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". Yes ____ 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? 3. Has anyone close to you called you names or put you down or made Yes No 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? 6. Can you take your own medication and get around by yourself? Yes ____ No ____ Yes ____ No ____ 7. Are you sad or lonely often? Yes ____ No ____ 8. Do you feel that nobody wants you around? 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 ____ 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?

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