

Name: \_\_\_\_\_

## **EASI Questions**

**Questions 1-5 to be completed by patient.**

Question 6 to be completed by Physical Therapist.

1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer

**To be completed by Physical Therapist:**

6) Physical Therapist: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure
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Contact information for assistance related to elder abuse and/or neglect:

In an emergency: 9-1-1 or the police

For non-emergency: (877) SOS-ADULT or (877) 767-2385 – Adult Protective Services (APS)

(602) 264-HELP or (602) 264-4357 – Area Agency on Aging 24hr Helpline