, H., Nonaka, K., Suzuki, H., ... & Rebok, G. W. (2016). Long-term effects of an intergenerational program on functional capacity in older adults: Results from a seven-year follow-up of the REPRINTS study. *Archives of Gerontology and Geriatrics*, 64, 13-20. DOI: 10.1016/j.archger.2015.12.005
- Segrist, K. (2004). Assessing impact of service-learning project on older, isolated adults in rural America. *Journal of Intergenerational Relationships*, 2(2), 51-66. DOI: 10.1016/j.archger.2015.12.005
- Skropeta, C. M., Colvin, A., & Sladen, S. (2014). An evaluative study of the benefits of participating in intergenerational playgroups in aged care for older people. *BMC geriatrics*, 14(1), 109. DOI: 10.1186/1471-2318-14-109

Geriatric Depression Scale 5/15

Participant Name: _____

ITEM	Response	
1. Are you basically satisfied with your life?	Yes	No
2. Do you often get bored?	Yes	No
3. Do you often feel helpless?	Yes	No
4. Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
5. Do you feel pretty worthless the way you are now?	Yes	No
Score GDS-5		
Score of 2 or more on the GDS-5? Continue with items 6-15		
ITEM	Response	
6. Have you dropped many of your activities and interests?	Yes	No
7. Do you feel that your life is empty?	Yes	No
8. Are you in good spirits most of the time?	Yes	No
9. Are you afraid that something bad is going to happen to you?	Yes	No
10. Do you feel happy most of the time?	Yes	No
11. Do you feel you have more problems with memory than most?	Yes	No
12. Do you think it is wonderful to be alive now?	Yes	No
13. Do you feel full of energy?	Yes	No
14. Do you feel that your situation is hopeless?	Yes	No
15. Do you think that most people are better off than you are?	Yes	No
Total		

Name/Title

Date

Source: Greenberg, S.A. (2007). How to try this: The Geriatric Depression Scale: Short Form. *American Journal of Nursing*, 107, 60-69.

Loyola Generativity Scale

Target: Older adults

Construct Measured: Generativity – nurturing, teaching, leading, sharing of one self, usually in the second half of life, that benefits “the social system and [promotes] its continuity from one generation to the next” (McAdams & de St. Aubin, 1992, p. 1003).

Length: 20 items

Purpose: To assess differences in generative concern among individual respondents. Andreoletti and Howard (2018) used the Loyola Generativity Scale as an outcome indicator for older adults participating in a Service-Learning program with university students. Loyola Generativity Scale scores increased from pre- to post-test, but statistical analyses were not conducted on the data. With a much larger sample (N=124), Ehlman, Ligon, and Moriello (2014) detected a statistically significant increase in generativity among their older adult respondents, who were also participating in a Service-Learning project with university students.

Procedures: Respondents complete the survey independently.

Range of scores: Items are scored on a 4-point Likert scale where: 0= “never applies to you,” 1= “occasionally or seldom applies to you,” 2= “applies to you fairly often,” and 3= “applies to you very often.”

The authors worded several items negatively to reduce the risk of social acquiescence among respondents. These need to be reverse coded. After reverse coding specified items, the scores are summed (range from 0-80) with higher scores indicating greater sense of generativity.

Items to be reverse coded: items 2, 5, 9, 13, 14, 15

Psychometrics:

Reliability: Cronbach’s alpha was .83 for the age-diverse adult sample studied by McAdams and de St. Aubin (1992). In an intergenerational sample, Andreoletti and Howard achieved a .81 Cronbach’s alpha in their sample.

Validity: Convergent validity was indicated by high correlations with other measures of generativity (see McAdams & de St. Aubin, 1992). Discriminant validity was represented by low correlations with an unrelated measure – social desirability.

Accessing and using the scale: There is no cost to access the scale.

Instrument Citation:

McAdams, D. P., & de St. Aubin, E. (1992). A theory of generativity and its assessment through self-report, behavioral acts, and narrative themes in autobiography. *Journal of Personality and Social Psychology*, 62, 1003-1015. DOI: 10.1037/0022-3514.62.6.1003

Intergenerational Citations:

Andreoletti, C., Howard, J. L. (2018). Bridging the generation gap: Intergenerational service-learning benefits young and old. *Gerontology and Geriatrics Education, 39*, 46-60. DOI: 10.1080/02701960.2016.115226.

Ehlman, K., Ligon, M., & Moriello, G. (2014). The impact of intergenerational oral history on perceived generativity in older adults. *Journal of Intergenerational Relationships, 12*, 40-53. DOI: 10.1080/15350770.2014.870865.

Loyola Generativity Scale

Name: _____

Please read each statement and indicate how often it applies to you.

Never	Occasionally	Fairly	Very Often
0	1	2	3

1. I try to pass along the knowledge I have gained through my experiences.	
2. I do not feel that other people need me.	
3. I think I would like the work of a teacher.	
4. I feel as though I have made a difference to many people.	
5. I do not volunteer to work for a charity.	
6. I have made and created things that have had an impact on other people.	
7. I try to be creative in most things that I do.	
8. I think that I will be remembered for a long time after I die.	
9. I believe that society cannot be responsible for providing food and shelter for all homeless people.	
10. Others would say that I have made unique contributions to society.	
11. If I were unable to have children of my own, I would like to adopt children.	
12. I have important skills that I try to teach others.	
13. I feel that I have done nothing that will survive after I die.	
14. In general, my actions do not have a positive effect on others.	
15. I feel as though I have done nothing of worth to contribute to others.	
16. I have made many commitments to many different kinds of people, groups, and activities in my life.	
17. Other people say that I am a very productive person.	
18. I have a responsibility to improve the neighborhood in which I live.	
19. People come to me for advice.	
20. I feel as though my contributions will exist after I die.	

Source: McAdams, D. P., & de St. Aubin, E. (1992). A theory of generativity and its assessment through self-report, behavioral acts, and narrative themes in autobiography. *Journal of Personality and Social Psychology*, 62, 1003-1015. DOI: 10.1037/0022-3514.62.6.1003.

Perception of Generativity Scale

Target: Older adults

Construct Measured: Perception of generativity - feeling of care and concern for others

Length: Generative desire—7 items, Perceived generative achievement—6 items

Purpose: Gruenewald and colleagues explored how participation of older adult volunteers in the Experience Corps tutoring program affected perceptions of generativity—an important developmental goal in later life—over a 24-month period. Those contributing to the volunteer program demonstrated higher desire and perception of generativity than older adults in a comparison group. A dose-response effect was detected; volunteers with greater exposure to the program demonstrated greater increases using the Perception of Generativity scale.

Procedures: Respondents indicated level of agreement on a 6-point Likert scale (1= “disagree strongly” to 6= “strongly agree”). Seven items assessed generative desire and can be useful for a needs assessment or pre-test before launching an intergenerational program. Another six address perceptions of current generative achievement and may be useful evaluation of program outcomes. In Gruenewald and colleagues’ study, the desire or achievement subscales were administered as part of a 2-3 hour in-person interview with subjects in which a range of other assessments were conducted.

Range of scores:

Summing items for the subscales, range for the generative desire items is 7-42 and for the generative achievement sub-scale 6-36, with higher scores indicating higher generative desire or achievement.

- Generative desire sub-scale items: 1-7
- Perceived generative achievement sub-scale items: 8-13

Psychometrics:

Reliability: The Perception of Generativity scale demonstrated acceptable internal consistency. Because factor analysis of the items indicated two distinct factors, desire for generativity and current perceptions of generativity, Cronbach’s alpha was calculated for each subscale (desire for generativity: $\alpha=0.82$; generative achievement: $\alpha=0.90$). (Gruenewald et al., 2015).

Validity: Analysis of validity was not provided by the authors.

Accessing and using the scale: There is no cost to access the Perception of Generativity scale.

Instrument/Intergenerational Citation:

Gruenewald, T.L., Tanner, E.K., Fried, L.P., Carlson, M.C., Xue, Q.L., Parisi, J.M., & Seeman, T.E., (2015). The Baltimore Experience Corps trial: enhancing generativity via intergenerational activity engagement in later life. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 71, 661-670. doi:10.1093/geronb/gbv005.

Perception of Generativity Scale: Generative Desire Pretest

Participant Name: _____

Read each statement and rate the level in which you agree or disagree.

Disagree Strongly	Disagree	Slightly Disagree	Slightly Agree	Agree	Agree Strongly
1	2	3	4	5	6

1. I want to make a difference in the lives of others.	
2. I want to give back to my community.	
3. I want to create new things or ways of doing things.	
4. I want to share my experiences with other people.	
5. I want to mentor people younger than me.	
6. I want to do something that will be valuable to others for a long time.	
7. I want to show people younger than me how to do things.	

Source: Gruenewald, T.L., Tanner, E.K., Fried, L.P., Carlson, M.C., Xue, Q.L., Parisi, J.M., & Seeman, T.E., (2015). The Baltimore Experience Corps trial: enhancing generativity via intergenerational activity engagement in later life. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 71, 661-670. doi:10.1093/geronb/gbv005.

Perception of Generativity Scale: Perceived Generative Achievement

Participant Name: _____

Read each statement and rate the level in which you agree or disagree.

Disagree Strongly	Disagree	Slightly Disagree	Slightly Agree	Agree	Agree Strongly
1	2	3	4	5	6

1. I feel like I make a difference in my community.	
2. I feel like I will do things that will last for a long time.	
3. I feel like I will be remembered for a long time.	
4. I feel like I am doing things that will leave a legacy.	
5. I feel like I am giving back.	
6. I feel like I am making a difference in the lives of others.	

Source: Gruenewald, T.L., Tanner, E.K., Fried, L.P., Carlson, M.C., Xue, Q.L., Parisi, J.M., & Seeman, T.E., (2015). The Baltimore Experience Corps trial: enhancing generativity via intergenerational activity engagement in later life. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 71, 661-670. doi:10.1093/geronb/gbv005.

Satisfaction with Life Scale (SWLS)

Target: Adults

Construct Measured: Global life satisfaction

Length: 5 items

Purpose: Recognizing that an individual's life satisfaction depends upon their comparison to an internal standard set by the individual, Diener and colleagues (1985) aimed to improve upon earlier, single-item life satisfaction scales by creating a multi-item scale that focuses on the judgement of life quality and can be used by all adults.

Procedures: Respondents complete the survey independently. In Diener and colleagues' study (1985), the older adults completed the survey in a large-print format, which some researchers may find necessary for respondents completing any print survey.

Meshel and McGlynn used the SWLS in a study that randomly assigned middle school students (ages 11-13) to one of three conditions for a 6-week period (intergenerational friendships, classroom instruction about aging, and no contact or instruction about aging).

Range of scores: Items are scored on a 7-point scale with a higher score indicating greater satisfaction. Item scores are summed for a total SWLS score (range=5-35); again, higher scores indicate greater judgement of satisfaction with life.

Psychometrics:

Reliability: Scale reliability was .87 (Diener et al., 1985) with a high test-retest correlation of .82. Meshel and McGlynn reported high internal consistency (Cronbach's alpha =.87) and test-retest reliability.

Validity: Moderately strong positive correlations between the SWLS and other measures of subjective well-being ($r=.47-.68$) resulted, along with a modest negative correlation with self-report of negative affect (Diener et al., 1985).

Accessing and using the scale: There is no cost to access the scale.

Instrument Citation:

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985) The Satisfaction with Life scale. *Journal of Personality Assessment*, 49, 71-75. DOI: 10.1207/s15327752jpa4901_13

Intergenerational Citation:

Meshel, D., & McGlynn, R. P. . (2004). Intergenerational contact, attitudes, and stereotypes of adolescents and older people. *Educational Gerontology*, 30, 457-479. DOI:10.1080/03601270490445078

Satisfaction with Life Scale

Name _____

Instructions: Read the following statements and rate each one according to the scale below:

1	2	3	4	5	6	7
Disagree Strongly	Disagree	Slightly Disagree	Neutral	Slightly Agree	Agree	Agree Strongly

1. In most ways my life is close to my ideal.	
2. The conditions of my life are excellent.	
3. I am satisfied with my life.	
4. So far, I have gotten the important things I want in life.	
5. If I could live my life over, I would change almost nothing.	

Source: Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985) The Satisfaction with Life scale. *Journal of Personality Assessment*, 49, 71-75. DOI: 10.1207/s15327752jpa4901_13

Quality of Life–Alzheimer’s Disease Scale

Target: Adults with Alzheimer’s disease and related dementias; caregivers of the person with dementia frequently complete the scale as a proxy report

Construct Measured: Quality of Life, reflecting domains of behavioral competence, psychological status, physical functioning, and interpersonal environment

Length: 13 items scored on a 4-point Likert scale; administered as an interview, the scale should take approximately 10 minutes to complete.

Purpose: To assess self-reported quality of life (QOL) of an under-represented but growing group when traditional measures of QOL may be difficult for persons with dementia to complete. Change in QOL may indicate effectiveness of interventions designed to improve lives of persons with dementia.

Procedures: Interviewers use explicit directions to administer the instrument to patients - persons with dementia, who follow along on their own copy of the survey while the interviewer reads the items. Interviewees are encouraged to either respond to items verbally or to circle their response with pen or pencil. Interviewers note if a respondent is unable to choose an answer to an item and then move onto the next item. If the respondent is unable to comprehend and/or respond to two items, the interviewer thanks the adult for their responses and discontinues the interview. Some background information about the respondent is needed before the interviewer can administer the QOL-AD. For example, if the respondent was unmarried, the interviewer would modify item 7 to refer to their closest personal relationship or the relationship with their current caregiver.

Caregivers serve as a proxy for the person with dementia, completing the QOL-AD as a survey on behalf of the person with dementia. The interviewer provides clarification if needed. Thus, the interviewer should have two completed QOL-AD surveys for each person with dementia - one completed by the caregiver and one completed by the person with dementia.

Range of scores: Items are scored on a 4-point Likert scale where 1=poor, 2=fair, 3=good, and 4=excellent. Sum scores are totaled separately for the versions completed by the person with dementia and the caregiver. For up to two missing items (e.g., the respondent could not choose an answer), the mean response is substituted. If more than two items are missing or incomplete, the entire instrument is considered missing or unusable. Sum scores can range from 13-52 with a higher score indicating higher QOL.

Psychometrics:

Reliability: Logsdon and colleagues reported excellent internal consistency reliability for patient and caregiver reports on the QOL-AD ($\alpha=0.84$ and 0.86 respectively). Researchers also calculated internal consistency within sub-groups of the persons with dementia, after categorizing them into three groups based on their mini-mental status exam score (mild, moderate, and significant cognitive impairment), alpha was acceptable at all levels of cognitive functioning.

Validity: Indicators of concurrent validity came from statistically significant correlations in hypothesized directions between QOL-AD scores and measures of the QOL domains (behavioral competence, psychological status, physical functioning, and interpersonal environment).

Accessing and using the scale: Mapi Research Trust is now the official distributor for the QOL-AD, and they have a well-developed mechanism for people to request the measure and get the latest information about it. There is no charge for most academic/non-profit users, but they monitor who is using it so that updates can be provided as needed. Mapi Research Trust also provides a number of linguistically and culturally validated translations available; they have the resources to do additional translations as needed. <https://eprovide.mapi-trust.org/instruments/quality-of-life-in-alzheimer-s-disease>

Instrument Citation:

Logsdon, R. G., Gibbons, L. E., McCurry, S. M., Teri, L., (2002). Assessing quality of life in older adults with cognitive impairment. *Psychosomatic medicine*, 64, 510-519. DOI: 10.1097/00006842-200205000-00016

Intergenerational Citation:

Chung, J. C. C. (2009). An intergenerational reminiscence programme for older adults with early dementia and youth volunteers: values and challenges. *Scandinavian Journal of Caring Sciences*, doi: 10.1111/j.1471-6712.2008.00615.x

Quality of Life–Alzheimer’s Disease Scale

Consistent with Mapi Research Trust guidelines, the examination copy of the QOL-AD included here can only be used for the limited purpose of examining the suitability of the Questionnaire for subsequent research and/or clinical use, and cannot be used in research or in clinical practice or distributed to others. To gain access to a copy suitable for research and clinical practice, register at the Mapi Research Trust. <https://eprovide.mapi-trust.org/instruments/quality-of-life-in-alzheimer-s-disease>. There is no cost to register or access the scale.

Instructions

Hand the form to the respondent so that they may look at it as you give the following instructions (in bold type).

I want to ask you some questions about your quality of life and have you rate different aspects of your life using one of four words: poor, fair, good, or excellent.

Point to each word (poor, fair, good, and excellent) on the form as you say it.

When you think about your life, there are different aspects, like your physical health, energy, family, money, and others. I’m going to ask you to rate each of these areas. We want to find out how you feel about your current situation in each area.

If you’re not sure about what a question means, you can ask me about it. If you have difficulty rating any item, just give it your best guess.

It is usually apparent whether an individual understands the questions, and most individuals who are able to communicate and respond to simple questions can understand the measure. If the participant answers all questions the same, or says something that indicates a lack of understanding, the interviewer is encouraged to clarify the question. However, under no circumstances should the interviewer suggest a specific response. Each of the four possible responses should be presented, and the participant should pick one of the four. If a participant is unable to choose a response to a particular item or items, this should be noted in the comments. If the participant is unable to comprehend and/or respond to two or more items, the testing may be discontinued, and this should be noted in the comments.

As you read the items listed below, ask the participant to circle their response. If the participant has difficulty circling the word, you may ask them to point to the word or say the word, and you may circle it for them. You should let the participant hold their own copy of the measure, and follow along as you read each item.

- 1. First of all, how do you feel about your physical health? Would you say it’s poor, fair, good, or excellent? Circle whichever word you think best describes your physical health right now.**
- 2. How do you feel about your energy level? Do you think it is poor, fair, good, or excellent?** If the participant says that some days are better than others, ask him or her to rate how she/he has been feeling most of the time lately.

3. **How has your mood been lately? Have your spirits been good, or have you been feeling down? Would you rate your mood as poor, fair, good, or excellent?**
4. **How about your living situation? How do you feel about the place you live now? Would you say it's poor, fair, good, or excellent?**
5. **How about your memory? Would you say it is poor, fair, good, or excellent?**
6. **How about your family and your relationship with family members? Would you describe it as poor, fair, good, or excellent?** If the respondent says they have no family, ask about brothers, sisters, children, nieces, nephews.
7. **How do you feel about your marriage? How is your relationship with (spouse's name). Do you feel it's poor, fair, good, or excellent?** Some participants will be single, widowed, or divorced. When this is the case, ask how they feel about the person with whom they have the closest relationship, whether it's a family member or friend. If there is a family caregiver, ask about their relationship with this person. If there is no one appropriate, or the participant is unsure, score the item as missing.
8. **How would you describe your current relationship with your friends? Would you say it's poor, fair, good, or excellent?** If the respondent answers that they have no friends, or all their friends have died, probe further. **Do you have anyone you enjoy being with besides your family? Would you call that person a friend?** If the respondent still says they have no friends, ask how do you feel about having no friends—poor, fair, good, or excellent?
9. **How do you feel about yourself—when you think of your whole self, and all the different things about you, would you say it's poor, fair, good, or excellent?**
10. **How do you feel about your ability to do things like chores around the house or other things you need to do? Would you say it's poor, fair, good, or excellent?**
11. **How about your ability to do things for fun, that you enjoy? Would you say it's poor, fair, good, or excellent?**
12. **How do you feel about your current situation with money, your financial situation? Do you feel it's poor, fair, good, or excellent?** If the respondent hesitates, explain that you don't want to know what their situation is (as in amount of money), just how they feel about it.
13. **How would you describe your life as a whole? When you think about your life as a whole, everything together, how do you feel about your life? Would you say it's poor, fair, good, or excellent?**

QOL-AD**Family Version - SAMPLE**

See <https://eprovide.mapi-trust.org/instruments/quality-of-life-in-alzheimer-s-disease> for full access.

