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# Comprehensive Index of Elder Abuse, 2nd Edition

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SPEC Associates

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**COMPREHENSIVE INDEX OF ELDER ABUSE**

**2<sup>nd</sup> Edition**

**by**

**Mary C. Sengstock, PhD, CCS**

**and**

**Melanie Hwalek, PhD**

**Detroit: Second Edition, Detroit: SPEC Associates, 1987.**

**[1<sup>st</sup> Edition: Wayne State University Institute of Gerontology, 1985.]**

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**CASE ASSESSMENT/MANAGEMENT INFORMATION (CONTINUED) CLIENT'S NAME \_\_\_\_\_**

**AGENCY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET COUNTRY  
CITY STATE ZIP CODE

**TELEPHONE NUMBER:** ( \_\_\_\_\_ ) \_\_\_\_\_

**DESCRIPTIONS OF ENCOUNTERS:**

**ENCOUNTER #1:**

DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	
_____	
_____	
_____	

**ENCOUNTER #2:**

DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	
_____	
_____	
_____	

**ENCOUNTER #3:**

DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	
_____	
_____	
_____	

**ENCOUNTER #4:**

DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	
_____	
_____	
_____	

ENCOUNTER #5:

_____	_____
DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	
_____	
_____	
_____	

ENCOUNTER #6:

_____	_____
DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	
_____	
_____	
_____	

ENCOUNTER #7:

_____	_____
DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	
_____	
_____	
_____	

ENCOUNTER #8:

_____	_____
DATE	WORKER OBTAINING INFORMATION
List sources of information present: _____	
_____	
_____	
_____	

**OUTCOME WHEN CASE IS CLOSED:**

- |                                 |                           |
|---------------------------------|---------------------------|
| Case is safe and stable         | Client refuses assessment |
| Client refuses access           | Abuser refuses access     |
| Refuses further assistance      | Moved out of area         |
| Entered long-term care facility | Entered hospital          |
| Referred elsewhere              | Client deceased           |
| Criminal prosecution of abuser  | Other: _____              |



REPORT SOURCE:

Alleged victim	Child
Alleged Abuser	Other Relative
Spouse	Caretaker (non- relative)
Parent	Housemate/ Roommate (non- relative)
Legal Guardian	Anonymous
Professional _____	(SPECIFY TITLE)
Paraprofessional _____	(SPECIFY TITLE)
Other _____	(SPECIFY TITLE)

PSYCHOLOGICAL WELL-BEING

**K INDICATIONS OF ANXIETY OR DEPRESSION**

**ENCOUNTER NUMBER**

<b>FACIAL FEATURES:</b>	1	2	3	4	5	6	7	8
Averts gaze from suspected abuser								
Averts Gaze from other(s)								
No expression on face								
Downcast eyes								
No smile								
Short "yes" or "no" answers to questions								
<b>BODY FEATURES:</b>	1	2	3	4	5	6	7	8
Turns away from suspected abuser								
Turns away from others								
Leans backward								
Slow in responding								
Withdrawn from social interactions								
<b>OTHER INDICATIONS:</b>	1	2	3	4	5	6	7	8
Weight loss with no physical illness								
<b>INDICATIONS OF POSSIBLE MENTAL HEALTH PROBLEMS</b>	1	2	3	4	5	6	7	8
Confusion								
Slurred speech								
Unsteady gait								
Sleep problems								
Dilated pupils								
Eating problems								
Presence of several medication containers								
Presence of several alcohol bottles								
Previous history of substance abuse								
Previous history of alcoholism								
Other: _____								

**INFORMATION ABOUT SUSPECTED ABUSER CLIENT'S NAME** \_\_\_\_\_

**ABUSER#1 NAME:** \_\_\_\_\_ **SOC. SEC. NO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET COUNTY  
CITY STATE ZIP CODE

**TELEPHONE NUMBER:** ( ) \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

**SE :** Male Female **ETHNICITY:** Caucasian African-American Asian Hispanic Other

**MARITAL STATUS:** Married/ Live in Partner Widowed **APPROXIMATE TOTAL INCOME OF ABUSER:**  
Divorced/ Separated Never Married \$ \_\_\_\_\_, \_\_\_\_\_

**ABUSER'S RELATIONSHIP TO VICTIM:**

**NON-INSTITUTIONAL**

**INSTITUTIONAL**

Spouse	Another Patient	Physician	Nurse
Child	Visitor-Relative	Administrator	Aide
Sibling	Visitor-Non-Relative	Social Worker	
Other Relative	Activity Director	Volunteer	
Non- Relative	Other: _____ (SPECIFY)		

**SHIFT:** AM PM MIDNIGHT

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**ABUSER#2 NAME:** \_\_\_\_\_ **SOC. SEC. NO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
STREET COUNTY  
CITY STATE ZIP CODE

**TELEPHONE NUMBER:** ( ) \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

**SE :** Male Female **ETHNICITY:** Caucasian African-American Asian Hispanic Other

**MARITAL STATUS:** Married/ Live in Partner Widowed **APPROXIMATE TOTAL INCOME OF ABUSER:**  
Divorced/ Separated Never Married \$ \_\_\_\_\_, \_\_\_\_\_

**ABUSER'S RELATIONSHIP TO VICTIM:**

**NON-INSTITUTIONAL**

**INSTITUTIONAL**

Spouse	Another Patient	Physician	Nurse
Child	Visitor-Relative	Administrator	Aide
Sibling	Visitor-Non-Relative	Social Worker	
Other Relative	Activity Director	Volunteer	
Non- Relative	Other: _____ (SPECIFY)		

**SHIFT:** AM PM MIDNIGHT



BEHAVIORAL PATTERN	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
Appears to be cruel								
Refuses to discuss elder's situation								
Evasive regarding elder's condition								
Cannot be located after several tries								
Refuses needed services								
Uncooperative with worker/ investigator								
Will not let worker alone with elder								
Will not let worker in home								
Will not let elder answer questions								
Has a past history of abuse								
No reasonable explanation for illness or injury of elder								
Is well dressed but elder poorly dressed								

**CAREGIVING ABILITY**

IS THE SUSPECTED ABUSER ALSO THE CARETAKER?	YES	NO
IS CARETAKER ABLE TO PROPERLY CARE FOR ELDER?	YES	NO

Specify why:

	1	2	3	4	5	6	7	8
Appears mentally disturbed								
Appears disabled								
Lacks knowledge of proper caregiving								
Lacks knowledge of elder's medication								
Too emotionally close to elder								
Appears overworked								
Has no substitute caretaker								
Other _____								

PSYCHOLOGICAL WELL-BEING	INDICATIONS OF POSSIBLE MENTAL HEALTH PROBLEMS								
		1	2	3	4	5	6	7	8
	Confusion								
	Slurred speech								
	Unsteady gait								
	Sleep problems								
	Dilated pupils								
	Eating problems								
	Presence of many medication containers								
	Presence of several alcohol bottles								
	Previous history of substance abuse								
	Previous history of alcoholism								
	Other _____								

	NOT AVAILABLE	REFUSED	AGENCY NAME	DATE BEGAN	DATE TERMINATED
<b>INTEGRATIVE AND SUPPORT SERVICES:</b>					
CASE MANAGEMENT					
INVESTIGATION/ ASSESSMENT					
INFORMATION AND REFERRAL					
OUTREACH					
<b>MATERIAL AID:</b>					
FOOD/CLOTHING/ MEDICINE					
ENERGY					
<b>HOUSING:</b>					
RELOCATION ASSISTANCE					
EMERGENCY SHELTER					
BOARDING HOME					
FOSTER CARE HOME					
OTHER: _____					
<b>INSTITUTIONAL PLACEMENT:</b>					
LTC FACILITY PLACEMENT ASST.					
CERTIFICATION (MEDICAID)					
ADM. TO LONG TERM CARE FACILITY					
<b>MEDICAL SERVICES/ THERAPIES:</b>					
HEALTH SCREENING					
IN-PATIENT ACUTE CARE					
PHYSICIAN MD/DO					
OUT-PATIENT THERAPY					
<b>MENTAL HEALTH SERVICES:</b>					
COUNSELING (INDV., FAMILY, GROUP)					
OUTPATIENT PSYCHIATRIC					
IN-PATIENT PSYCHIATRIC					
SUBSTANCE ABUSE					
CRISIS INTERVENTION					
OTHER: _____					
<b>REHABILITATIVE SERVICES:</b>					
NURSING					
OCCUPATIONAL THERAPY					
RESPIRATORY THERAPY					
SPEECH/ AUDITORY THERAPY					
HOME HEALTH AIDE					
OTHER : _____					

