

Elder Abuse Suspicion Index

1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?

Yes

No

2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids, or medical care, or from being with people you wanted to be with?

Yes

No

3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?

Yes

No

4. Has anyone tried to force you to sign papers or to use your money against your will?

Yes

No

5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?

Yes

No