Name:	
Relative's name:	

Instructions: Please rate your relative's current situation, as you see it. Circle your responses.

1. Physical health	Poor	Fair	Good	Excellent
2. Energy	Poor	Fair	Good	Excellent
3. Mood	Poor	Fair	Good	Excellent
4. Living situation	Poor	Fair	Good	Excellent
5. Memory	Poor	Fair	Good	Excellent
6. Family	Poor	Fair	Good	Excellent
7. Marriage	Poor	Fair	Good	Excellent
8. Friends	Poor	Fair	Good	Excellent
9. Self as a whole	Poor	Fair	Good	Excellent
10. Ability to do chores around the house	Poor	Fair	Good	Excellent
11. Ability to do things for fun	Poor	Fair	Good	Excellent
12. Money	Poor	Fair	Good	Excellent
13. Life as a whole	Poor	Fair	Good	Excellent

Comments:

Source: Logsdon, R. G., Gibbons, L. E., McCurry, S. M., Teri, L., (2002). Assessing quality of life in older adults with cognitive impairment. *Psychosomatic medicine*, 64, 510-519. DOI: 10.1097/00006842-200205000-00016

QOL-AD**Participant Version - SAMPLE**

See <https://eprovide.mapi-trust.org/instruments/quality-of-life-in-alzheimer-s-disease> for full access.

Name:	
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Instructions: Interviewer administer according to standard instructions. Circle participant responses.

1. Physical health	Poor	Fair	Good	Excellent
2. Energy	Poor	Fair	Good	Excellent
3. Mood	Poor	Fair	Good	Excellent
4. Living situation	Poor	Fair	Good	Excellent
5. Memory	Poor	Fair	Good	Excellent
6. Family	Poor	Fair	Good	Excellent
7. Marriage	Poor	Fair	Good	Excellent
8. Friends	Poor	Fair	Good	Excellent
9. Self as a whole	Poor	Fair	Good	Excellent
10. Ability to do chores around the house	Poor	Fair	Good	Excellent
11. Ability to do things for fun	Poor	Fair	Good	Excellent
12. Money	Poor	Fair	Good	Excellent
13. Life as a whole	Poor	Fair	Good	Excellent

Comments:

Source: Logsdon, R. G., Gibbons, L. E., McCurry, S. M., Teri, L., (2002). Assessing quality of life in older adults with cognitive impairment. *Psychosomatic medicine*, 64, 510-519. DOI: 10.1097/00006842-200205000-00016

UCLA Loneliness Scale (Version 3)

Target: Adults

Construct Measured: Loneliness

Length: 20 items; 11 negatively (lonely) worded, 9 positively (non-lonely) worded

Purpose: The scale was designed to describe the experiences of lonely individuals and Version 3 was developed using data from a diverse age range of adult samples.

As an outcome of intergenerational program participation, Gaggioli and colleagues (2014) engaged 32 older adults in repeated measures study of the effects of intergenerational reminiscence on loneliness, self-esteem, and quality of life. Considering loneliness, elder participants described a significant decline in loneliness after participating in the three weekly 2-hour reminiscence sessions. *Please note that Gaggioli and colleagues refer to using an Italian Loneliness Scale, which was based on Russell and colleagues' UCLA Loneliness Scale. Items from this 18-item version were not presented. Thus procedures and psychometrics, and the scale at the end of this document reflect Russell's UCLA Loneliness Scale (Version 3), and interested parties are advised to use the UCLA Loneliness Scale unless an Italian language scale is sought.

Procedures: The survey may be administered in interview or survey format. Russell described validating the scale with elders demonstrating good health and capable of understanding the questions that would be asked in the survey. Gaggioli and colleagues describe recruiting their participants from senior centers, where adults would likely have been independent, community-dwelling persons in good health.

Range of scores: Scores on the 20-item survey, when summed, range from 20-80 with a higher score indicating a greater degree of loneliness.

The scale consists of a mix of 20 positively (not lonely) and negatively (lonely) worded items indicating presence or absence of loneliness rated on a 4-point Likert scale where 1=never and 4=always. Reverse coding is used to score the instrument after completion so that a score of 1 is reverse coded to 4; 2 is reverse coded to 3; 3 is reverse coded to 2; and 4 is reverse coded to 1. Totals are then calculated.

- Items requiring reverse coding: 1, 5, 6, 9, 10, 15, 16, 19, 20

Psychometrics:

Reliability: The UCLA Loneliness Scale demonstrated high internal consistency with a Cronbach's alpha ranging from 0.89-0.94 (Russell, 1996) and 1-year test-retest reliability ($r=0.73$).

Validity: According to Russell (1996), the scale demonstrated indicators of discriminant validity in an older sample based on theory that older adults' loneliness depends on qualities, rather than quantities of social contact. Scores demonstrated only weak relationships with characteristics such as number of kin and non-kin in the respondent's network and frequency of social contact. Construct validity was indicated by strong relationships between the loneliness scale score and scores indicative of quality of interpersonal relationships ($r=1.54, p<.001$).

Accessing and using the scale: There is no cost to access the UCLA Loneliness Scale.

Instrument Citation:

Russell, D., (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66(1), 20-40. doi:10.1207/s15327752jpa6601_2.

Intergenerational Citation:

Gaggioli, A., Morganti, L., Bonfiglio, S., Scaratti, C., Cipresso, P., Serino, S., Riva, G. (2013). Intergenerational group reminiscence: A potentially effective intervention to enhance elderly psychosocial wellbeing and to improve children's perception of aging. *Educational Gerontology*, 40(7), 486-498. DOI: 10.1080/03601277.2013.844042.

UCLA Loneliness Scale

Participant Name: _____

The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described by writing a number in the space provided. Here is an example:

How often do you feel happy?

If you never felt happy, you would respond "never"; if you always feel happy, you would respond "always."

NEVER

1

RARELY

2

SOMETIMES

3

ALWAYS

4

1. How often do you feel that you are "in tune" with the people around you?	
2. How often do you feel that you lack companionship?	
3. How often do you feel that there is no one you can turn to?	
4. How often do you feel alone?	
5. How often do you feel part of a group of friends?	
6. How often do you feel that you have a lot in common with the people around you?	
7. How often do you feel that you are no longer close to anyone?	
8. How often do you feel that your interests and ideas are not shared by those around you?	
9. How often do you feel outgoing and friendly?	
10. How often do you feel close to people?	
11. How often do you feel left out?	
12. How often do you feel that your relationships with others are not meaningful?	
13. How often do you feel that no one really knows you well?	
14. How often do you feel isolated from others?	
15. How often do you feel you can find companionship when you want it?	
16. How often do you feel that there are people who really understand you?	
17. How often do you feel shy?	
18. How often do you feel that people are around you but not with you?	
19. How often do you feel that there are people you can talk to?	
20. How often do you feel that there are people you can turn to?	

Source: Russell, D., (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66(1), 20-40. doi:10.1207/s15327752jpa6601_2.

PGC Morale Scale

Target: Older adults

Construct Measured: Morale with sub-factors of agitation attitude toward own aging, and lonely dissatisfaction

Length: 17 dichotomous items typically administered as an interview

Purpose: Lawton developed the scale to be a brief measure of morale, intentionally using simply worded items and response formats so that very old or less competent individuals can still complete the scale. Three factors within the scale include agitation - anxiety experienced by the respondent, attitude toward own aging - perceptions of changes the respondent has experienced as they have aged, and lonely dissatisfaction - the respondent's level of satisfaction with their current level of social interaction.

Montoro-Rodriguez and Pinazo (2005) used the Morale Scale to present baseline information on adults ages 55 + enrolled in a program at the University of Valencia designed for older adult students. Administered as a survey that respondents completed independently, researchers reported acceptable internal consistency ($\alpha=.78$). Because baseline level data were presented, program impact on social integration and other outcomes of interest were not reported in the paper.

Procedures: Interview format is recommended, particularly with very old or less competent adults; some researchers have administered the scale as a survey completed independently by the respondent. In the recommended interview format, the interviewer follows a simple set of instructions. While most of the items have yes/no answers, some have alternate response options. For these items, interviewers should read the alternatives to the respondent.

Interviewers are encouraged to "be aware" of potential sensory and communication limitations of the respondent. Standard practices of speaking clearly and loudly enough for the respondent are recommended. An item may be re-read if the respondent does not appear to comprehend it, but interviewers should "NEVER REWORD AN ITEM OR OFFER AN EXPLANATION OR ELABORATION" (Lawton, 2003, p. 3).

After completing the interview, interpretation should go beyond the sum score. For example, interpretation may lead to additional measures or to judge respondent morale and appropriate responses.

The dichotomous items are scored with a score of 1 indicating the high-morale response and 0 the low-morale response (see Table 1 below for factor items and scoring guidelines, taken from Lawton, 2003, p. 6). Item scores are summed. No norms have been established for low, moderate, or high morale; however, scores of 13-17 may be considered high morale, 10-12 mid-range, and scores of 9 or lower could be considered low morale.