	NOT AVAILABLE	REFUSED	AGENCY NAME	DATE BEGAN	DATE TERMINATED
<b>HOME ASSISTANCE:</b>					
HOMEMAKER					
CHORE HOUSEKEEPING					
HOME REPAIR/MAINTENCE					
SHOPPING ASSISTANCE					
<b>SUPERVISION:</b>					
COMPANION					
DAY CARE					
RESPIRE CARE					
OTHER _____					
<b>SOCIALIZATION:</b>					
FRIENDLY VISITING					
TELEPHONE REASSURANCE					
SELF HELP/ SUPPORT GROUP					
SENIOR CENTER					
OTHER _____					
<b>EDUCATION:</b>					
JOB TRAINING					
HEALTH EDUCATION					
OTHER _____					
<b>NUTRITION:</b>					
CONGREGATE MEALS					
HOME DELIVERED MEALS					
<b>TRANSPORTATION:</b>					
SPECIAL (SENIOR CITIZENS,HANDICAPPED)					
AMBULANCE					
ESCORT					
OTHER _____					
<b>LEGAL SERVICES:</b>					
POLICE VISIT					
ORDER OF PROTECTION					
GUARDIANSHIP PREPARATION					
COURT WORK					
LEGAL COUNSEL FOR CLIENT					
OTHER _____					
<b>FINANCIAL ASSISTANCE/ SERVICES:</b>					
FINANCIAL COUNSELING					
FINANCIAL AID					
DIRECT DEPOSIT					
REPRESENTATIVE PAYEE					
OTHER _____					

PHYSICAL INDICATORS

ENCOUNTER NUMBER

<b>INJURIES: (INDICATE LOCATION ON CHART)</b>	1	2	3	4	5	6	7	8
Cuts								
Bites								
Punctures								
Abrasions								
Bleeding								
Dislocations								
Bone Fractures								
Bruises								
Burns:								
Unusual type								
Rope								
Dry (i.e. iron)								
Cigarette								
Other: _____								

ENCOUNTER NUMBER

<b>PATTERN OF INJURIES</b>	1	2	3	4	5	6	7	8
Repeated injuries								
Frequent injuries								
Unusually placed injuries								
Several occurring at one time								
At various stages of healing								
Bilateral on upper arms								
Clustered								
Injuries inflicted with familiar objects:								
Stick								
Board								
Belt								
Hairbrush								
Rope or cord								
Other: _____								

**BEHAVIORAL INDICATORS**

VIOLENT ACTION AGAINST ELDER	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
Pushed or shoved								
Grabbed								
Shaken								
Slapped								
Punched								
Hit with an object								
Kicked								
Beaten								
Cut with a knife								
Shot with a gun								
Handled roughly								
Sexually assaulted								
Force fed								

PHYSICAL RESTRAINT –ELDER WS:	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
Tied to bed/chair without adequate documentation								
Gagged								
Locked in room								
Restrained without adequate padding								
Restrained because of confusion								
Restrained without medical order								
Restrained without first trying alternatives								
Restraints not periodically checked								

CHEMICAL RESTRAINT –ELDER WS:	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
Overmedicated:								
Number of medications of same type								
Large number of medications								
Overly frequent refill requests								
No evidence of medication review in 90 days								
Not checked for side effects of medication								
Given too much alcohol								
Given PRN medication without reason								

