

Elder Abuse/Neglect Issues

1. During the last 6 months have you experienced any of the following forms of abuse?

Physical Abuse Active and Passive Neglect Sexual Abuse

Self Neglect Emotional Abuse Domestic Violence

Financial Exploitation Other (e.g. Abandonment) None Reported

Was this referred to:

Adult Protective Services AAA Police Agency

Domestic Violence Service Provider Not Referred Other _____

Check if any of the following has occurred:

a. Do you feel unsafe at home with the people you have regular contact with?

Yes No

b. Has anyone forced you to sign document(s) that you did not want to sign - like checks or Power of Attorney?

Yes No

c. Has anyone scolded, yelled at, or threatened you in the last year?

Yes No

d. Has anyone taken things that belong to you without your consent?

Yes No

e. Does anyone force you to do things that you do not want to do?

Yes No

f. Has anyone tried to physically hurt or harm you in the last year?

Yes No

g. Have there been repeated times in the last year when the person you rely on to help you with household tasks, such as cleaning or shopping, or with personal assistance, such as bathing, has not done so?

Yes No

h. Has anyone living with you stopped contributing to household expenses like rent or food where they have previously agreed to do, and are capable of doing so now?

Yes No

S. a. Is the client frail? Yes No

b. Is the client disabled? Yes No

T. Is client providing care for another individual? Yes No Financial Exploitation Other (e.g. Abandonment) None Reported