Range of scores: 0-17 with 1 point for each high-morale answer. A higher sum score reflects higher morale. Factor scores may be used in some instances, but creators recommend the total score.

Table 1. High morale response for PGC Morale Scale

Item	High Morale Response
Factor 1 - Agitation	
4. Do little things bother you more this year?	No
7. Do you sometimes worry so much you can't sleep?	No
12. Are you afraid of a lot of things?	No
13. Do you get mad more than you used to?	No
16. Do you take things hard?	No
17. Do you get upset easily?	No
Factor 2 - Attitude Toward Own Aging	
Do things keep getting worse as you get older?	No
Do you have as much pep as you had last year?	Yes
6. Do you feel that as you get older you are less useful?	No
8. As you get older, are things (read options) better than you thought?	Better
10. Are you as happy now as you were when you were younger?	Yes
Factor 3 - Lonely Dissatisfaction	
How much do you feel lonely?	Not much
Do you see enough of your friends and relatives?	Yes
9. Do you sometimes feel that life isn't worth living?	No
11. Do you have a lot to be sad about?	No
14. Is life hard much of the time?	No
15. How satisfied are you with your life today?	Satisfied

Psychometrics:

Reliability: Internal consistency of agitation, attitude towards own aging, and lonely dissatisfaction factors of the scale were .85, .81, and .85 respectively (Lawton, 1975).

Validity: Lawton (1975) indicated validity of the Morale Scale with a 3-factor solution accounting for 43% of total variance with 17 items representing the factors of agitation, attitude towards own aging, and lonely dissatisfaction.

Accessing and using the scale: There is no cost to access the scale. The Abramson Center for Jewish Life website makes a request of those publishing research based on the scale.

Per the Abramson Center for Jewish Life website: "If you produce books, articles or book chapters containing translations or research using the above materials, please forward copies, reprints, or citations of same to Kimberly Van Haitsma, Polisher Research Institute, Abramson Center for Jewish Life, 1425 Horsham Road, North Wales, PA 19454-1320." (retrieved 10/18/19 from: <https://www.abramsoncenter.org/research/applications/assessment-instruments/>)

Instrument Citation:

Lawton M.P. (1975). The Philadelphia Geriatric Center Morale Scale: a revision. *Journal of Gerontology*, 30, 85-89. [10.1093/geronj/30.1.85](https://doi.org/10.1093/geronj/30.1.85)

Suggested Citation (per the Abramson Center for Jewish Life):

Lawton, M.P. (2003), Lawton's PGC Morale Scale [Morale Scale created by M. Powell Lawton (1923-2001) while at the Polisher Research Institute of the Philadelphia Geriatric Center (now known as the Abramson Center for Jewish Life)]. Retrieved [insert date], from [http://www.abramsoncenter.org/PRI/ \(Scales page\)](http://www.abramsoncenter.org/PRI/(Scales%20page)).

Intergenerational Citation:

Montoro-Rodriguez, J., & Pinazo, S. (2005). Evaluating social integration and psychological outcomes for older adults enrolled at a university intergenerational program. *Journal of Intergenerational Relationships*, 3, 65-81. https://doi.org/10.1300/J194v03n03_05

PGC Morale Scale - Interview Format

Respondent name _____

Agitation Sub-Scale		
Do little things bother you more this year?	Yes	No
7. Do you sometimes worry so much that you can't sleep?	Yes	No
12. Are you afraid of a lot of things?	Yes	No
13. Do you get mad more than you used to?	Yes	No
16. Do you take things hard?	Yes	No
17. Do you get upset easily?	Yes	No
Attitude Toward Own Aging Sub-Scale		
Do things keep getting worse as you get older?	Yes	No
Do you have as much pep as you had last year?	Yes	No
Do you feel that as you get older you are less useful?	Yes	No
8. As you get older, are things (better/worse) than you thought they would be?	Better	Worse
10. Are you as happy now as when you were younger?	Yes	No
Lonely-Dissatisfaction Sub-Scale		
9. Do you sometimes feel that life isn't worth living?	Yes	No
11. Do you have a lot to be sad about?	Yes	No
14. Is life hard much of the time?	Yes	No
15. How satisfied are you with your life today?	Satisfied	Not satisfied
How much do you feel lonely?	Not much	A lot
Do you see enough of your friends and relatives?	Yes	No

Source: Lawton, M.P. (2003), Lawton's PGC Morale Scale [Morale Scale created by M. Powell Lawton (1923-2001) while at the Polisher Research Institute of the Philadelphia Geriatric Center (now known as the Abramson Center for Jewish Life)]. Retrieved October 18, 2019, from <http://www.abramsoncenter.org/PRI/> (Scales page).

PGC Morale Scale - Survey Format

Your name _____

Please read each statement below and for each item, circle the answer that best describes you.

1. Things keep getting worse as I get older.	Yes	No
2. I have as much pep as I had last year.	Yes	No
3. How much do you feel lonely?	Not much	A lot
4. Little things bother me more this year.	Yes	No
5. I see enough of my friends and relatives.	Yes	No
6. As you get older, you are less useful.	Yes	No
7. I sometimes worry so much that I can't sleep.	Yes	No
8. As I get older, things are (better/worse) than I thought they would be.	Better	Worse
9. I sometimes feel that life isn't worth living.	Yes	No
10. I am as happy now as I was when I was younger.	Yes	No
11. I have a lot to be sad about.	Yes	No
12. I am afraid of a lot of things.	Yes	No
13. I get mad more than I used to.	Yes	No
14. Life is hard for me much of the time.	Yes	No
15. How satisfied are you with your life today?	Satisfied	Not satisfied
16. I take things hard.	Yes	No
17. I get upset easily.	Yes	No

Source: Lawton, M.P. (2003), Lawton's PGC Morale Scale [Morale Scale created by M. Powell Lawton (1923-2001) while at the Polisher Research Institute of the Philadelphia Geriatric Center (now known as the Abramson Center for Jewish Life)]. Retrieved October 18, 2019, from <http://www.abramsoncenter.org/PRI/> (Scales page).

Brief Sense of Community Scale

Target: Adults are the targeted respondent; the scale may prove appropriate with older youth.

Construct Measured: Sense of community

Length: 8 items

Purpose: Informed by the McMillan and Chavis (1986) model of *psychological sense of community*, the scale reflects four dimensions of fulfillment, group membership, influence, and emotional connection. It was designed as a brief measure to be utilized easily in community-based research and practice. Low and colleagues (2015) adapted the scale for administration to a group of nursing home residents participating in a 12-week Grandfriends program with preschoolers. They replaced the word "neighborhood" in scale items with "care home." Residents completed the instrument with assistance from a researcher. There was no difference in rated sense of community among Grandfriends participants compared to a control group of nursing home residents who did not participate in the intergenerational program.

Procedures:

Range of scores: Items are scored on a 5-point Likert-type scale from strongly agree to strongly disagree. Items are summed for sub-scales and full scale, with a higher score indicating greater sense of community. Sub-scale sum scores will range from 2-10; full scale range is 8-40. Items comprising the four dimensions are as follows:

Needs fulfillment - 1, 2

Membership - 3, 4

Influence - 5, 6

Emotional connection - 7, 8

Psychometrics:

Reliability: Cronbach's alpha for the full scale was .92 (Peterson et al., 2008); subscale reliability was .77 for influence, .86 for needs fulfillment, .87 for emotional connection, and .94 for group membership.

Validity: Significant correlations between all four sense of community dimensions and indicators of community participation, psychological empowerment, and mental health were cited as indicators of construct validity (Peterson et al., 2008).

Accessing and using the scale: There is no cost to access the scale

Instrument Citation:

Peterson, N. A., Speer, P. W., & McMillan, D. W. (2008). Validation of a brief sense of community scale: Confirmation of the principal theory of sense of community. *Journal of Community Psychology*, 36, 61-73. doi:10.1002/jcop.20217.

Intergenerational Citation:

Low, L., Russell, F., McDonald, T., & Kauffman, A. (2015). Grandfriends, an intergenerational program for nursing-home residents and preschoolers: A randomized trial. *Journal of Intergenerational Relationships*, 13, 227-240. Doi: 10.1080/15350770.2015.1067130.

Brief Sense of Community Scale

Name _____

Please read and rate your level of agreement with each statement below.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree/ disagree	Agree	Strongly agree

1. I can get what I need in this neighborhood.	
2. This neighborhood helps me fulfill my needs.	
3. I feel like a member of this neighborhood.	
4. I belong in this neighborhood.	
5. I have a say about what goes on in my neighborhood.	
6. People in this neighborhood are good at influencing each another.	
7. I feel connected to this neighborhood.	
8. I have a good bond with others in this neighborhood.	

Source: Peterson, N. A., Speer, P. W., & McMillan, D. W. (2008). Validation of a brief sense of community scale: Confirmation of the principal theory of sense of community. *Journal of Community Psychology*, 36, 61-73. doi:10.1002/(ISSN)1520-6629.

Social Behavior Scale

Target: Adults, though the scale may be appropriate for documenting youth social behavior also

Construct Measured: Social Behavior

Length: Creators describe collecting multiple observations of multiple subjects over a 15-minute period.

Purpose: To systematically describe behavioral responses of frail older adult participants in intergenerational programming. Observations were made during intergenerational programming and “during times when the IG program was not in operation (Short-DeGraff & Diamon, p. 469).” Results indicated that older adult subjects demonstrated greater levels of social interaction and significantly lower levels of solitary behavior when the children were present compared to when they were not.