**PSYCHOLOGICAL INDICATORS**

**ENCOUNTER NUMBER**

**PUNITIVE ATTITUDE OF SUSPECTED ABUSER:**

	1	2	3	4	5	6	7	8
Feels s/he must punish elder								
Punished more severely than intended								
Sees no alternative to punishment								

**MEDICAL INDICATORS**

**MEDICAL EVIDENCE FROM RECORDS:**

	1	2	3	4	5	6	7	8
Presence of semen								
Skeletal injuries								
Hemorrhaging beneath scalp								
Subdural hematomas								
Retinal hemorrhages or detachment								
Rupture of inferior vena cava								
Peritonitis								
Internal injuries								
Toxicological screen for overmedication								

**EVIDENCE FROM CARE PLAN/ PATIENT HISTORY:**

	1	2	3	4	5	6	7	8
Prolonged time between illness and medical care								
Uses several medical facilities / physicians								
No new lesions during hospitalization								
Injuries not mentioned in history								
Injuries incompatible with history								

**INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS: (CIRCLE ONE)**

0    1    2    3    4    5    6    7

NOT AT ALL SERIOUS

EXTREMELY SERIOUS

**INVESTIGATOR'S PERCEPTION OF WILLFUL INFLECTION OF SYMPTOMS: (CIRCLE ONE)**

0    1    2    3    4    5    6    7

NOT AT ALL WILLFUL

EXTREMELY WILLFUL









PHYSICAL INDICATORS

ENCOUNTER NUMBER

	1	2	3	4	5	6	7	8
<b>GENERAL BODY FEATURES:</b>								
Odorous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not bathed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not fed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not receiving medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not receiving prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No walking aids when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SKIN:</b>								
Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect bites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Untreated bed sores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NUTRITION:</b>								
Dehydrated ( e.g. dry mouth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malnourished (e.g. unexplained weight loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hungry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HAIR:</b>								
Uncut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unshaven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MOUTH:</b>								
Decayed teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No false teeth when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not receiving mouth care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NAILS:</b>								
Overgrown toenails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overgrown fingernails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EYES:</b>								
No glasses when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EARS:</b>								
No hearing aid when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENCOUNTER NUMBER

CLOTHES:	1	2	3	4	5	6	7	8
Not wearing clothes								
Not wearing shoes								
Shoes on wrong feet								
Inadequate clothing for weather								
Too much clothing								
Dirty clothing								
Same clothing all the time								
Not appropriate for time of day								

PHYSICAL RESTRAINT-ELDER WS:	1	2	3	4	5	6	7	8
Tied to bed/chair without adequate documentation								
Gagged								
Locked in room								
Restrained without adequate padding								
Restrained because of confusion								
Restrained without medical order								
Restrained without first trying alternatives								
Restraints not periodically checked								

BEHAVIORAL INDICATORS

BEHAVIORS OF ELDER:	1	2	3	4	5	6	7	8
Begging for food								
Stealing food								
Eats meals alone in room								
Picking at sores								
Scratching self with instruments								
Scratching self with fingernails								

BEHAVIORS OF ABUSER:	1	2	3	4	5	6	7	8
Withholds food or medication								
Does not assist with toileting when needed								
Does not assist with eating when needed								
Puts call bell out of reach of elder								
Uses several medical facilities/ physicians								

PSYCHOLOGICAL INDICATORS

ATTITUDE OF SUSPECTED ABUSER:	1	2	3	4	5	6	7	8
Lacks knowledge of elder's medications								
Talks about high cost of caring for elder								
Talks about elder not having money for own care								
Compulsive knowledge of elder's medication								

ENCOUNTER NUMBER

**ENVIRONMENTAL INDICATORS**

**SITUATION OF ELDER:**

	1	2	3	4	5	6	7	8
Lying in feces								
Lying in old food								
Lying in urine								
Left alone for long periods of time								
Out of money								
Meals do not correspond to menus								
Not enough food								
Food too hot or cold								
Therapeutic diet not followed								

