

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 ____

Copyright © The Gerontological Society of America. Reprinted by permission of the publisher. Schofield, M. J., & Mishra, G. D. (2003). Validity of self-report screening scale for elder abuse: Women's Health Australia Study. *The Gerontologist*, 43(1), 110-120, Table 1.