Procedures: Creators described using an ABAB design in which data were collected at baseline, before initiating the intergenerational program (condition A), and during intergenerational program implementation (condition B). A momentary time-sampling procedure involved trained observers in brief intervals of observing for 3 seconds and recording observations for 7 seconds. Up to three older adult subjects were observed per session (or single intergenerational activity). Three series of observations per subject are collected per session. A series consists of 10 observations (3 s observe: 7 s record) of Subject 1, then Subject 2, and then Subject 3. Observations are distributed across 15-minutes (a typical length of intergenerational activities with frail elders). While observers described that observations were only coded during unstructured periods when children and older adults were together (the children and older adults shared space during the day), the behavior categories should also be appropriate for structured programming.

Description of social categories are taken from Short-DeGraff & Diamon (1996: p. 471).

- **Positive Social Interaction:** Subject was directly engaged with another person in conversation or in mutual participation in an activity (e.g., engaging in conversation with someone, verbalizing while looking at someone, being addressed by someone, jointly using materials). At the time that social interactions were observed, data were also collected to determine with whom the elderly adults were interacting: other members (M), staff (S), preschool teachers (T), and/or children (C).
- **Solitary Productive Activity:** Subject was independently goal-directed, engaged with materials or objects and directed toward accomplishing some task, (e.g., knitting, reading the paper, handling and rolling dice during a group game, during which time the individual is not touching, talking to, or being talked to by, others).
- **Nonsocial, nonproductive activity.** Subject exhibited behavior neither directed at accomplishing a task nor supporting positive social interaction (e.g., sleeping, holding on to materials but not moving or manipulating them, staring vacantly, verbalizing but neither looking at nor addressing anyone).

Scoring the Social Behavior Scale: Researchers calculate the mean percentage for each subject’s exhibition of the three behavioral categories. For example, if a subject was coded as demonstrating positive social interaction for 15 of the 30 observations in a single session (comprised of three series at 10 observations per series), they achieved 50% social interaction during this session. A mean of these percentages across sessions is then calculated for each subject. Separate mean calculations are calculated for each condition, such as observations made during intergenerational sessions and non-intergenerational sessions.

Psychometrics:

Reliability: Observers achieved inter-rater agreement ranging from 85-91% on the three behavioral categories.

Validity: Indicators of validity were not provided by creators.

Accessing and using the scale: There is no cost for accessing the scale.

Instrument Citation:

Short-DeGraff, M. A. and K. Diamond (1996). Intergenerational program effects on social responses of elderly adult day care members. *Educational Gerontology* 22(5), 467-482. DOI: 10.1080/0360127960220506

Social Behavior Scale (form prepared by Shannon Jarrott)

Date:	Observer:					Description of Session:				
Subject	Series 1 - SAMPLE									
	Obs.1	2	3	4	5	6	7	8	9	10
Subject 1.										
Positive social (Specify)				S	S	C	C	C,T	T	
Solitary productive		x	X							
Nonsocial, nonproductive	x									X

If positive social behavior is observed, note with code whether interaction was with (note all applicable) another member (M), staff (S), preschool teacher (T), and/or children (C).

Subject	Series 1									
	Obs.1	2	3	4	5	6	7	8	9	10
Subject 1.										
Positive social (Specify)										
Solitary productive										
Nonsocial, nonproductive										
Subject 2.										
Positive social (Specify)										
Solitary productive										
Nonsocial, nonproductive										
Subject 3.										
Positive social (Specify)										
Solitary productive										
Nonsocial, nonproductive										

Subject	Series 1									
	Obs.1	2	3	4	5	6	7	8	9	10
Subject 1.										
Positive social (Specify)										
Solitary productive										
Nonsocial, nonproductive										
Subject 2.										
Positive social (Specify)										
Solitary productive										
Nonsocial, nonproductive										
Subject 3.										
Positive social (Specify)										
Solitary productive										
Nonsocial, nonproductive										
Subject	Series 1									
	Obs.1	2	3	4	5	6	7	8	9	10
Subject 1.										
Positive social (Specify)										
Solitary productive										
Nonsocial, nonproductive										
Subject 2.										
Positive social (Specify)										
Solitary productive										
Nonsocial, nonproductive										
Subject 3.										
Positive social (Specify)										
Solitary productive										
Nonsocial, nonproductive										

Source: Short-DeGraff, M. A. and K. Diamond (1996). Intergenerational program effects on social responses of elderly adult day care members. *Educational Gerontology* 22(5), 467-482. DOI: 10.1080/0360127960220506

Menorah Park Engagement Scale (MPES)

Target: Adults

Construct Measured: Engagement behaviors commonly observed among older adults in care settings

Length: An 11-item instrument involving observation of persons presented with activities in a care setting. Engagement behavior, affect, refusal, and helping behaviors are coded.

Purpose: Creators intended the scale to capture engagement in activities presented to elders in care settings such as adult day programs or residential care settings. Scores serve as a proxy indicator of programming quality in real-world circumstances as Camp and colleagues determined the MPES sensitive to effects of high-quality activity programming compared to more typical programming offered to persons with dementia. The scale can be used to determine if some types of activities are more engaging for individuals or for a group of participants. Creators also indicated that observations could be used as an overall assessment of providers' approach to care (Simard, 1999 in Camp). For example higher levels of constructive engagement during an intergenerational activities compared to bingo when the same residents are observed in each activity type, might lead administrators to reduce the amount of bingo offered and increase the frequency of intergenerational programming. Affect reflects globally positive or negative expression of emotion during the observation period.

Procedures: The MPES focuses on four types of engagement most commonly observed among elders during activity programming delivered in elder care settings: constructive, passive, nonengagement, and other engagement. Trained observers, upon establishing inter-rater reliability (80% or better across 30 5-minute observations) conduct independent observations (typically in 5-minute intervals, though creators also described observing for 10- and 30-minute intervals) of a single older adult. Using a timer they record (Camp and Skrajner used paper and pencil recording, but others may find digital coding appropriate) what type(s) of engagement occurred during activities and for how long (0=not at all, 1=up to half of the observation period, and 2= more than half of the observation) during the 5-minute period. If different types of engagement occur for similar periods of time, Camp and Skrajner offer a hierarchy to determine which behavior to code. Multiple observations are typically gathered for a single person, thereby allowing researchers to determine if an individual's engagement changed over the course of a single activity.

Creators also employed periodic inter-rater checks to avoid "observer drift" which can happen as observers' interpretations of coding protocol may change in a setting over time. Further, when unusual observations were made, observers would confer with the team to determine the best means to code the observation.

Creators' comprehensive instructions for using the MPES follow.

Range of scores: Rather than generate a composite score, the MPES results in scores for 11 different items. According to creators, "most analyses using the MPES have taken scores averaged for each item across multiple observations and compared individuals on an item-by-item basis" (p. 71, 2015).

Psychometrics:

Reliability: Observers using the MPES were able to achieve inter-rater agreement of 80% or greater. Potential observers only coded MPES observations after achieving 80% or greater agreement with another trained coder.

Validity: Camp and Skrajner did not present psychometrics on MPES validity.

Accessing and using the scale The MPES and its protocol are provided here with the express permission of Cameron Camp (personal communication 1/15/20) with the understanding that it be made freely available by Generations United.

Instrument Citation

Camp, C. J., & Skrajner, M. J. (2004). Resident-assisted Montessori programming (RAMP): Training persons with dementia to serve as group activity leaders. *The Gerontologist, 44*, 426-431. DOI: 10.1093/geront/44.3.426

<https://proxy.lib.ohio-state.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=20352305&site=ehost-live>

Intergenerational Citation

Low, Lee-Fay, Russell, F., McDonald, T., & Kauffman, A. (2015). Grandfriends, an intergenerational program for nursing-home residents and preschoolers: A randomized trial. *Journal of Intergenerational Relationships, 13*, 227-240. DOI: 10.1080/15350770.2015.1067130

<https://proxy.lib.ohio-state.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=109188837&site=ehost-live>

Using the Menorah Park Engagement Scale

- Typically, observations last 5 minutes. The same scale could be used for longer intervals.
- *The Menorah Park Engagement Scale Coding Categories*
 - ◊ Active (AE): Active Engagement in presented activity: motor or verbal response to the activity
 - ◊ Passive (PE): Passive engagement in presented activity: listening to or observing the activity
 - ◊ Self (SE): Repetitive or self-stimulating behaviors: excessive rubbing, wringing hands, wandering
 - ◊ Non (NE): Asleep or disengaged from an activity: “zoned out” or blank stare
 - ◊ Other (OE): Doing or attending to an activity other than the target activity presented.
- Tips on how to document the amount of time a behavior takes place:
 - ◊ Not at all = The behavior did not take place at all during the five minute observation period.
 - ◊ Up to 1/2 of the observation With the exception of constructive engagement, a behavior must have occurred for at least 3 seconds and up to 2 minutes and 30 seconds (i.e., half of five minutes or less). In the case of constructive engagement, every instance is counted. If a resident commented on the presented activity 5 times, and each instant lasted 5 seconds, the behavior took place for 25 seconds. So, you would code “Less than half of the observation” for “DID/COMMENTED ON TARGET ACTIVITY.” However, if a resident is observed touching his/her hair for only a fraction of second, the observer should not count this towards “DID SOMETHING OTHER THAN THE ACTIVITY.”
 - ◊ More than half of the observation = the relevant behavior occurred for more than 2 minutes and 30 seconds (i.e., more than half of five minutes). For example, if a person colors a picture for three full minutes, you would code “More than half of the observation” for “DID/COMMENTED ON TARGET ACTIVITY.”
- Tips on using the coding hierarchy of multiple behaviors are observed during a single time frame.
 - ◊ Constructive engagement (doing or commenting upon an activity) takes precedence over (a) passive engagement (listening or watching), (b) doing something other than the activity, and (c) non-engagement (sleeping/closing eyes/staring into space). So, if a person is joining a presented activity (e.g., singing a song) but also watching the activity coordinator, you should code “DID/COMMENTED ON TARGET ACTIVITY” as the relevant behavior. Also, if the older adult is looking through her purse while singing a song, you should code “DID/COMMENTED ON TARGET ACTIVITY” as the relevant behavior. Finally, if a resident has his/her eyes closed, and is at the same time playing a piano during a music therapy session, you should code “DID/COMMENTED ON TARGET ACTIVITY” as the relevant behavior.
 - ◊ Passive engagement (listening or watching) takes precedence over doing something other than the activity. So, if a resident is watching other residents tango but is also playing with the buttons on his/her sweater, you should code “LISTENED/WATCHED TARGET ACTIVITY” as the relevant behavior.
 - ◊ Finally, doing something other than the activity takes precedence over non-engagement (sleeping/closing eyes/staring into space). So, if a resident is fixing his/her hair and the resident’s eyes are closed, “DID OR ATTENDED TO THINGS OTHER THAN THE TARGET ACTIVITY” should be coded as the relevant behavior.
 - ◊ For items 4, 5, 6, and 7, you can only code up to one “2” (More than half of the activity) on a given observation. This is because more than one “2” (More than half of the activity) would total more than five minutes.