**GENERAL CONDITION OF HOME/FACILITY**

**DISREPAIR:**

	1	2	3	4	5	6	7	8
Rotted porch								
Leaking roof								
Signs of water leaks								
Cracked or peeling paint								
Broken windows								
Torn window screens								
Chimney in poor repair								
Holes in walls								
Unrepaired fire damage								

**INADEQUATE:**

	1	2	3	4	5	6	7	8
Cardboard doors								
Cardboard windows								
Inadequate heat								
Unvented gas heater								
No furniture/inadequate furniture								

**UNSANITARY:**

	1	2	3	4	5	6	7	8
Dirt								
Garbage piled up								
Vermin/ rats								
Fleas/ cockroaches								
No cleaning supplies								
Smell like urine or feces								
Other offensive odors								
Dirty floors								

ENCOUNTER NUMBER

	1	2	3	4	5	6	7	8
<b>KITCHEN:</b>								
Rotted/ bug infested food								
No food								
No refrigerator								
No working stove								
No clean dishes or cooking utensils								
Standing water on floors								
Exposed garbage								
Gritty/greasy appliances								
<b>BATHROOM:</b>								
Not functioning								
Non-existent								
Offensive odors								
Insects								
<b>UTILITIES:</b>								
Cut off								
No water supply								
Contaminated water								
No fuel for heating								
Fuel dangerously stored								
No thermostatic controls for regulating heat								
Space heaters as only source of heat								
Exposed wiring								

INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS: (CIRCLE ONE)

0 1 2 3 4 5 6 7

NOT AT ALL SERIOUS

EXTREMELY SERIOUS

INVESTIGATOR'S PERCEPTION OF WILLFUL INFLECTION OF SYMPTOMS: (CIRCLE ONE)

0 1 2 3 4 5 6 7

NOT AT ALL WILLFUL

EXTREMELY WILLFUL

ENCOUNTER NUMBER

BEHAVIORAL INDICATIONS

**ACTIONS OF SUSPECTED ABUSER**

	1	2	3	4	5	6	7	8
Uses harsh tone of voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swears at elder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks of elder's death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks of elder as a burden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threatens elder with:								
Violence ( hit, throw, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutionalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship/conservatorship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandonment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge or room change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DEROGATION BY SUSPECTED ABUSER:**

	1	2	3	4	5	6	7	8
Insulted Elder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humiliated elder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Called elder names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats elder as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interrupts elder when talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overcritical of elder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PSYCHOLOGICAL INDICATORS

**ELDER'S FEAR OF:**

	1	2	3	4	5	6	7	8
Suspected abuser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family member (not suspected abuser)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbor(s) or other patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend(s) or visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutional staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anybody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ELDER'S ATTITUDE:**

	1	2	3	4	5	6	7	8
Doesn't want to suspected abuser around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly anxious (see client info. section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed (see client info. section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUSPECTED ABUSER'S ATTITUDE:**

	1	2	3	4	5	6	7	8
Feels s/he must punish elder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS: (CIRCLE ONE)

0    1    2    3    4    5    6    7

NOT AT ALL SERIOUS

EXTREMELY SERIOUS

INVESTIGATOR'S PERCEPTION OF WILLFUL INFLECTION OF SYMPTOMS: (CIRCLE ONE)

0    1    2    3    4    5    6    7

NOT AT ALL WILLFUL

EXTREMELY WILLFUL

ENCOUNTER NUMBER

BEHAVIORAL INDICATORS

**SOCIAL ISOLATION:**

	1	2	3	4	5	6	7	8
Elder feels rejected by:								
Suspected abuser								
Family member (not suspected abuser)								
Neighbor (s) or other patients								
Friend(s) or visitors								
Institutional staff								
Everybody								
Elder is left alone								
Elder has no friends								
No opportunity to be with others								

