

## VULNERABILITY TO ABUSE SCREENING SCALE (VASS)

**Purpose:** To identify older women at risk of elder abuse through a self-report instrument.

**Instructions:** Questionnaire can be mailed to subjects with instructions to answer “yes” or “no”.

1. Are you afraid of anyone in your family? Yes \_\_\_\_ No \_\_\_\_
2. Has anyone close to you tried to hurt you or harm you recently? Yes \_\_\_\_ No \_\_\_\_
3. Has anyone close to you called you names or put you down or made you feel bad recently? Yes \_\_\_\_ No \_\_\_\_
4. Do you have enough privacy at home? Yes \_\_\_\_ No \_\_\_\_
5. Do you trust most of the people in your family? Yes \_\_\_\_ No \_\_\_\_
6. Can you take your own medication and get around by yourself? Yes \_\_\_\_ No \_\_\_\_
7. Are you sad or lonely often? Yes \_\_\_\_ No \_\_\_\_
8. Do you feel that nobody wants you around? Yes \_\_\_\_ No \_\_\_\_
9. Do you feel uncomfortable with anyone in your family? Yes \_\_\_\_ No \_\_\_\_
10. Does someone in your family make you stay in bed or tell you you're sick when you know you're not? Yes \_\_\_\_ No \_\_\_\_
11. Has anyone forced you to do things you didn't want to do? Yes \_\_\_\_ No \_\_\_\_
12. Has anyone taken things that belong to you without your OK? Yes \_\_\_\_ No \_\_\_\_