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 ____