**ABUSER NON-INVOLVEMENT WITH ELDER:**

	1	2	3	4	5	6	7	8
Ignores elder								
Refuses to answer call bell								
Will not talk with elder								
Provides no cognitive stimulation								
No planned activities								
Gives care mechanically								

PSYCHOLOGICAL INDICATORS

**WHDRA W/OF ELDER:**

	1	2	3	4	5	6	7	8
Doesn't trust others								
Feels unwanted								
No opportunity for cognitive stimulation								

**ATTITUDE OF SUSPECTED ABUSER:**

	1	2	3	4	5	6	7	8
Believes elder will die soon								
Disinterested in elder as a person								

ENVIRONMENTAL INDICATORS

**ELDER'S ROOM:**

	1	2	3	4	5	6	7	8
No provision for elder's own possessions								
No color in environment								
No TV or radio or pillow speaker								
No pleasant smells								

INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS: (CIRCLE ONE)

0    1    2    3    4    5    6    7

NOT AT ALL SERIOUS

EXTREMELY SERIOUS

INVESTIGATOR'S PERCEPTION OF WILLFUL INFLECTION OF SYMPTOMS: (CIRCLE ONE)

0    1    2    3    4    5    6    7

NOT AT ALL WILLFUL

EXTREMELY WILLFUL

ENCOUNTER NUMBER

BEHAVIORAL INDICATORS

**ELDER LACKS CONTROL OVER FINANCES:**

**BANK AND TRUST ACCOUNTS:**

- Signs checks filled out by someone else
- Signed checking account over to someone
- Does not sign for withdrawals
- Depleted bank account with no reason
- Unaware of reason for seeing attorney/banker
- Assets do not match standard of living

1	2	3	4	5	6	7	8

**CASH:**

- Social Security Check is missing
- Out of money
- Unaware of monthly income
- Frequently missing checkbook

1	2	3	4	5	6	7	8

**DECISIONS:**

- Put under unneeded guardian/conservatorship
- Executed power of attorney

1	2	3	4	5	6	7	8

**THEFT OF POSSESSIONS:**

- Lost money on an investment
- Lost property:
  - Clothing
  - Toilet articles
  - Other personal possessions
- No secure place for storing possessions:

1	2	3	4	5	6	7	8

**ABUSER CONTROLS ELDER'S FINANCES:**

**CONTROLS BANKING:**

- Has access to elder's safe deposit box
- Always makes bank withdrawals for elder
- Receipts not entered for withdrawals
- Draws cash from account not opened for years
- Makes all investment decisions for elder
- Makes unusually large bank withdrawals

1	2	3	4	5	6	7	8

**CONTROLS CASH:**

- Misused elder's money
- Receives checks on elder's behalf
- Wants elder's govt. checks sent to him/her
- Cashes checks but not meets elder's needs
- Stole money from elder
- Withholds cash from elder's checks
- Sells house, etc. & withholds funds
- Prevented elder from collecting debts

1	2	3	4	5	6	7	8



**ELDER GIVES A WY MONEY OR PROPERTY**

**ENCOUNTER NUMBER**

**BANK ACCOUNTS:**

	1	2	3	4	5	6	7	8
Put someone on savings account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put someone on checking account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Put someone on stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loans money with no discussion of repayment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HOME:**

	1	2	3	4	5	6	7	8
Changed a deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gave away home by deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER:**

	1	2	3	4	5	6	7	8
Made a contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made a gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signs surety on a loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUSPECTED ABUSER MISUSES ELDER'S MONEY**

**THEFT:**

	1	2	3	4	5	6	7	8
Took property belonging to elder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sold house/furnishings without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient does not sign for withdrawals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VANDALISM:**

	1	2	3	4	5	6	7	8
Misused property of elder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damages property of elder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OTHER:**

	1	2	3	4	5	6	7	8
Lives with elder but refuses to pay rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lives with elder and refuses to leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**BEHAVIORS OF PROFESSIONAL:**