- For Pleasure and Anxiety/Sadness
 - ◊ Be sure only to code *obvious and clearly observable* displays of these emotions. For pleasure, look for smiling, laughing, or verbalization that clearly indicates pleasure. For sadness, look for crying or verbalization that clearly indicates sadness. For anxiety, look for anxious verbalizations or movements (e.g., hand wringing) COMBINED WITH anxious facial displays. *Never assume* a resident is experiencing one of these emotions. *Always look* for an overt sign of these emotions. Observers should not make inferences as to how a resident feels, they should only document the behaviors they can clearly see.
- We strongly recommend that observers achieve reliability on this measure to ensure the validity of the data they collect. The Myers Research Institute requires that staff members reach at least an 80% inter-rater agreement (agree w/another person) on each item of the engagement scale before staff members are considered reliable and ready to use it. To accomplish this, we conduct a minimum of 30 training observations, where the trainee must agree with the trainer at least 80% of the time for each item, before allowing staff to use the scale on their own. Please note, this is the bare minimum—often times overall reliability is in the mid to high 90% range.

The MPES Hierarchy

The MPES hierarchy helps researchers determine which behavior to code when two are occurring simultaneously. When observing two behaviors at the same time, researchers code the behavior that is higher on the “ladder,” since the purpose of the MPES is to document the highest level of engagement that a person with dementia is capable of displaying. This approach may be useful in demonstrating to staff members and others that the person with dementia is more capable of engaging in activities and accomplishing tasks than negative stereotypes about dementia might suggest.

Did/Commented On Target Activity

Listened/Watched Target Activity

Did Something Other Than the Activity

Slept/Kept Eyes Closed/Stared Into Space

*Exception to the hierarchy: If the person shows clearly observable signs of being asleep (deep breathing, closed eyes, snoring), then the “slept/kept eyes closed/stared into space” should be coded, even if the person is grasping onto activity-related materials (in other situations it would be coded as “did/commented on target activity”).

Item Definitions:**1. Participated in target activity**

A participant participates in an activity if:

- The participant is constructively engaged during the observation (i.e., item number 4 is coded "1" or "2").
AND/OR
- The participant is passively engaged during an observation (i.e., item number 5 is coded "1" or "2").

2. Tried to leave on own

A participant tries to leave an activity on his or her own if:

- The participant is making a concerted effort to leave the activity:
 - ◇ Do not code "yes" unless it is obvious that the person is trying to leave.
 - ◇ Pay special attention to persons in wheelchairs or those who cannot move without assistance. They may not have the strength or mobility to physically make an attempt to leave but may still verbally express the desire to leave. If they express the desire to leave but cannot do so because of mobility difficulties, still consider their verbal expression an attempt to leave.
 - ◇ Often participants will say they are trying to leave, so listen closely for such verbalizations.
 - ◇ Do not code "yes" if a staff member is trying to remove the person from the activity.
 - ◇ EXAMPLE: A resident says she is bored with exercising, gets up from her chair, and leaves the room.

3. Left activity alone or with staff

A participant leaves an activity if:

- A staff member removes the participant from the activity
OR
- The participant actually leaves the activity on their own.

4. Did the target activity and commented on the activity (constructive engagement)?

Constructive engagement occurs if the participant is:

- Using materials related to the target activity:
 - ◇ EXAMPLE 1: Playing the piano during a music therapy session.
 - ◇ EXAMPLE 2: Drawing a picture with pastels during art therapy.
- Holding onto materials related to target activity (but not moving them):
 - ◇ Holding is more than just resting one's hands on the materials; it means that the participant is clutching onto the materials.
 - ◇ EXAMPLE 1: Holding a bingo chip in one's hand
 - ◇ EXAMPLE 2: Holding a maraca without shaking it during a musical performance.
- Speaking in response to target activity:
 - ◇ EXAMPLE 1: Answering a trivia question
 - ◇ EXAMPLE 2: Discussing a story or reminiscing about one's children
- Gesturing in response to target activity:
 - ◇ EXAMPLE 1: Tapping one's foot to music
 - ◇ EXAMPLE 2: Clapping hands after a performance
 - ◇ EXAMPLE 3: Shaking one's head in agreement with the group leader

5. Listened to and/or watched target activity (passive engagement)

Passive engagement occurs if the participant is:

- Listening to and/or watching target activity:
 - ◊ Assume the individual is listening in on or watching the target activity if the participant is looking at the activity coordinator, other participants, or materials related to the targeted activity.
 - ◊ In instances where it is difficult to determine whether the participant is passively participating, give the participant the benefit of the doubt. If the participant is alert and looking in the general direction of the activity, assume they are listening in or watching.
 - ◊ EXAMPLE 1: Facing the activity coordinator in an alert manner during bingo
 - ◊ EXAMPLE 2: Looking in the general direction of the performers during a musical performance

6. Did or attended to things *other than* the target activity (other/self-engagement)

Other engagement occurs if the participant is:

- Using materials *not* related to the target activity
 - ◊ EXAMPLE 1: Painting during a musical performance
 - ◊ EXAMPLE 2: Fumbling through their purse during exercise
- Grasping onto materials *not* related to the target activity
 - ◊ EXAMPLE: Holding a stuffed animal during bingo
- Speaking in response to something other than the target activity
 - ◊ EXAMPLE: Compliments a nurse on her hairdo during a golf activity
- Gesturing in response to something other than the target activity
 - ◊ EXAMPLE : Pointed to a dog during volleyball
- Listening/watching something other than the target activity
 - ◊ EXAMPLE: Watching TV during a group reminiscing activity

Self-engagement occurs when the participant:

- Attends specifically to their body, jewelry, or clothes:
 - ◊ EXAMPLE 1: Playing with buttons on their shirt during bingo
 - ◊ EXAMPLE 2: Rubbing his or her foot during arts and crafts
 - ◊ EXAMPLE 3: Fiddling with the decorative pin on their shirt

7. Slept/kept eyes closed/stared into space (nonengagement)

Nonengagement occurs if the participant is:

- Closing eyes
- Sleeping
 - ◊ Since “sleeping” is the only exception to the MPES hierarchy, it is important to distinguish sleeping from closing one’s eyes.
 - ◊ Look for closed eyes along with deep breaths or snoring. Often a participant’s head will droop forward or the person may actually put their head down on the table.
- Staring into space
 - ◊ Staring into space can be defined as either completely losing focus on the immediate environment or becoming so caught up in the environment that one stares blankly at an object. This may appear as though the participant is actually looking “through” the object or as if they are trying to see something that is miles away. This is usually also accompanied by a lack of changing affect. This particular item is sometimes referred to as “zoning out.”
 - ◊ EXAMPLE: Staring blankly at the ceiling or the floor and does not seem to be alert.

8. Pleasure

Pleasure occurs if the participant is:

- Laughing
- Smiling
 - ◊ A participant must be clearly smiling. If you have questions about whether the participant is smiling, do not code the behavior as pleasure. As a general guide, we assume is smiling if we see teeth (or gums).
- Expressing pleasure through verbalization
 - ◊ EXAMPLE: Saying "this activity is so fun and makes me happy!"

9. Anxiety/sadness

Sadness occurs if the participant is:

- Crying
- Expressing sadness through conversation
 - ◊ EXAMPLE: Saying "I am so sad" or "I am depressed"

Anxiety occurs if the participant is:

- Exhibiting an anxious facial expression (e.g., a furrowed brow) IN COMBINATION WITH
- Anxious behavior
 - ◊ Wringing of hands
 - ◊ Rocking back and forth repeatedly
 - ◊ Repetitive vocalization (constantly asking "When will I be going home?")

10a. Helped others

Helping others occurs if:

- The participant is helping another participant with something related to the activity
 - ◊ EXAMPLE: Pointing out an answer on another person's game card
- The participant is helping the leader with something related to the activity
 - ◊ EXAMPLE: Straightening up the pile of bingo cards at the end of the activity.

10b. Helped others (frequency)

Frequency is determined by:

- Counting the number of time the participant helps during the observation.
 - ◊ If a person offers assistance more than once for the same issue (tells a player twice that they have B18 during bingo), this only counts as one instance of helping. In order to code for more than one instance of helping, the events must be unrelated (helping again once N33 is called)

11. Acted inappropriately

A participant acts inappropriately if:

- They behave aggressively toward another person or object
 - ◊ EXAMPLE 1: Throwing a game card
 - ◊ EXAMPLE 2: Cursing at another resident
- They do something that disrupts the activity
 - ◊ EXAMPLE: Pouring apple juice onto the floor (activity coordinator must stop the activity to attend to the participant)
- They do something socially inappropriate
 - ◊ EXAMPLE 1: Telling a dirty joke during bingo
 - ◊ EXAMPLE 2: Beginning to take off their clothing

Menorah Park Engagement Scale

Instructions: Complete the observation table below for each category.

Observation	_____	Activity ID #	_____	Date:	_____
Participant ID#	_____	Facilitator	_____		
Name of Activity	_____				
ID# of person completing the form	_____				
Type of observation:	1=Baseline	2=Treatment			
Time of Day: 1=AM or 2=PM (circle one)		Observation length (minutes)	_____		

1. Participated in target activity (either constructively or passively)

Did they take part in the activity?

0=NO (chart engagement items 6 & 7) 1=YES (chart engagement items 4, 5, 6, 7)

2. Tried to leave on own (do not include staff who removed the client)

Did they try to leave the activity?

0=NO 1=YES

3. Left activity on own or with staff

Did they actually leave the activity?

0=NO 1=YES

Code no more than one "2" for items 4-7

4. Did the target activity and/or commented on the activity?

How long did they participate in the activity by making comments, answering questions, talking about memories, discussing ideas, making gestures in response to the activity, or physically manipulating the materials? (Do not include looking and listening.)

0=Not at all 1=Up to half of the observation 2=More than half of the observation

5. Listened to and/or watched target activity (code after 3 seconds, but do not code if sleeping)

How long did the participant remain generally alert and spend time listening to and watching the target activity?

0=Not at all 1=Up to half of the observation 2=More than half of the observation

6. Did or attended to things other than target activity (code after 3 seconds, but do not code if sleeping)

How long did they attend to something beside the target activity? Include listening, watching, commenting, gesturing, talking, or physically manipulated any item not associated with the activity. Include self-engagement activities, such as toe- or finger-tapping, pointless manipulation of clothing or other belongings, etc. If the client is listening to or watching the target activity while manipulating an item not associated with the activity (e.g., a walker, bag, or shirt sleeve), code for listened to/watched target activity.

0=Not at all 1=Up to half of the observation 2=More than half of the observation

7. Slept/kept eyes closed/stared into space (code after 3 seconds)

How long did the participant sleep or keep their eyes closed during the observation?

0=Not at all 1=Up to half of the observation 2=More than half of the observation

Code no more than one "2" for items 8 & 9**8. Pleasure**

How long did they express pleasure (laugh or smile) during the observation?

0=Not at all 1=Up to half of the observation 2=More than half of the observation

9. Anxiety/sadness

How long did they express anxiety or sadness during the observation? Include obvious displays of sadness through tearfulness, conversation, or clearly observable depressed affect. Anxiety should be coded for items such as hand-wringing, rocking, anxious vocalizations, or other psychomotor activity if seen in combination with an anxious facial display.

0=Not at all 1=Up to half of the observation 2=More than half of the observation

10. Helped others

How long did they help another player during the observation Include behaviors such as pointing out answers on another player's card, assisting with the covering mechanism of the card holder, giving clues to another player ("you have the word MOON"), helping the player read their card, etc.

0=Not at all 1=Up to half of the observation 2=More than half of the observation

Frequency: 0=0 1=1-2 2=3+

11. Acted inappropriately

How long did they say or do something inappropriate, disruptive, or aggressive during the observation?

0=Not at all 1=Up to half of the observation 2=More than half of the observation

Source: Camp, C. J., Skrajner, M. J., & Gorzelle, G. J. (2015). In L. Volicer & A. C. Hurley (Eds.), *Assessment Scales for Advanced Dementia*, Baltimore, MD: Health Professions Press.

Used with permission from Cameron Camp to Shannon Jarrott and Generations United (personal communication with Jarrott 1/15/20).

Background on the Intergenerational Practice Evaluation Tool

Evidence suggests that intergenerational programs can be more successful and sustainable if they integrate systematic assessment of facilitator practices and connect these to participants' experiences. The Intergenerational Practice Evaluation Tool represents 15 years of collaborative intergenerational practice and evaluation research (Jarrott, Stremmel, & Naar, 2019).

To support the validity and utility of the tool, an expert panel of 20 researchers and practitioners contributed to a Delphi review, which is valuable for identifying potential solutions by exploring diverse expert judgements when other methods, such as statistical analyses, are unavailable. The panel rated the Intergenerational Practice Evaluation Tool against agreed upon criteria using a 4-point Likert scale (1=poor, 4=excellent) and offered feedback on how it might be improved. Feedback from panelists informed two rounds of revision to the Tool, the third version of is presented in this toolkit. Modifications made with panelists' input include: (a) depicting diversity in participants in the social behavior item (13), (b) adding a prompt for facilitators to reflect on staff experiences, (c) providing space for clarification of responses, and (d) expanding directions and illustrations of how to use the Tool. The table at the end of this section presents the criteria against which the instrument were rated and mean rating scores from reviewers.

Consisting of two parts, the Tool's first part is designed to be easily, quickly, and reliably completed by program staff or researchers. Fifteen items help facilitators track programming and note use of evidence-based practices. Items 1-10 reflect steps facilitating staff or volunteers can take to increase an activity's success. Each

item is grounded in evidence that the practice is associated with older adult and youth participant responses to programming. For example, the item "Activity was conducted with intergenerational pairs or small intergenerational groups (e.g., no more than three youth per older adult or three older adults per youth)" is based on a finding associating this ratio of youth to older adults with higher levels of interactive behavior and higher ratios predicting more solitary behavior among participants (see Jarrott, Stremmel, & Naar, 2019 for an in-depth review of evidence based practices reflected in the Tool). In items 11-12, facilitators reflect on how well the activity went. Items 13-14 capture participants' social behaviors and affect, which is important because intergenerational programming is usually offered to support positive interaction among young and old persons. Item 15 captures open-ended reflection or notes that can inform future programming. Combined, these items can help users connect activity features to youth's and older adults' social responses to an activity.



Photo courtesy of Bridge Meadows

The tool can be used with any intergenerational activity where programming is facilitated; these are usually planned activities. It can be used routinely or periodically. The accompanying guide offers examples of when a program might be interested in using the Tool. For example, supervisors might build a period of Tool completion into a mentoring program for a new facilitating staff member, allowing the mentor to ensure the new staff member comprehends the practices and recognizes indicators of participant behavioral and affective response. Part 1 can be used alone; adopters can track how consistently practitioners use evidence-informed practices and connect it to participant behavioral and affective response to the activity.

Part 2 is optional and allows adopters to evaluate progress towards programming goals. While Part 1 is designed for use with a single activity, Part 2 captures outcomes reflecting program impact over time. Evaluators using Part 2 might develop their own specific, measurable objectives or select a reliable, valid tool from the **Tools for Outcome Measurement** section of this toolkit that aligns with their programming goals. Adopters conducting an evaluation with Part 2 are advised to incorporate Part 1 to comprehend the impact of program characteristics, facilitator practice, and participants' response on selected program outcomes.



Photo courtesy of Hebrew Senior Life/Rashi School

While the creation of the Tool represents the conclusion of a collaborative effort benefiting from many contributors and decades of resources, it also points to a number of next steps.

Next Steps

Informed by evidence and expert practitioner and researcher input, the next step for the Intergenerational Practice Evaluation Tool is to pilot Part 1 with intended adopters. Given the goal of creating an instrument that can be easily, quickly, and reliably completed by practitioners and researchers, it should be tested by practitioners and researchers who have completed available training - included in this toolkit. With a pilot, raters should be monitored for length of time needed to rate the items for a single activity. Scoring by multiple observers of the same activity should be compared to establish inter-rater reliability or needed modifications to the scale or training guide. With additional indicators of Part 1 reliability and acceptability, it should be tested in conjunction with measures of program outcomes in Part 2. For example, teachers at a school launching a new year of an intergenerational mentoring program might complete Part 1 for each of the weekly sessions and pair these data with results from a measure of self-efficacy for the youth and generativity for the older adult participants. The **Tools for Outcome Measurement** addresses potential measures that could be captured in a Part 2 outcome evaluation.

Is the measure (Parts 1 & 2) acceptable to practitioners?

Regarding Part 1, are the directions clear; are they confident they know how to use it; is the amount of time needed to learn how to use it appropriate; can it be completed in time available to them; is it reliable; and does it provide them with useful data? Regarding part 2, are adopters confident in identifying goals and noting progress towards them or selecting a standardized measure to evaluate outcomes?

Is the instrument reliable?

Can persons who have read the training guide and observed the same activity achieve a standard level of agreement on responses to the items? It may be that additional modes of training or additional explanation is needed for one or more of the Part 1 items.

Related to training on use of the Tool and its data, reliability between trained facilitator and researchers should be tested. One Delphi panelist suggested that facilitators completing the form for an activity they just led might be biased towards desired answers for each of the items. This could happen because the facilitator viewed the activity more positively than a more neutral observer would or because they fear they will be negatively evaluated if they do not answer each item favorably. A suggested option was use of a Likert-scale for items 1-10 so that respondents could indicate the degree to which each practice or characteristic was represented. Based on pilot data, this modification could be worth exploring.

Are data collected on Part 1 of the Tool associated with outcome evaluations?

The Part 1 items reflect theory and evidence supporting positive intergenerational relationships and have not been tested with the full range of measures in the Evaluation Toolkit.

Does Part 1 of the Tool work equally well in different settings?

For example, Delphi panelists commented that it may be better suited to small group than large group activities. Because the items reflect an orientation towards relationship building, it is expected that large group activities with varied content that promote positive intergenerational social interaction can make good use of the Tool. Only by testing the Tool in different intergenerational settings with varied evaluators and diverse numbers and characteristics of participants and facilitators can these questions be answered.



