



# SUCCESSFUL AGING INTERVENTION FORM

ID NUMBER:

FORM CODE: SAI

DATE: 09/18/2017  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: //  
Month Day Year

0b. Staff ID:

**Instructions:** This form is completed during the successful aging intervention visits and booster sessions.

### A. Attendance

1. Did the participant attend the session?

Y=Yes

N= No → **Save and End Form**

2. Did the participant attend the session with a companion?

Y=Yes

N= No → **Go to Item 3**

2a. Relationship of companion to participant?

A= Son/Daughter

D= Caregiver

B= Friend/Neighbor

E= Sibling

C= Spouse

F= Other

2a1. If other, specify: \_\_\_\_\_

### B. Key information

3. Which key was administered in this session?

A= Lower systolic blood pressure

F= Lower LDL Cholesterol

B= Stop smoking

G= Be physically active

C= Participate in cancer screening

H= Maintain healthy bones, joints, and muscles

D= Get immunized regularly

I= Combat depression

E= Regulate blood glucose

J= Other key