

Name: \_\_\_\_\_

## **Elder Abuse Suspicion Index**

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### **Instructions:**

Date: \_\_\_\_\_

Questions 1-5 asked of patient. Question 6 asked by doctor within the last 12 months.

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

- Yes
- No
- Did not answer

**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
- Did not answer

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

- Yes
- No
- Did not answer

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

- Yes
- No
- Did not answer

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

- Yes
- No
- Did not answer

**6. Doctor: Elder abuse may be associated with fundings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?**

- Yes
- No
- Not Sure

### **Score Meaning:**

Score Meaning: While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern.

Copyright: Yaffe MJ, Wolfson C, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI). Journal of Elder Abuse and Neglect 2008; 20(3) 000-000