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Other questions to explore.

Not all intergenerational program stakeholders could be represented among the tools curated for the toolkit. Family caregivers are unrepresented, yet their understanding and value for intergenerational contact is important to many intergenerational programs. Measures of staff experience are limited to their behaviors in intergenerational activities, but their experiences need also to be considered. Measures of financial costs and benefits of intergenerational programming are desired but missing in the literature.

Just as additional outcome indicators for participants may be borrowed from other disciplines (e.g., education and medicine), the search for financial indexes of intergenerational program viability and success may be found in circles other than those typically visited by intergenerational advocates. As research-practice collaborations continue to explore the potential goals that can be achieved by harnessing the talents of young and old, the toolkit can grow.

Rating Criteria for the Intergenerational Practice Evaluation Tool

(Max=4, Excellent)

Criteria Rating Item	Version 1 Mean (SD) Min, Max	Version 2 Mean (SD) Min, Max
Items like these have been used for other intergenerational programs	3.18(.71) 1,4	3.75(.45) 3,4
Items are relevant for most intergenerational participant groups	3.59 (.77) 1,4	3.81 (.54) 2,4
Items are relevant for intergenerational programming in diverse cultural contexts	3.12(.90) 1,4	3.18(.73) 2,4
Items are relevant to programming involving different number of participants	3.24(.64) 2,4	3.56(.73) 2,4
Items are relevant for programs with consistent or variable groupings of intergenerational participants	3.35(.68) 2,4	3.69(.60) 2,4
Items are relevant for most intergenerational staffing contexts	3.53(.50) 3,4	3.69(.48) 3,4
Items are relevant for most intergenerational programming content	3.47(.85) 1,4	3.63(.81) 2,4
Items are relevant for most intergenerational programmatic settings	3.24(.81) 2,4	3.63(.62) 3,4
Instrument covers dimensions critical to measuring how an activity is implemented	3.29(.67) 2,4	3.64(.50) 3,4
Instrument covers dimensions critical to measuring intergenerational program outcomes	3.06(.73) 1,4	3.63(.62) 2,4
Instrument provides adequate structure	3.41(.60) 2,4	3.81(.40) 3,4
Instrument provides adequate flexibility	3.24(.81) 1,4	3.75(.45) 3,4
Items are clear and unambiguous	3.06(.54) 2,4	3.69(.60) 2,4
Unbiased language is used	3.31 (.87) 1,4	3.88(.34) 3,4
Items are at an appropriate reading level	3.35(.68) 2,4	3.69(.48) 3,4
Items avoid overlap	3.53(.50) 3,4	3.75(.45) 3,4
Items are logically sequenced	3.82(.38) 3,4	3.94(.25) 3,4
Response categories are clear	3.35(.76) 1,4	3.81(.40) 3,4
Length is appropriate	3.71(.46) 3,4	3.69(.48) 3,4
Procedures for completing the scale are understandable for the target audience	3.47(.50) 3,4	3.63(.50) 3,4

References

- Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology, 56*, 893-897. DOI: 10.1037/0022-006X.56.6.893.
- Camp, C. J., & Skrajner, M. J. (2004). Resident-assisted Montessori programming (RAMP): Training persons with dementia to serve as group activity leaders. *The Gerontologist, 44*, 426-431. DOI: 10.1093/geront/44.3.426.
- Caspi, A. (1984). Contact hypothesis and inter-age attitudes: A field study of cross-age contact. *Social Psychology Quarterly, 47*, 74-80. DOI: 10.2307/3033890.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985) The Satisfaction with life scale. *Journal of Personality Assessment, 49*, 71-75. DOI:10.1207/s15327752jpa4901_13.
- Femia, E. E., Zarit, S. H., Blair, C., Jarrott, S. E., & Bruno, K. (2007). Impact of intergenerational programming on child outcomes. *Early Childhood Research Quarterly, 23*, 272-287. DOI:10.1016/j.ecresq.2007.05.001.
- Gruenewald, T.L., Tanner, E.K., Fried, L.P., Carlson, M.C., Xue, Q.L., Parisi, J.M., & Seeman, T.E., (2015). The Baltimore Experience Corps trial: enhancing generativity via intergenerational activity engagement in later life. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences, 71*, 661-670. DOI:10.1093/geronb/gbv005.
- Harter, S. 1985. Manual for the self-perception profile for children. Denver, CO: University of Denver Press.
- Jantz, R. K., Seefeldt, C., Galper, A., & Serock, K. (1980). The CATE: Children's attitudes toward the elderly. Test manual. College Park, MD: University of MD. (ERIC Document Reproduction Service No. PSO 12399).
- Jarrott, S. E. (2019). *The Intergenerational Observation Scale training manual*. Available from Jarrott, College of Social Work, The Ohio State University, Columbus, OH.
- Jarrott, S. E. (2019). *Brief: Survey of shared site intergenerational programs*. Retrieved from: <https://www.gu.org/app/uploads/2019/01/Intergenerational-Brief-Shared-Site-Survey-Report.pdf>
- Jarrott, S.E. & Smith, C.L. (2011). The complement of research and theory in practice: Contact theory at work in non-familial intergenerational programs. *The Gerontologist, 51*, 112-121. DOI:10.1093/geront/gnq058.
- Jarrott, S. E., Stremmel, A. J., & Naar, J. J. (2019). Practice that transforms intergenerational programs: A model of theory - and evidence-informed principles. *Journal of Intergenerational Relationships*. DOI: 10.1080/15350770.2019.1579154.
- Kidwell & Booth, 1977. Social distance and intergenerational relations, *The Gerontologist, 17*, 412-420. DOI:10.1093/geront/17.5_Part_1.412.
- Kim, J.S. (1989). A study of social activities and ego integrity of the aged. *Health and Nursing, 1*, 31-50.
- Lawton M.P. (1975). The Philadelphia Geriatric Center Morale Scale: a revision. *Journal of Gerontology, 30*, 85-89.
- Lawton, M. P., Van Haitsma, K., & Klapper, J. (1996). Observed affect in nursing home residents with Alzheimer's disease. *Journal of Gerontology: Psychological Sciences, 51B*, P3-P14. DOI: 10.1093/geronb/51B.1.P3.
- Logsdon, R. G., Gibbons, L. E., McCurry, S. M., Teri, L., (2002). Assessing quality of life in older adults with cognitive impairment. *Psychosomatic medicine, 64*, 510-519. DOI: 10.1097/00006842-200205000-00016.

- McAdams, D. P., & de St. Aubin, E. (1992). A theory of generativity and its assessment through self-report, behavioral acts, and narrative themes in autobiography. *Journal of Personality and Social Psychology*, *62*, 1003-1015. DOI: 10.1037/0022-3514.62.6.1003.
- Meshel, D. S., & McGlynn, R. P. (2004). Intergenerational contact, attitudes, and stereotypes of adolescents and older people. *Educational Gerontology*, *30*, 457-479. DOI: 10.1080/03601270490445078.
- Palmore, E. B. (1998). *The facts on aging quiz: 2nd edition*. New York: Springer Publishing.
- Peterson, N. A., Speer, P. W., & McMillan, D. W. (2008). Validation of a brief sense of community scale: Confirmation of the principal theory of sense of community. *Journal of Community Psychology*, *36*, 61-73. DOI:10.1002/(ISSN) 1520-6629 .
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University.
- Rosencranz, H. A., & McNevin, T. E. (1969). A factor analysis of attitudes toward the aged. *The Gerontologist*, *9*, 55-59. DOI: 10.1093/geront/9.1.55.
- Russell, D., (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, *66*, 20-40. DOI:10.1207/s15327752jpa6601_2.
- Sherer, M. Maddux, J. E., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. W. (1982). The Self-Efficacy Scale: Construction and validation. *Psychological Reports*, *51*, 663-671. DOI: 10.2466/pr0.1982.51.2.663.
- Short-DeGraff, M. A. and K. Diamond (1996). Intergenerational program effects on social responses of elderly adult day care members. *Educational Gerontology* *22*;: 467-482. DOI: 10.1080/0360127960220506.
- Veit, C. T., & Ware, J. E. (1983). The structure of psychological distress and general well-being in the general population. *Journal of Consulting and Clinical Psychology*, *51*, 730-742. DOI: 10.1037/0022-006X.51.5.730.
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures on positive and negative affect. The PANAS scales. *Journal of Personality and Social Psychology*, *54*, 1063-1070. DOI: 10.1037/0022-3154.54.6.1063.
- Yesavage, J., Rose, T.L., & Lapp, D. (1981). *Validity of the Geriatric Depression Scale in Subjects with Senile Dementia*. Palo Alto VA Clinical Diagnostic and Rehabilitation Unit: Author.



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About Generations United

The mission of Generations United is to improve the lives of children, youth and older adults through intergenerational collaboration, public policies and programs for the enduring benefit of all. For over three decades, Generations United has catalyzed cooperation and collaboration among generations, evoking the vibrancy, energy and sheer productivity that result when people of all ages come together. We believe that we can only be successful in the face of our complex future if age diversity is regarded as a national asset and fully leveraged. To learn more about Generations United, please visit www.gu.org.

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The Eisner Foundation identifies, advocates for and invests in high-quality and innovative programs that unite multiple generations for the betterment of our communities. The Eisner Foundation was started in 1996 by Michael D. Eisner, then Chairman and CEO of The Walt Disney Company and his wife, Jane, to focus their family's philanthropic activities. The Eisner Foundation gives an estimated \$7 million per year to nonprofit organizations based in Los Angeles County. In 2015, The Eisner Foundation became the only U.S. funder investing exclusively in intergenerational solutions. To learn more about The Eisner Foundation, please visit www.eisnerfoundation.org.

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