	1	2	3	4	5	6	7	8
Does not return phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not answer letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts nothing in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misuses elder's respect so s/he won't complain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grossly overcharges elder for residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grossly overcharges elder for items/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS: (CIRCLE ONE)**

0 1 2 3 4 5 6 7

NOT AT ALL SERIOUS

EXTREMELY SERIOUS

**INVESTIGATOR'S PERCEPTION OF WILLFUL INFLICTION OF SYMPTOMS: (CIRCLE ONE)**

0 1 2 3 4 5 6 7

NOT AT ALL WILLFUL

EXTREMELY WILLFUL

**BEHAVIORAL INDICATORS**

**ELDER FORCED TO ACT:**

**ENCOUNTER NUMBER**

**IN INTERPERSONAL MATTERS:**

	1	2	3	4	5	6	7	8
Marry								
Divorce								

**IN FINANCIAL MATTERS:**

	1	2	3	4	5	6	7	8
Make a will								
Revoke a will								
Change a will								
Change a deed								
Mortgage property								
Lease property								
Execute power of attorney								
Put someone on stock account								
Put someone on bank account								
Make a gift								
Sign a contract								
Lend money								
Borrow money								
Initiate a lawsuit								
Defend against a lawsuit								

**IN DECISION MAKING:**

	1	2	3	4	5	6	7	8
Travel								
Refuse medical treatment								
Move from home								
Move from foster care home								
Move to a nursing home								
Move to foster care home								

**BEHAVIORAL INDICATORS**

**ELDER PREVENTED FROM ACTING:**

**ENCOUNTER NUMBER**

**IN INTERPERSONAL MATTERS:**

	1	2	3	4	5	6	7	8
Marrying								
Divorcing								
Associating privately with another person								
Making telephone calls								

**IN FINANCIAL MATTERS:**

	1	2	3	4	5	6	7	8
Making a will								
Revoking a will								
Changing a will								
Changing a deed								
Mortgaging property								
Leasing property								
Executing power of attorney								
Putting someone on stock account								
Putting someone on bank account								
Making a gift								
Signing a contract								
Lending money								
Borrowing money								
Initiating a lawsuit								
Defending against a lawsuit								
Receiving statement of financial transactions								

**IN OTHER PERSONAL DECISIONS:**

	1	2	3	4	5	6	7	8
Traveling								
Refusing medical treatment								
Moving from home								
Moving to a nursing home								
Leaving a nursing home								
Using personal clothing								

	ENCOUNTER NUMBER							
	1	2	3	4	5	6	7	8
<b>SUSPECTED ABUSER WITHHOLDS ELDER'S PROPERTY:</b>								
Refuses to return a will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to return insurance papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had elder's mail sent to their house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opens elder's mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gives no report of financial transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SUSPECTED ASBUSER WITHHOLDS HELP:</b>								
<b>IN CARE GIVING:</b>	1	2	3	4	5	6	7	8
Tries to remove life support system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to assist elder with daily chores:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lives with elder but refuses to assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No grievance committee in nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>IN LIVING ARRANGEMENTS:</b>	1	2	3	4	5	6	7	8
Does not respect elder's privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Won't allow elder to decide where to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to allow elder to live in own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to leave elder's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuses to get elder out of nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>UNJUSTIFIED LEGAL ACTS:</b>	1	2	3	4	5	6	7	8
Makes it difficult to rescind power of attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misrepresents legal consequences to elder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes elder to second attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tries to get elder to act against own interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks unjustified delay in court proceedings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frightens elder into settling a case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Records not kept confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INVESTIGATOR'S PERCEPTION OF SERIOUSNESS OF SYMPTOMS: (CIRCLE ONE)**      0      1      2      3      4      5      6      7

NOT AT ALL SERIOUS      EXTREMELY SERIOUS

**INVESTIGATOR'S PERCEPTION OF WILLFUL INFLECTION OF SYMPTOMS: (CIRCLE ONE)**      0      1      2      3      4      5      6      7

NOT AT ALL WILLFUL      EXTREMELY WILLFUL











