

Elder Abuse First Responder Checklist

Are there other people present in the home or interview location?

- Yes No Unknown

Were other people present during the interview?

- Yes No Unknown

If yes, what is their relationship with the older adult?

- Paid Caregiver
 Note/ Name _____
- Family Member
 Note/ Name _____
- Other
 Note/ Name _____

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Additional Observations
Trouble hearing (e.g. hearing aid(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trouble seeing (e.g. wears glasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do they seem to have memory trouble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do they seem to be confused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Uses something to help with mobility (e.g. walker, cane, wheelchair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
What language(s) do they speak? List.	_____			_____

Hygiene and Appearance

Take note of the following:

Dressed appropriately	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Dirty or bad odors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Stains on clothing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Obvious wounds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____

List any known medical problems:

List or take a photo of any medication they take (check expiration date(s)):

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

- Call for assistance if needed? Yes No Unknown
- Get out into the community unassisted? Yes No Unknown
- Access food and water? Yes No Unknown

Elder Abuse First Responder Checklist

If there is a suspicion of Physical Abuse, note any of the following:

Bruises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description of why injury is present: _____
Facial injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Lacerations (e.g. cuts)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Restraint marks	<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	_____

If there is a suspicion of Sexual Abuse, note any of the following:

Genital injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description of why injury is present: _____
Human bite marks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Imprint injuries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Bruising on thighs, buttocks, breasts, face, neck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Eyewitness reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Disclosures by victims	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Victim report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____

If there is a suspicion of Neglect/ Cruelty, note any of the following:

Fecal/Urine Odor/Stains	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description: _____
Excessive clutter/ obstacles/ hoarding/ unsafe environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Needs assistive device(s) (e.g. wheelchair, can, walker)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Assistive device(s) being withheld	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Are they left alone when they shouldn't be?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Dressed inappropriately	<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	_____
Fleas/ lice/ roaches/ rodents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Locks/ chains on interior doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____
Restraints	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	_____

If there is a suspicion of Emotional Abuse, note any of the following:

Upset/Agitated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description: _____
Fearful	<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	_____

Elder Abuse First Responder Checklist

If there is a suspicion of Financial Abuse, note any of the following:

Collection notices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description: _____ _____ _____ _____ _____ _____ _____ _____ _____
Stacks of unopened mail	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Financially dependent adult lives in home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Unauthorized withdrawal(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Abrupt changes in will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Disappearance of funds/ possessions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Unpaid bills/ adequate funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Appearance of uninvolved relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Sudden transfer of assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Unlicensed personal care home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Large purchases for abuser's benefit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Inappropriate financial reimbursement for services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

If there is a suspicion of Self-Neglect, note any of the following:

Lack of medical attention	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Victim's Self Report Description: _____ _____ _____ _____ _____ _____ _____
Expired medication	<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	
Dressed inappropriately	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Appears abnormally thin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Lack of assistive devices (e.g. cane walker wheelchair, hearing aid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

Additional Notes/Observations:
