

Eldercare screening

Please check any of the following that are true:

- Has anyone at home ever hurt you?
- Has anyone ever touched you without your consent?
- Has anyone taken anything that was yours without asking?
- Has anyone refused to give you your medication, kept you from taking it or given you too much or too little?
- Have you ever signed any documents that you didn't understand or you didn't want to sign?
- Are you afraid of anyone at home?
- Has anyone taken or broken something you need to be independent such as your can, walker or wheelchair?
- Are you alone a lot?
- Has anyone ever failed to help you take care of yourself when you needed help?