

## Elder Abuse First Responder Checklist

**Does the older adult have any impairments?**

- Hearing impaired/uses hearing aid
- Visually impaired (wears glasses, full or partial blindness, cataracts)
- Requires walker, wheelchair or cane
- Wears dentures

**Does the older adult take medications? If so, list:**

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**Does the older adult any medical conditions? If so, list:**

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**Can the older adult do the following things independently (without assistance)?**

- |                              |                              |                             |                                  |
|------------------------------|------------------------------|-----------------------------|----------------------------------|
| Bathing                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Dressing                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Toileting                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Transferring                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Continence                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Ability to use the telephone | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Transportation               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

**Signs of Physical Abuse**

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description
Victim's Self Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Bruises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<hr/>
Black Eyes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<hr/>
Lacerations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<hr/>
Ligature / Restraint Marks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<hr/>
Broken Bones	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<hr/>
Burns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<hr/>
Bite Marks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<hr/>
Over / Under Medicated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<hr/>
Hair Pulled Out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Uncooperative Caretaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Weapons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

## Elder Abuse First Responder Checklist

### Signs of Sexual Abuse

Victim's Self Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description
Bruises: Breasts/Genital Area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Torn/Bloody Underclothes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Difficulty Walking/Sitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Sexually Transmitted Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Broken Bones	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Burns	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Bite Marks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Over / Under Medicated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Hair Pulled Out	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Uncooperative Caretaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Weapons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____

### Signs of Neglect/Cruelty

Victim's Self Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description
Lack of Basic Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Lack of Assistive Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Abandonment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Inappropriate Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Inadequate Heating/Cooling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Bed Sores	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Unsafe Environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Fleas/Lice/Roaches/Rodents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Fecal/Urine Odor/Stains	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Lock/Chains On Interior Doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____

### Signs of Emotional Abuse

Victim's Self Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description
Upset/Agitated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Withdrawn/Non-responsive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Nervous Around Caregiver/Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Caregiver Restricts Communication To Friends & Family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Fearful Of Saying Or Doing Something Wrong	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____

## Elder Abuse First Responder Checklist

### Signs of Financial Abuse

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description
Victim's Self Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unemployed Adults Reside In Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
New Names on Signature Card(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unauthorized Withdrawal(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abrupt Changes In Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disappearance of Funds/Possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unpaid Bills/Adequate Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Forged Signature For Transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appearance Of Uninvolved Relative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sudden Transfer Of Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unlicensed Personal Care Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Large Purchases For The Abuser's Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inappropriate Financial Reimbursement For Services To The Older Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Signs of Self-Neglect

Dehydration/Malnutrition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Lack Of Medical Attention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unsafe Living Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Unsanitary Living Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inappropriate Clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Lack Of Assistive Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Inadequate Housing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown