Bruising as a Forensic Marker of Physical Elder Abuse

Author(s) of Instrument:
Laura Mosqueda

Key References: Publications related to this instrument


Primary Use/Purpose: This section describes what this instrument was designed to measure.

This study was designed to look at bruising as a marker of physical elder abuse. Bruises were examined to determine if elder abuse had occurred and an expert panel confirmed that the bruises were due to physical elder abuse.

Background and Development: How and why this instrument was developed.

The study was comprised of 67 adults over age 65 whose cases had been reported to the Orange County Adult Protective Services because of suspected elder physical abuse. The study included 142 variables and assessed the functioning of the subjects, medical conditions, cognitive functioning, and history of falls along with patterns of bruising.
Psychometrics (if applicable): Any testing of this instrument.

N/A.

Link to Instrument: Link to the instrument if available.

https://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/28144/datadocumentation or see attached.

Submitted by: Laura Mosqueda certified permission to publicly share this instrument.
**Participant Information**

Participant Number: ___________________  Date: ___________________

Year of Birth: _____  Age:_____  Handedness: __R__ __L__  Sex: _____ Male  _____ Female

Ethnicity: Are you Spanish / Hispanic / Latino?  □ Yes  □ No (If YES, please select region below)

□ North American (Mexican, Mexican-American, Chicano)  
□ South American □ Central American □ Puerto Rican  
□ Cuban □ Haitian □ Other (specify) __________________________

Race:  □ American Indian (North/South/Central American) / Alaskan Native (Aleut and Eskimo)  
□ Asian □ Asian Indian □ Cambodian □ Chinese □ Filipino  
□ Japanese □ Hmong □ Korean □ Laotian □ Vietnamese □ Other (specify) __________________________

□ Black, African-American □ Caucasian / White □ Pacific Islander  
□ Native Hawaiian □ Guamanian □ Samoan  
□ Other Race (specify) __________________________

Mobility:  □ Without Assistance  □ Walk-up Walker □ Fr __ Wheel Walker Canes  
□ Single Point Cane □ Hemi-Cane □ Quad Cane  
□ Wheelchair Manual □ Wheelchair Electric  
□ Scooter  

History of Falls:  
Number in the past  
Week:_______  Month:_______  
6 Months:____  Year:_______

Please list all past and present illnesses:

1. ___________________________________________  8. ___________________________________________
2. ___________________________________________  9. ___________________________________________
3. ___________________________________________ 10. ___________________________________________
4. ___________________________________________ 11. ___________________________________________
5. ___________________________________________ 12. ___________________________________________
6. ___________________________________________ 13. ___________________________________________
7. ___________________________________________ 14. ___________________________________________
CLOSE YOUR EYES

**Mini Mental Status Exam**

<table>
<thead>
<tr>
<th>Test</th>
<th>Score</th>
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<tr>
<td><strong>Orientation:</strong></td>
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<td>Day of the week, Year, Month, Date, Season</td>
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<td>State, City, County, Street or Building, Street</td>
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<tr>
<td><strong>Registration:</strong></td>
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<tr>
<td>Name 3 objects (Ball, Tree, Flag)</td>
<td>3</td>
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<tr>
<td><strong>Attention:</strong></td>
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<tr>
<td>D_L_R_O_W</td>
<td>5</td>
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<tr>
<td><strong>Identification:</strong></td>
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<td>Pen, Watch</td>
<td>2</td>
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<tr>
<td><strong>Repetition:</strong></td>
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<tr>
<td>No ifs, ands, or buts</td>
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<tr>
<td><strong>Recall:</strong></td>
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<tr>
<td>Three objects from above (no points if cued)</td>
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<tr>
<td><strong>3-Stage Command:</strong></td>
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<tr>
<td>Take a paper in your left hand, fold it in half, and place it on the floor.</td>
<td>3</td>
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<tr>
<td><strong>Execution:</strong></td>
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<tr>
<td>Read the above sentence and do what it says</td>
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<td><strong>Language:</strong></td>
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<td>Write a sentence</td>
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<td><strong>Construction:</strong></td>
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<td>Copy the diagram</td>
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<td><strong>Total</strong></td>
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Prescription and over the Counter Medications

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<thead>
<tr>
<th>Medication name</th>
<th>Dosage/Directions</th>
<th>Reason prescribed/Taken</th>
<th>Taken as Prescribed? If no, explain.</th>
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<td>General Assessment</td>
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<td>Poor</td>
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<tr>
<td>1. Hygiene</td>
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<td>2. Nutrition</td>
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<td>2</td>
<td>3</td>
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<tr>
<td>3. Skin Integrity</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td><strong>Possible Abuse Indicators</strong></td>
<td>No Evidence</td>
<td>Possible Evidence</td>
<td>Probable Evidence</td>
</tr>
<tr>
<td>4. Bruising</td>
<td>1</td>
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<td>3</td>
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<td>5. Lacerations</td>
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<td>6. Fractures</td>
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<td>7. Evidence of sexual abuse</td>
<td>1</td>
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<tr>
<td>8. Statement by elder re: abuse</td>
<td>1</td>
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<td>9. Contractures</td>
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<td>10. Decubiti</td>
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<td>11. Repetitive hospital admissions</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>12. Statement by elder re: physical restraint</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>13. Statement by caregiver re: physical restraint</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>14. Material evidence of physical restraint</td>
<td>1</td>
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</tbody>
</table>
FUNCTIONAL ASSESSMENT
II. INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Participant Number:__________

Score

1. Ability to use telephone
   1: Operates telephone on own initiative, looks up and dials numbers, etc
   2: Dials a few well known numbers
   3: Answers telephone but does not dial
   4: Does not use telephone at all

2. Shopping
   1: Takes care of all shopping needs independently
   2: Shops independently for small purchases
   3: Needs to be accompanied on any shopping trip
   4: Completely unable to shop

3. Food Preparation
   1: Plans, prepares and serves adequate meals independently
   2: Prepares adequate meals if supplied with ingredients
   3: Heats, serves and prepares meals, but does not maintain adequate diet
   4: Needs to have meals prepared and served

4. Housekeeping
   1: Maintains house alone or with occasional assistance
   2: Performs light daily tasks such as dishwashing or bed making
   3: Performs light daily tasks but cannot maintain acceptable level of cleanliness
   4: Does not participate in any housekeeping tasks

5. Laundry
   1: Does personal laundry completely
   2: Launders small items by self
   3: All laundry must be done by others

6. Mode of transportation
   1: Travels independently
   2: Arranges own travel via taxi, but does not use other modes of transportation
   3: Travels on public transportation when accompanied by others
   4: Does not travel at all

7. Responsibility for medications
   1: Is able to take medications in correct dosages at correct time
   2: Takes medications if they are prepared in advance in correct dosages
   3: Is not capable of dispensing won medications

8. Ability to handle finances
   1: Manages financial matters independently
   2: Manages day-to-day purchases but needs help with banking, major purchase, etc.
   3: Incapable of handling money, etc.

Score:________________________  Completed by:_______________________________

Adapted from: Katz Index of Activities of Daily Living
FUNCTIONAL ASSESSMENT
I. ACTIVITIES OF DAILY LIVING

Participant Number:__________

Score/Code

__/___ 1. Bathing: either sponge, shower or tub
0: without assistance
1: needs help getting in or out of the tub, or special attachments, or in bathing one part of the body
2: unable to bathe self or needs assistance with bathing more than one part of the body

__/___ 2. Dressing: includes choosing and obtaining clothing
0: without help
1: needs assistance (e.g. with tying shoes)
2: unable to dress and undress self and requires assistance

__/___ 3. Toileting: going to toilet, cleaning self and changing clothes
0: without assistance, May use bedside commode or bedpan at night, but is able to empty the receptacle in the morning
1: needs assistance in either getting to the bathroom, cleaning self after elimination, arranging clothes or returning from the bathroom.
2: unable to go to the bathroom for elimination

__/___ 4. Transfer: can get in and out of bed and on and off chair
0: without assistance except for cane or walker
1: needs some assistance
2: unable to get out of bed or chair

__/___ 5. Continence: both urine and bowel function completely by self
0: able to control bowel and urine function by self
1: has occasional “accidents”
2: needs supervision, has catheter, or is incontinent

__/___ 6. Feeding
0: feeds self without assistance
1: feeds self but needs assistance with cutting meat, buttering bread, etc.
2: needs assistance in feeding or is being fed by IV or internal feedings

Codes for who provides assistance when needed:

FS- Facility Staff
PG- Paid Caregiver
FF- Family/ Friend

Score:________________________________________ Completed by:________________________________________

Adapted from: Katz Index of Activities of Daily Living
Tinetti Balance Evaluation

Participant number:________

BALANCE

Instructions: Subject is seated in hard and armless chair. The following maneuvers are tested:

1. Sitting balance
   0: leans or slides in chair
   1: steady and safe

2. Arise
   0: unable without help
   1: able but uses arms to help
   2: able without use of arms

3. Attempts to rise
   0: unable without help
   1: able, but requires more than one attempt
   2: able to arise with one attempt

4. Immediate standing balance (first 5 seconds)
   0: unsteady (staggers, moves feet), marked trunk sway
   1: steady, but uses walker or cane or grabs other object for support
   2: steady without walker or cane or other support

5. Standing balance
   0: unsteady
   1: steady, but wide stance (heels>4” apart) or uses cane or other support
   2: narrow stance without support

6. Nudge (subject stands with feet as close together as possible), examiner pushes lightly on subject’s sternum with palm of hand 3 times
   0: begins to fall
   1: staggers, grabs, but catches self
   2: steady

7. Eyes closed (same position as #6)
   0: unsteady
   1: steady

8. Turn 360
   0: discontinuous steps
   1: continuous
   0: unsteady (grabs, staggers)
   1: steady

9. Sit down
   0: unsafe, misjudged distance; falls into chair
   1: uses arms or not a smooth motion
   2: safe smooth motion

Balance Score: ______/16
Tinetti Gait Evaluation

Participant number:_________

GAIT

Instructions: Subject stands with examiner; walks down hallway or across room (about 25') at "usual" pace, then back at "rapid, but safe" pace.

1. Initiation of gait (immediately after told to "go")
   0: any hesitancy or multiple attempts
   1: no hesitancy

2. Step length and height
   a. Right swing foot
      0: does not pass L stance foot with step
      1: passes L stance foot
      0: R foot does not clear floor completely with step
      1: right foot completely clears floor
   b. Left swing foot
      0: does not pass R stance foot with step
      1: passes R stance foot
      0: L foot does not clear floor completely with step
      1: L foot completely clears floor

3. Step symmetry
   0: R and L step lengths not equal (estimate)
   1: R and L step appear equal

4. Step continuity
   0: stopping or discontinuity between steps
   1: steps appear continuous

5. Path (Observe excursion of one foot over about 10 feet)
   0: marked deviation
   1: mild/moderate deviation or uses walking aid
   2: straight without walking aid

6. Trunk
   0: marked sway or uses walking aid
   1: no sway but flexion of knees or back or spreads arms out while walking
   2: no sway, flexion, abnormal arm spread, or walking aid

7. Walk Stance
   0: heels apart
   1: heels almost touching while walking

Gait Score: _____/12

Adapted from Tinetti et al: J Am Geriatri Soc 34:119. 1986
Body Mass Index

Weight: ___________________________ pounds
Height: ___________________________ inches

(Weight (pounds) / Height (inches)^2) X 704.5 = BMI

(Weight: __________ / Height: ___________)^2 X 704.5 = ___________
## Identified Bruise Information Form

**Participant Number:**

**Date:**

**Time:**

<table>
<thead>
<tr>
<th>Bruise #</th>
<th>Height (cm)</th>
<th>Weight (cm)</th>
<th>Age of bruise (hrs.)</th>
<th>Black</th>
<th>Yellow</th>
<th>Blue</th>
<th>Purple</th>
<th>Red</th>
<th>Notes</th>
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</table>
If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other
- # of hours

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other
- # of hours

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other
- # of hours

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other
- # of hours

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other
- # of hours

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other
- # of hours

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other
- # of hours

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other
- # of hours
81. Our Relationship in the Past Year: Older Adult Version (1)
No matter how well people get along, there are times when they disagree, get annoyed with one another, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or are upset for some other reason. People also have many different ways of trying to settle their differences. This is a list of things that might happen when a caregiver and an older adult have differences. Some questions are about the caregiver and some questions are about the older adult. For Part a of each question, please check only 1 box that describes how many times these things happened in the past year. If one of these things did not happen in the past year, but it happened before that, mark box g.

82. In the past year, a family member or other adult I know threw something at me that could hurt.
   □ a. Once
   □ b. Twice
   □ c. 3-5 times
   □ d. 6-10 times
   □ e. 11-20 times
   □ f. More than 20 times
   □ g. Not in the past year, but it happened before
   □ h. Never

83. Very recently, a family member or other adult I know threw something at me that could hurt.
   □ a. Yes, in the last week
   □ b. Yes, one to two weeks ago
   □ c. Yes, two weeks to a month ago
   □ d. Yes, a month to 6 weeks ago
   □ e. Not recently

84. In the past year, I threw something at a family member or other adult I know that could hurt.
   □ a. Once
   □ b. Twice
   □ c. 3-5 times
   □ d. 6-10 times
   □ e. 11-20 times
   □ f. More than 20 times
   □ g. Not in the past year, but it happened before
   □ h. Never

85. Very recently, I threw something at a family member or other adult I know that could hurt.
   □ a. Yes, in the last week
   □ b. Yes, one to two weeks ago
   □ c. Yes, two weeks to a month ago
d. Yes, a month to 6 weeks ago  
e. Not recently

86. In the past year, a family member or other adult I know twisted my arm or hair.
   □ a. Once  
   □ b. Twice  
   □ c. 3-5 times  
   □ d. 6-10 times  
   □ e. 11-20 times  
   □ f. More than 20 times  
   □ g. Not in the past year, but it happened before  
   □ h. Never

87. Very recently, a family member or other adult I know twisted my arm or hair.
   □ a. Yes, in the last week  
   □ b. Yes, one to two weeks ago  
   □ c. Yes, two weeks to a month ago  
   □ d. Yes, a month to 6 weeks ago  
   □ e. Not recently

88. In the past year, I twisted my family member’s or other adult’s arm or hair.
   □ a. Once  
   □ b. Twice  
   □ c. 3-5 times  
   □ d. 6-10 times  
   □ e. 11-20 times  
   □ f. More than 20 times  
   □ g. Not in the past year, but it happened before  
   □ h. Never

89. Very recently, I twisted my family member’s or other adult’s arm or hair.
   □ a. Yes, in the last week  
   □ b. Yes, one to two weeks ago  
   □ c. Yes, two weeks to a month ago  
   □ d. Yes, a month to 6 weeks ago  
   □ e. Not recently

90. In the past year, a family member or other adult I know pushed or shoved me.
   □ a. Once  
   □ b. Twice  
   □ c. 3-5 times  
   □ d. 6-10 times
91. Very recently, a family member or other adult I know pushed or shoved me.
   ☐ a. Yes, in the last week
   ☐ b. Yes, one to two weeks ago
   ☐ c. Yes, two weeks to a month ago
   ☐ d. Yes, a month to 6 weeks ago
   ☐ e. Not recently

92. In the past year, I pushed or shoved my family member or other adult I know.
   ☐ a. Once
   ☐ b. Twice
   ☐ c. 3-5 times
   ☐ d. 6-10 times
   ☐ e. 11-20 times
   ☐ f. More than 20 times
   ☐ g. Not in the past year, but it happened before
   ☐ h. Never

93. Very recently, I pushed or shoved my family member or other adult I know.
   ☐ a. Yes, in the last week
   ☐ b. Yes, one to two weeks ago
   ☐ c. Yes, two weeks to a month ago
   ☐ d. Yes, a month to 6 weeks ago
   ☐ e. Not recently

94. In the past year, a family member or other adult I know used a knife or gun on me.
   ☐ a. Once
   ☐ b. Twice
   ☐ c. 3-5 times
   ☐ d. 6-10 times
   ☐ e. 11-20 times
   ☐ f. More than 20 times
   ☐ g. Not in the past year, but it happened before

95. Very recently, a family member or other adult I know used a knife or gun on me.
   ☐ a. Yes, in the last week
   ☐ b. Yes, one to two weeks ago
   ☐ c. Yes, two weeks to a month ago
   ☐ d. Yes, a month to 6 weeks ago
96. In the past year, I used a knife or gun on my family member or other adult I know.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
   □h. Never

97. Very recently, I used a knife or gun on my family member or other adult I know.
   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently

98. In the past year, a family member or other adult I know punched or hit me with something that could hurt.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
   □h. Never

99. Very recently, a family member or other adult I know punched or hit me with something that could hurt.
   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently

100. In the past year, I punched or hit a family member or other adult I know with something that could hurt.

   □a. Once
   □b. Twice
   □c. 3-5 times
101. Very recently, I punched or hit a family member or other adult I know with something that could hurt.

☐ a. Yes, in the last week
☐ b. Yes, one to two weeks ago
☐ c. Yes, two weeks to a month ago
☐ d. Yes, a month to 6 weeks ago
☐ e. Not recently

102. In the past year, a family member or other adult I know choked me.

☐ a. Once
☐ b. Twice
☐ c. 3-5 times
☐ d. 6-10 times
☐ e. 11-20 times
☐ f. More than 20 times
☐ g. Not in the past year, but it happened before
☐ h. Never

103. Very recently, a family member or other adult I know choked me.

☐ a. Yes, in the last week
☐ b. Yes, one to two weeks ago
☐ c. Yes, two weeks to a month ago
☐ d. Yes, a month to 6 weeks ago
☐ e. Not recently

104. In the past year, I choked a family member or other adult I know.

☐ a. Once
☐ b. Twice
☐ c. 3-5 times
☐ d. 6-10 times
☐ e. 11-20 times
105. Very recently, I choked a family member or other adult I know.

☐a. Yes, in the last week
☐b. Yes, one to two weeks ago
☐c. Yes, two weeks to a month ago
☐d. Yes, a month to 6 weeks ago
☐e. Not recently

106. In the past year, a family member or other adult I know slammed me against a wall.

☐a. Once
☐b. Twice
☐c. 3-5 times
☐d. 6-10 times
☐e. 11-20 times
☐f. More than 20 times
☐g. Not in the past year, but it happened before
☐h. Never

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☐c. Yes, two weeks to a month ago
☐d. Yes, a month to 6 weeks ago
☐e. Not recently

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☐b. Twice
☐c. 3-5 times
☐d. 6-10 times
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☐f. More than 20 times
☐g. Not in the past year, but it happened before
109. Very recently, I slammed a family member or other adult I know against a wall.
   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently

110. In the past year, a family member or other adult I know beat me up.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
   □h. Never

111. Very recently, a family member or other adult I know beat me up.
   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently

112. In the past year, I beat up a family member or other adult I know.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
113. Very recently, I beat up a family member or other adult I know.
   a. Yes, in the last week
   b. Yes, one to two weeks ago
   c. Yes, two weeks to a month ago
   d. Yes, a month to 6 weeks ago
   e. Not recently

114. In the past year, a family member or other adult I know grabbed me.
   a. Once
   b. Twice
   c. 3-5 times
   d. 6-10 times
   e. 11-20 times
   f. More than 20 times
   g. Not in the past year, but it happened before
   h. Never

115. Very recently, a family member or other adult I know grabbed me.
   a. Yes, in the last week
   b. Yes, one to two weeks ago
   c. Yes, two weeks to a month ago
   d. Yes, a month to 6 weeks ago
   e. Not recently

116. In the past year, I grabbed a family member or other adult I know.
   a. Once
   b. Twice
   c. 3-5 times
   d. 6-10 times
   e. 11-20 times
   f. More than 20 times
   g. Not in the past year, but it happened before
   h. Never

117. Very recently, I grabbed a family member or other adult I know.
118. In the past year, a family member or other adult I know slapped me.

☐a. Once
☐b. Twice
☐c. 3-5 times
☐d. 6-10 times
☐e. 11-20 times
☐f. More than 20 times
☐g. Not in the past year, but it happened before
☐h. Never

119. Very recently, a family member or other adult I know slapped me.

☐a. Yes, in the last week
☐b. Yes, one to two weeks ago
☐c. Yes, two weeks to a month ago
☐d. Yes, a month to 6 weeks ago
☐e. Not recently

120. In the past year, I slapped a family member or other adult I know.

☐a. Once
☐b. Twice
☐c. 3-5 times
☐d. 6-10 times
☐e. 11-20 times
☐f. More than 20 times
☐g. Not in the past year, but it happened before
☐h. Never

121. Very recently, I slapped a family member or other adult I know.

☐a. Yes, in the last week
b. Yes, one to two weeks ago

c. Yes, two weeks to a month ago

d. Yes, a month to 6 weeks ago

e. Not recently

122. In the past year, a family member or other adult I know burned/scalded me on purpose.

a. Once
b. Twice
c. 3-5 times
d. 6-10 times
e. 11-20 times
f. More than 20 times
g. Not in the past year, but it happened before
h. Never

123. Very recently, a family member or other adult I know burned/scalded me on purpose.

a. Yes, in the last week
b. Yes, one to two weeks ago
c. Yes, two weeks to a month ago
d. Yes, a month to 6 weeks ago
e. Not recently

124. In the past year, I burned/scalded a family member or other adult that I know on purpose.

a. Once
b. Twice
c. 3-5 times
d. 6-10 times
e. 11-20 times
f. More than 20 times
g. Not in the past year, but it happened before
h. Never

125. Very recently, I burned/scalded a family member or other adult that I know on purpose.

a. Yes, in the last week
b. Yes, one to two weeks ago
126. In the past year, a family member or other adult kicked me.

- a. Once
- b. Twice
- c. 3-5 times
- d. 6-10 times
- e. 11-20 times
- f. More than 20 times
- g. Not in the past year, but it happened before
- h. Never

127. Very recently, a family member or other adult kicked me.

- a. Yes, in the last week
- b. Yes, one to two weeks ago
- c. Yes, two weeks to a month ago
- d. Yes, a month to 6 weeks ago
- e. Not recently

128. In the past year, I kicked a family member or other adult I know.

- a. Once
- b. Twice
- c. 3-5 times
- d. 6-10 times
- e. 11-20 times
- f. More than 20 times
- g. Not in the past year, but it happened before
- h. Never

129. Very recently, I kicked a family member or other adult I know.

- a. Yes, in the last week
- b. Yes, one to two weeks ago
Our Relationship in the Past Year: Caregiver Version (2)
No matter how well people get along, there are times when they disagree, get annoyed with one another, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or are upset for some other reason. People also have many different ways of trying to settle their differences. This is a list of things that might happen when a caregiver and an older adult have differences. Some questions are about the caregiver and some questions are about the older adult. For Part a of each question, please check only 1 box that describes how many times these things happened in the past year. If one of these things did not happen in the past year, but it happened before that, mark box g.

82. In the past year, I threw something at the older adult that could hurt.
   □ a. Once
   □ b. Twice
   □ c. 3-5 times
   □ d. 6-10 times
   □ e. 11-20 times
   □ f. More than 20 times
   □ g. Not in the past year, but it happened before
   □ h. Never

83. Very recently, I threw something at the older adult that could hurt.
   □ a. Yes, in the last week
   □ b. Yes, one to two weeks ago
   □ c. Yes, two weeks to a month ago
   □ d. Yes, a month to 6 weeks ago
   □ e. Not recently

84. In the past year, the older adult threw something at me that could hurt.
   □ a. Once
   □ b. Twice
   □ c. 3-5 times
   □ d. 6-10 times
   □ e. 11-20 times
   □ f. More than 20 times
   □ g. Not in the past year, but it happened before
   □ h. Never
85. Very recently, the older adult threw something at me that could hurt.
   ☐ a. Yes, in the last week
   ☐ b. Yes, one to two weeks ago
   ☐ c. Yes, two weeks to a month ago
   ☐ d. Yes, a month to 6 weeks ago
   ☐ e. Not recently

86. In the past year, I twisted the older adult’s arm or hair.
   ☐ a. Once
   ☐ b. Twice
   ☐ c. 3-5 times
   ☐ d. 6-10 times
   ☐ e. 11-20 times
   ☐ f. More than 20 times
   ☐ g. Not in the past year, but it happened before
   ☐ h. Never

87. Very recently, I twisted the older adult’s arm or hair.
   ☐ a. Yes, in the last week
   ☐ b. Yes, one to two weeks ago
   ☐ c. Yes, two weeks to a month ago
   ☐ d. Yes, a month to 6 weeks ago
   ☐ e. Not recently

88. In the past year, the older adult twisted my arm or hair.
   ☐ a. Once
   ☐ b. Twice
   ☐ c. 3-5 times
   ☐ d. 6-10 times
   ☐ e. 11-20 times
   ☐ f. More than 20 times
   ☐ g. Not in the past year, but it happened before
   ☐ h. Never

89. Very recently, the older adult twisted my arm or hair.
   ☐ a. Yes, in the last week
   ☐ b. Yes, one to two weeks ago
   ☐ c. Yes, two weeks to a month ago
   ☐ d. Yes, a month to 6 weeks ago
   ☐ e. Not recently

90. In the past year, I pushed or shoved the older adult.
91. **Very recently, I pushed or shoved the older adult.**
   - a. Once
   - b. Twice
   - c. 3-5 times
   - d. 6-10 times
   - e. 11-20 times
   - f. More than 20 times
   - g. Not in the past year, but it happened before
   - h. Never

92. **In the past year, the older adult pushed or shoved me.**
   - a. Once
   - b. Twice
   - c. 3-5 times
   - d. 6-10 times
   - e. 11-20 times
   - f. More than 20 times
   - g. Not in the past year, but it happened before
   - h. Never

93. **Very recently, the older adult pushed or shoved me.**
   - a. Yes, in the last week
   - b. Yes, one to two weeks ago
   - c. Yes, two weeks to a month ago
   - d. Yes, a month to 6 weeks ago
   - e. Not recently

94. **In the past year, I used a knife or gun on the older adult.**
   - a. Once
   - b. Twice
   - c. 3-5 times
   - d. 6-10 times
   - e. 11-20 times
   - f. More than 20 times
   - g. Not in the past year, but it happened before
   - h. Never
95. Very recently, I used a knife or gun on the older adult.
   □ a. Yes, in the last week
   □ b. Yes, one to two weeks ago
   □ c. Yes, two weeks to a month ago
   □ d. Yes, a month to 6 weeks ago
   □ e. Not recently

96. In the past year, the older adult used a knife or gun on me.
   □ a. Once
   □ b. Twice
   □ c. 3-5 times
   □ d. 6-10 times
   □ e. 11-20 times
   □ f. More than 20 times
   □ g. Not in the past year, but it happened before
   □ h. Never

97. Very recently, the older adult used a knife or gun on me.
   □ a. Yes, in the last week
   □ b. Yes, one to two weeks ago
   □ c. Yes, two weeks to a month ago
   □ d. Yes, a month to 6 weeks ago
   □ e. Not recently

98. In the past year, I punched or hit the older adult with something that could hurt.
   □ a. Once
   □ b. Twice
   □ c. 3-5 times
   □ d. 6-10 times
   □ e. 11-20 times
   □ f. More than 20 times
   □ g. Not in the past year, but it happened before
   □ h. Never

99. Very recently, I punched or hit the older adult with something that could hurt.
   □ a. Yes, in the last week
   □ b. Yes, one to two weeks ago
   □ c. Yes, two weeks to a month ago
   □ d. Yes, a month to 6 weeks ago
   □ e. Not recently
100. **In the past year, the older adult punched or hit me with something that could hurt.**
   - □a. Once
   - □b. Twice
   - □c. 3-5 times
   - □d. 6-10 times
   - □e. 11-20 times
   - □f. More than 20 times
   - □g. Not in the past year, but it happened before
   - □h. Never

101. **Very recently, the older adult punched or hit me with something that could hurt.**
   - □a. Yes, in the last week
   - □b. Yes, one to two weeks ago
   - □c. Yes, two weeks to a month ago
   - □d. Yes, a month to 6 weeks ago
   - □e. Not recently

102. **In the past year, I choked the older adult.**
   - □a. Once
   - □b. Twice
   - □c. 3-5 times
   - □d. 6-10 times
   - □e. 11-20 times
   - □f. More than 20 times
   - □g. Not in the past year, but it happened before
   - □h. Never

103. **Very recently, I choked the older adult.**
   - □a. Yes, in the last week
   - □b. Yes, one to two weeks ago
   - □c. Yes, two weeks to a month ago
   - □d. Yes, a month to 6 weeks ago
   - □e. Not recently

104. **In the past year, the older adult choked me.**
   - □a. Once
   - □b. Twice
   - □c. 3-5 times
   - □d. 6-10 times
   - □e. 11-20 times
   - □f. More than 20 times
   - □g. Not in the past year, but it happened before
105. Very recently, the older adult choked me.
   - a. Yes, in the last week
   - b. Yes, one to two weeks ago
   - c. Yes, two weeks to a month ago
   - d. Yes, a month to 6 weeks ago
   - e. Not recently

106. In the past year, I slammed the older adult against a wall.
   - a. Once
   - b. Twice
   - c. 3-5 times
   - d. 6-10 times
   - e. 11-20 times
   - f. More than 20 times
   - g. Not in the past year, but it happened before
   - h. Never

107. Very recently, I slammed the older adult against a wall.
   - a. Yes, in the last week
   - b. Yes, one to two weeks ago
   - c. Yes, two weeks to a month ago
   - d. Yes, a month to 6 weeks ago
   - e. Not recently

108. In the past year, the older adult slammed me against the wall.
   - a. Once
   - b. Twice
   - c. 3-5 times
   - d. 6-10 times
   - e. 11-20 times
   - f. More than 20 times
   - g. Not in the past year, but it happened before
   - h. Never

109. Very recently, the older adult slammed me against the wall.
   - a. Yes, in the last week
   - b. Yes, one to two weeks ago
   - c. Yes, two weeks to a month ago
   - d. Yes, a month to 6 weeks ago
   - e. Not recently

110. In the past year, I beat up the older adult.
111. Very recently, I beat up the older adult.
   - Once
   - Twice
   - 3-5 times
   - 6-10 times
   - 11-20 times
   - More than 20 times
   - Not in the past year, but it happened before
   - Never

112. In the past year, the older adult beat me up.
   - Once
   - Twice
   - 3-5 times
   - 6-10 times
   - 11-20 times
   - More than 20 times
   - Not in the past year, but it happened before
   - Never

113. Very recently, the older adult beat me up.
   - Yes, in the last week
   - Yes, one to two weeks ago
   - Yes, two weeks to a month ago
   - Yes, a month to 6 weeks ago
   - Not recently

114. In the past year, I grabbed the older adult.
   - Once
   - Twice
   - 3-5 times
   - 6-10 times
   - 11-20 times
   - More than 20 times
   - Not in the past year, but it happened before
   - Never
115. Very recently, I grabbed the older adult.
   □ a. Yes, in the last week
   □ b. Yes, one to two weeks ago
   □ c. Yes, two weeks to a month ago
   □ d. Yes, a month to 6 weeks ago
   □ e. Not recently

116. In the past year, the older adult grabbed me.
   □ a. Once
   □ b. Twice
   □ c. 3-5 times
   □ d. 6-10 times
   □ e. 11-20 times
   □ f. More than 20 times
   □ g. Not in the past year, but it happened before
   □ h. Never

117. Very recently, the older adult grabbed me.
   □ a. Yes, in the last week
   □ b. Yes, one to two weeks ago
   □ c. Yes, two weeks to a month ago
   □ d. Yes, a month to 6 weeks ago
   □ e. Not recently

118. In the past year, I slapped the older adult.
   □ a. Once
   □ b. Twice
   □ c. 3-5 times
   □ d. 6-10 times
   □ e. 11-20 times
   □ f. More than 20 times
   □ g. Not in the past year, but it happened before
   □ h. Never

119. Very recently, I slapped the older adult.
   □ a. Yes, in the last week
   □ b. Yes, one to two weeks ago
   □ c. Yes, two weeks to a month ago
   □ d. Yes, a month to 6 weeks ago
   □ e. Not recently

120. In the past year, the older adult slapped me.
   □ a. Once
121. Very recently, the older adult slapped me.
   a. Yes, in the last week
   b. Yes, one to two weeks ago
   c. Yes, two weeks to a month ago
   d. Yes, a month to 6 weeks ago
   e. Not recently

122. In the past year, I burned/scalded the older adult on purpose.
   a. Once
   b. Twice
   c. 3-5 times
   d. 6-10 times
   e. 11-20 times
   f. More than 20 times
   g. Not in the past year, but it happened before
   h. Never

123. Very recently, I burned/scalded the older adult on purpose.
   a. Yes, in the last week
   b. Yes, one to two weeks ago
   c. Yes, two weeks to a month ago
   d. Yes, a month to 6 weeks ago
   e. Not recently

124. In the past year, the older adult burned/scalded me on purpose.
   a. Once
   b. Twice
   c. 3-5 times
   d. 6-10 times
   e. 11-20 times
   f. More than 20 times
   g. Not in the past year, but it happened before
   h. Never

125. Very recently, the older adult burned/scalded me on purpose.
126. In the past year, I kicked the older adult.
   a. Yes, in the last week
   b. Yes, one to two weeks ago
   c. Yes, two weeks to a month ago
   d. Yes, a month to 6 weeks ago
   e. Not recently

127. Very recently, I kicked the older adult.
   a. Yes, in the last week
   b. Yes, one to two weeks ago
   c. Yes, two weeks to a month ago
   d. Yes, a month to 6 weeks ago
   e. Not recently

128. In the past year, the older adult kicked me.
   a. Once
   b. Twice
   c. 3-5 times
   d. 6-10 times
   e. 11-20 times
   f. More than 20 times
   g. Not in the past year, but it happened before
   h. Never

129. Very recently, the older adult kicked me.
   a. Yes, in the last week
   b. Yes, one to two weeks ago
   c. Yes, two weeks to a month ago
   d. Yes, a month to 6 weeks ago
   e. Not recently
## Participant Information

1. **Participant Number**

2. **Year of Birth:**

3. **Age:** ___

4. **Sex:** _____ Male(1) _____ Female(2)

5. **Handedness:** _____R(1) _____L(2)

6. **Date:**

### Ethnicity

5. Are you Spanish / Hispanic / Latino?

   - Yes(1)
   - No(0)

   - (If YES, please select region below)

   6.0 □ North American (Mexican, Mexican-American, Chicano)
   6.2 □ South American
   6.4 □ Central American
   6.6 □ Puerto Rican
   6.3 □ Cuban
   6.5 □ Haitian
   6.7 □ Other (specify)

### Race

7. **Race:**

   - (1) □ American Indian (North/South/Central American) / Alaskan Native (Aleut and Eskimo)
   - (2) □ Asian
   - 9.1 □ Asian India
   - 9.2 □ Cambodian
   - 9.3 □ Chinese
   - 9.4 □ Filipino
   - 9.5 □ Japanese
   - 9.6 □ Hmong
   - 9.7 □ Korean
   - 9.8 □ Laotian
   - 9.9 □ Vietnamese
   - 9.10 □ Other (specify)

   - (3) □ Black, African-American
   - (4) □ Caucasian / White
   - (5) □ Pacific Islander
   - 12.1 □ Native Hawaiian
   - 12.2 □ Guamanian
   - 12.3 □ Samoan
   - 13. □ Other Race (specify)
17. Mobility: (1) Without Assistance
   - Single Point Cane
   - Wheelchair Manual Scooter
   (2) With Assistance
   - Pick-up Walker
   - Hemi-Cane
   - Front Wheel Walker
   - Wheelchair Electric
   - Quad Cane
   - Scooter

   History of Falls:
   - Number in the past
   - Week:_______
   - Month:_______
   - 6 Months:______
   - Year:______

Please list all past and present illnesses: (not coded)
1. ____________________________________________
2. ____________________________________________
3. ____________________________________________
4. ____________________________________________
5. ____________________________________________
6. ____________________________________________
7. ____________________________________________
8. ____________________________________________
9. ____________________________________________
10. ____________________________________________
11. ____________________________________________
12. ____________________________________________
13. ____________________________________________
14. ____________________________________________

Participant Number:___________

Body Mass Index

Weight:_______________________pounds

Height: _______________________inches

(Weight (pounds) / Height (inches)² X 704.5 = BMI
15. (Weight: ___________/Height : ____________)² X 704.5 = _______________
## Prescription and over the Counter Medications

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<td>23. Heparin</td>
<td>N(0)</td>
<td>Y(1)</td>
<td></td>
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<td>24. Warfarins</td>
<td>N(0)</td>
<td>Y(1)</td>
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<td>25. Aspirin</td>
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<td>26. Clopidogrel</td>
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<td>30. Total # OTC meds</td>
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<th>Reason prescribed/Taken</th>
<th>Taken as Prescribed? If no, explain.</th>
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## Identified Bruise Information Form

**Participant Number:** ______

31. Total # of Bruises Found __________

32. Number of Bruises

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<tr>
<th></th>
<th>none (0)</th>
<th>one (1)</th>
<th>&gt; than one (2)</th>
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<tbody>
<tr>
<td>Date:</td>
<td>________</td>
<td>Time:</td>
<td>__________</td>
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### Bruise Information

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<th>Bruise #</th>
<th>Height (cm)</th>
<th>Width (cm)</th>
<th>Age of bruise (hrs)</th>
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<th>Yellow</th>
<th>Blue</th>
<th>Purple</th>
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</table>

**Bruise**

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other

Participant Number ________

![Bruise Diagram]

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other

If it is known how the bruise occurred, how many hours has it been since the incident to now?
- Fall
- Bumped into
- Other
44. Bruise Location_______________ (0-51)

45. Specific Body Location_____________ (0-104)

50. Cause of Bruise: (0) N/A (1) Fall (2) Bumped Into (3) Other (4) Unknown (5) Inflicted by Others

52. Time Elapsed_____________, Unknown (0)

53. Degree of confidence about Time Elapsed: ____High, _____Medium, _____Low
FUNCTIONAL ASSESSMENT

I. ACTIVITIES OF DAILY LIVING

Participant Number: ___________

54. Score Interpretation:
(0) Without assistant  (1) w/ assistance, facility staff  (2) w/ assistance, paid caregiver
(3) w/ assistance, family/friend  (4) Needs assistance, but has none

Score/Code
__/___

55. Bathing: either sponge, shower or tub
   0: without assistance
   1: needs help getting in or out of the tub, or special attachments, or in bathing one part of the body
   2: unable to bathe self or needs assistance with bathing more than one part of the body

__/___

56. Dressing: includes choosing and obtaining clothing
   0: without help
   1: needs assistance (e.g. with tying shoes)
   2: unable to dress and undress self and requires assistance

__/___

57. Toileting: going to toilet, cleaning self and changing clothes
   0: without assistance, May use bedside commode or bedpan at night, but is able to empty the receptacle in the morning
   1: needs assistance in either getting to the bathroom, cleaning self after elimination, arranging clothes or returning from the bathroom.
   2: unable to go to the bathroom for elimination

__/___

58. Transfer: can get in and out of bed and on and off chair
59. Continence: both urine and bowel function completely by self
0: able to control bowel and urine function by self
1: has occasional “accidents”
2: needs supervision, has catheter, or is incontinent

60. Feeding
0: feeds self without assistance
1: feeds self but needs assistance with cutting meat, buttering bread, etc.
2: needs assistance in feeding or is being fed by IV or internal feedings

Codes for who provides assistance when needed:
FS- Facility Staff
PG- Paid Caregiver
FF- Family/ Friend

Score: ______________________ Completed by: ____________________________

Adapted from: Katz Index of Activities of Daily Living
FUNCTIONAL ASSESSMENT
II. INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Participant Number: __________

Score

1. Ability to use telephone
   1: Operates telephone on own initiative, looks up and dials numbers, etc
   2: Dials a few well known numbers
   3: Answers telephone but does not dial
   4: Does not use telephone at all

2. Shopping
   1: Takes care of all shopping needs independently
   2: Shops independently for small purchases
   3: Needs to be accompanied on any shopping trip
   4: Completely unable to shop

3. Food Preparation
   1: Plans, prepares and serves adequate meals independently
   2: Prepares adequate meals if supplied with ingredients
   3: Heats, serves and prepares meals, but does not maintain adequate diet
   4: Needs to have meals prepared and served

4. Housekeeping
   1: Maintains house alone or with occasional assistance
   2: Performs light daily tasks such as dishwashing or bed making
   3: Performs light daily tasks but cannot maintain acceptable level of cleanliness
   4: Does not participate in any housekeeping tasks

5. Laundry
   1: Does personal laundry completely
2: Launders small items by self
3: All laundry must be done by others

6. Mode of transportation
1: Travels independently
2: Arranges own travel via taxi, but does not use other modes of transportation
3: Travels on public transportation when accompanied by others
4: Does not travel at all

7. Responsibility for medications
1: Is able to take medications in correct dosages at correct time
2: Takes medications if they are prepared in advance in correct dosages
3: Is not capable of dispensing won medications

8. Ability to handle finances
1: Manages financial matters independently
2: Manages day-to-day purchases but needs help with banking, major purchase, etc.
3: Incapable of handling money, etc.

61. Score Interpretation:
8-10 competent= (1) 11-16 moderately competent, able to manage (2)
17-31 not able to maintain self, even with help (3)

Total Score: ___________________ Completed by: _________________________

Adapted from: Katz Index of Activities of Daily Living
Tinetti Balance Evaluation

Participant number:________

BALANCE
Instructions: Subject is seated in hard and armless chair. The following maneuvers are tested:

1. Sitting balance
   0: leans or slides in chair
   1: steady and safe

2. Arise
   0: unable without help
   1: able but uses arms to help
   2: able without use of arms

3. Attempts to rise
   0: unable without help
   1: able, but requires more than one attempt
   2: able to arise with one attempt

4. Immediate standing balance (first 5 seconds)
   0: unsteady (staggers, moves feet), marked trunk sway
   1: steady, but uses walker or cane or grabs other object for support
   2: steady without walker or cane or other support

5. Standing balance
0: unsteady
1: steady, but wide stance (heels>4” apart) or uses cane or other support
2: narrow stance without support

6. Nudge (subject stands with feet as close together as possible), examiner pushes lightly on subject’s sternum with palm of hand 3 times
   0: begins to fall
   1: stagers, grabs, but catches self
   2: steady

7. Eyes closed (same position as #6)
   0: unsteady
   1: steady

8. Turn 360
   0: discontinuous steps
   1: continuous
   0: unsteady (grabs, stagers)
   1: steady

9. Sit down
   0: unsafe, misjudged distance; falls into chair
   1: uses arms or not a smooth motion
   2: safe smooth motion
Tinetti Gait Evaluation

Participant number:_________

GAIT

Instructions: Subject stands with examiner; walks down hallway or across room (about 25') at “usual” pace, then back at “rapid, but safe” pace.

1. Initiation of gait (immediately after told to “go”)
   0: any hesitancy or multiple attempts
   1: no hesitancy

2. Step length and height
   a. Right swing foot
      0: does not pass L stance foot with step
      1: passes L stance foot
      0: R foot does not clear floor completely with step
      1: right foot completely clears floor
   b. Left swing foot
      0: does not pass R stance foot with step
      1: passes R stance foot
      0: L foot does not clear floor completely with step
      1: L foot completely clears floor

3. Step symmetry
   0: R and L step lengths not equal (estimate)
   1: R and L step appear equal

4. Step continuity
   0: stopping or discontinuity between steps
1: steps appear continuous

5. Path (Observe excursion of one foot over about 10 feet)
   0: marked deviation
   1: mild/moderate deviation or uses walking aid
   2: straight without walking aid

6. Trunk
   0: marked sway or uses walking aid
   1: no sway but flexion of knees or back or spreads arms out while walking
   2: no sway, flexion, abnormal arm spread, or walking aid

7. Walk Stance
   0: heels apart
   1: heels almost touching while walking

62. Gait Score: ______/12

63. Balance Score: ______/16

Adapted from Tinetti et al: J Am Geriatri Soc 34:119. 1986
CLOSE YOUR EYES

**Mini Mental Status Exam**

<table>
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<tr>
<th>Category</th>
<th>Task</th>
<th>Score</th>
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</thead>
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<td><strong>Orientation:</strong></td>
<td>Day of the week, Year, Month, Date, Season</td>
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</tr>
<tr>
<td></td>
<td>State, City, County, Street or Building, Street # or Floor</td>
<td>5</td>
</tr>
<tr>
<td><strong>Registration:</strong></td>
<td>Name 3 objects (Ball, Tree, Flag)</td>
<td>3</td>
</tr>
<tr>
<td><strong>Attention:</strong></td>
<td>D_L_R_O_W</td>
<td>5</td>
</tr>
<tr>
<td><strong>Identification:</strong></td>
<td>Pen, Watch</td>
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<tr>
<td><strong>Repetition:</strong></td>
<td>No ifs, ands, or buts</td>
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<tr>
<td><strong>Recall:</strong></td>
<td>Three objects from above (no points if cued)</td>
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<tr>
<td><strong>3-Stage Command:</strong></td>
<td>Take a paper in your left hand, fold it in half, and place it on the floor.</td>
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<tr>
<td><strong>Execution:</strong></td>
<td>Read the above sentence and do what it says</td>
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<td><strong>Language:</strong></td>
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<td><strong>Construction:</strong></td>
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**65. Score**

**Total**  

---/30
## Modified EAI: Circle the appropriate response for each item.

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<th>Poor</th>
<th>Very Poor</th>
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### Possible Abuse Indicators

| 70. Bruising       | 1         | 2    | 3    | 4         | 5                |                      |
| 71. Lacerations    | 1         | 2    | 3    | 4         | 5                |                      |
| 72. Fractures      | 1         | 2    | 3    | 4         | 5                |                      |
| 73. Evidence of sexual abuse | 1 | 2 | 3 | 4 | 5 | 141. |
| 74. Statement by elder re: abuse | 1 | 2 | 3 | 4 | 5 | 141. |
| 75. Contractures   | 1         | 2    | 3    | 4         | 5                |                      |
| 76. Decubiti       | 1         | 2    | 3    | 4         | 5                |                      |
81. Our Relationship in the Past Year: **Older Adult Version (1)**

No matter how well people get along, there are times when they disagree, get annoyed with one another, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or are upset for some other reason. People also have many different ways of trying to settle their differences. This is a list of things that might happen when a caregiver and an older adult have differences. Some questions are about the caregiver and some questions are about the older adult. **For Part a of each question, please check only 1 box** that describes how many times these things happened in the past year. If one of these things did not happen in the past year, but it happened before that, mark box **g**.

82. **In the past year, a family member or other adult I know threw something at me that could hurt.**

- □a. Once
- □b. Twice
- □c. 3-5 times
- □d. 6-10 times
- □e. 11-20 times
- □f. More than 20 times
83. Very recently, a family member or other adult I know threw something at me that could hurt.
  □a. Yes, in the last week
  □b. Yes, one to two weeks ago
  □c. Yes, two weeks to a month ago
  □d. Yes, a month to 6 weeks ago
  □e. Not recently

84. In the past year, I threw something at a family member or other adult I know that could hurt.
  □a. Once
  □b. Twice
  □c. 3-5 times
  □d. 6-10 times
  □e. 11-20 times
  □f. More than 20 times
  □g. Not in the past year, but it happened before
  □h. Never

85. Very recently, I threw something at a family member or other adult I know that could hurt.
  □a. Yes, in the last week
  □b. Yes, one to two weeks ago
  □c. Yes, two weeks to a month ago
  □d. Yes, a month to 6 weeks ago
  □e. Not recently
86. In the past year, a family member or other adult I know twisted my arm or hair.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
   □h. Never

87. Very recently, a family member or other adult I know twisted my arm or hair.
   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently

88. In the past year, I twisted my family member’s or other adult’s arm or hair.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
   □h. Never

89. Very recently, I twisted my family member’s or other adult’s arm or hair.
   □a. Yes, in the last week
☐ b. Yes, one to two weeks ago
☐ c. Yes, two weeks to a month ago
☐ d. Yes, a month to 6 weeks ago
☐ e. Not recently

90. In the past year, a family member or other adult I know pushed or shoved me.
☐ a. Once
☐ b. Twice
☐ c. 3-5 times
☐ d. 6-10 times
☐ e. 11-20 times
☐ f. More than 20 times
☐ g. Not in the past year, but it happened before
☐ h. Never

91. Very recently, a family member or other adult I know pushed or shoved me.
☐ a. Yes, in the last week
☐ b. Yes, one to two weeks ago
☐ c. Yes, two weeks to a month ago
☐ d. Yes, a month to 6 weeks ago
☐ e. Not recently

92. In the past year, I pushed or shoved my family member or other adult I know.
☐ a. Once
☐ b. Twice
☐ c. 3-5 times
☐ d. 6-10 times
☐ e. 11-20 times
☐ f. More than 20 times
93. Very recently, I pushed or shoved my family member or other adult I know.
   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently
94. In the past year, a family member or other adult I know used a knife or gun on me.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
95. Very recently, a family member or other adult I know used a knife or gun on me.
   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently

96. In the past year, I used a knife or gun on my family member or other adult I know.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
97. Very recently, I used a knife or gun on my family member or other adult I know.
   - a. Yes, in the last week
   - b. Yes, one to two weeks ago
   - c. Yes, two weeks to a month ago
   - d. Yes, a month to 6 weeks ago
   - e. Not recently

98. In the past year, a family member or other adult I know punched or hit me with something that could hurt.
   - a. Once
   - b. Twice
   - c. 3-5 times
   - d. 6-10 times
   - e. 11-20 times
   - f. More than 20 times
   - g. Not in the past year, but it happened before
   - h. Never

99. Very recently, a family member or other adult I know punched or hit me with something that could hurt.
   - a. Yes, in the last week
   - b. Yes, one to two weeks ago
   - c. Yes, two weeks to a month ago
   - d. Yes, a month to 6 weeks ago
   - e. Not recently
100. In the past year, I punched or hit a family member or other adult I know with something that could hurt.

☐ a. Once
☐ b. Twice
☐ c. 3-5 times
☐ d. 6-10 times
☐ e. 11-20 times
☐ f. More than 20 times
☐ g. Not in the past year, but it happened before
☐ h. Never

101. Very recently, I punched or hit a family member or other adult I know with something that could hurt.

☐ a. Yes, in the last week
☐ b. Yes, one to two weeks ago
☐ c. Yes, two weeks to a month ago
☐ d. Yes, a month to 6 weeks ago
☐ e. Not recently

102. In the past year, a family member or other adult I know choked me.

☐ a. Once
☐ b. Twice
☐ c. 3-5 times
☐ d. 6-10 times
☐ e. 11-20 times
☐ f. More than 20 times
103. Very recently, a family member or other adult I know choked me.

- [ ] a. Yes, in the last week
- [ ] b. Yes, one to two weeks ago
- [ ] c. Yes, two weeks to a month ago
- [ ] d. Yes, a month to 6 weeks ago
- [ ] e. Not recently

104. In the past year, I choked a family member or other adult I know.

- [ ] a. Once
- [ ] b. Twice
- [ ] c. 3-5 times
- [ ] d. 6-10 times
- [ ] e. 11-20 times
- [ ] f. More than 20 times
- [ ] g. Not in the past year, but it happened before
- [ ] h. Never

105. Very recently, I choked a family member or other adult I know.

- [ ] a. Yes, in the last week
- [ ] b. Yes, one to two weeks ago
- [ ] c. Yes, two weeks to a month ago
- [ ] d. Yes, a month to 6 weeks ago
- [ ] e. Not recently
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- a. Once
- b. Twice
- c. 3-5 times
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- e. 11-20 times
- f. More than 20 times
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- h. Never

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- c. Yes, two weeks to a month ago
- d. Yes, a month to 6 weeks ago
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   - b. Yes, one to two weeks ago
   - c. Yes, two weeks to a month ago
   - d. Yes, a month to 6 weeks ago
   - e. Not recently

110. **In the past year, a family member or other adult I know beat me up.**
   - a. Once
   - b. Twice
   - c. 3-5 times
   - d. 6-10 times
   - e. 11-20 times
   - f. More than 20 times
   - g. Not in the past year, but it happened before
   - h. Never

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   - c. Yes, two weeks to a month ago
   - d. Yes, a month to 6 weeks ago
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   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
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   □f. More than 20 times
   □g. Not in the past year, but it happened before
   □h. Never

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   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
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- b. Twice
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- h. Never

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- a. Yes, in the last week
- b. Yes, one to two weeks ago
- c. Yes, two weeks to a month ago
- d. Yes, a month to 6 weeks ago
- e. Not recently
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☐ c. 3-5 times
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☐ f. More than 20 times
☐ g. Not in the past year, but it happened before
☐ h. Never

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☐ a. Yes, in the last week
☐ b. Yes, one to two weeks ago
☐ c. Yes, two weeks to a month ago
☐ d. Yes, a month to 6 weeks ago
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120. In the past year, I slapped a family member or other adult I know.

☐ a. Once
☐ b. Twice
☐ c. 3-5 times
☐ d. 6-10 times
☐ e. 11-20 times
☐ f. More than 20 times
g. Not in the past year, but it happened before
h. Never

121. Very recently, I slapped a family member or other adult I know.

a. Yes, in the last week
b. Yes, one to two weeks ago
c. Yes, two weeks to a month ago
d. Yes, a month to 6 weeks ago
e. Not recently

122. In the past year, a family member or other adult I know burned/scalded me on purpose.

a. Once
b. Twice
c. 3-5 times
d. 6-10 times
e. 11-20 times
f. More than 20 times
g. Not in the past year, but it happened before
h. Never

123. Very recently, a family member or other adult I know burned/scalded me on purpose.

a. Yes, in the last week
b. Yes, one to two weeks ago
c. Yes, two weeks to a month ago
d. Yes, a month to 6 weeks ago
e. Not recently
124. In the past year, I burned/scalded a family member or other adult that I know on purpose.

- a. Once
- b. Twice
- c. 3-5 times
- d. 6-10 times
- e. 11-20 times
- f. More than 20 times
- g. Not in the past year, but it happened before
- h. Never

125. Very recently, I burned/scalded a family member or other adult that I know on purpose.

- a. Yes, in the last week
- b. Yes, one to two weeks ago
- c. Yes, two weeks to a month ago
- d. Yes, a month to 6 weeks ago
- e. Not recently

126. In the past year, a family member or other adult kicked me.

- a. Once
- b. Twice
- c. 3-5 times
- d. 6-10 times
127. Very recently, a family member or other adult kicked me.

- a. Yes, in the last week
- b. Yes, one to two weeks ago
- c. Yes, two weeks to a month ago
- d. Yes, a month to 6 weeks ago
- e. Not recently

128. In the past year, I kicked a family member or other adult I know.

- a. Once
- b. Twice
- c. 3-5 times
- d. 6-10 times
- e. 11-20 times
- f. More than 20 times
- g. Not in the past year, but it happened before
- h. Never

129. Very recently, I kicked a family member or other adult I know.

- a. Yes, in the last week
OR~

81. Our Relationship in the Past Year: Caregiver Version (2)
No matter how well people get along, there are times when they disagree, get annoyed with one another, want different things from each other, or just have spats or fights because they are in a bad mood, are tired or are upset for some other reason. People also have many different ways of trying to settle their differences. This is a list of things that might happen when a caregiver and an older adult have differences. Some questions are about the caregiver and some questions are about the older adult. For Part a of each question, please check only 1 box that describes how many times these things happened in the past year. If one of these things did not happen in the past year, but it happened before that, mark box g.

82. In the past year, I threw something at the older adult that could hurt.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
   □h. Never

83. Very recently, I threw something at the older adult that could hurt.
   □a. Yes, in the last week
b. Yes, one to two weeks ago
□c. Yes, two weeks to a month ago
□d. Yes, a month to 6 weeks ago
□e. Not recently

84. **In the past year, the older adult threw something at me that could hurt.**
□a. Once  
□b. Twice  
□c. 3-5 times  
□d. 6-10 times  
□e. 11-20 times  
□f. More than 20 times  
□g. Not in the past year, but it happened before  
□h. Never

85. **Very recently, the older adult threw something at me that could hurt.**
□a. Yes, in the last week  
□b. Yes, one to two weeks ago  
□c. Yes, two weeks to a month ago  
□d. Yes, a month to 6 weeks ago  
□e. Not recently

86. **In the past year, I twisted the older adult’s arm or hair.**
□a. Once  
□b. Twice  
□c. 3-5 times  
□d. 6-10 times  
□e. 11-20 times  
□f. More than 20 times
87. Very recently, I twisted the older adult’s arm or hair.
   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently

88. In the past year, the older adult twisted my arm or hair.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
   □h. Never

89. Very recently, the older adult twisted my arm or hair.
   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently

90. In the past year, I pushed or shoved the older adult.
   □a. Once
   □b. Twice
91. **Very recently, I pushed or shoved the older adult.**
   - a. Yes, in the last week
   - b. Yes, one to two weeks ago
   - c. Yes, two weeks to a month ago
   - d. Yes, a month to 6 weeks ago
   - e. Not recently

92. **In the past year, the older adult pushed or shoved me.**
   - a. Once
   - b. Twice
   - c. 3-5 times
   - d. 6-10 times
   - e. 11-20 times
   - f. More than 20 times
   - g. Not in the past year, but it happened before
   - h. Never

93. **Very recently, the older adult pushed or shoved me.**
   - a. Yes, in the last week
   - b. Yes, one to two weeks ago
   - c. Yes, two weeks to a month ago
   - d. Yes, a month to 6 weeks ago
94. In the past year, I used a knife or gun on the older adult.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
   □h. Never

95. Very recently, I used a knife or gun on the older adult.
   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently

96. In the past year, the older adult used a knife or gun on me.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
   □h. Never

97. Very recently, the older adult used a knife or gun on me.
☐a. Yes, in the last week  
☐b. Yes, one to two weeks ago  
☐c. Yes, two weeks to a month ago  
☐d. Yes, a month to 6 weeks ago  
☐e. Not recently

98. **In the past year, I punched or hit the older adult with something that could hurt.**  
   ☐a. Once  
   ☐b. Twice  
   ☐c. 3-5 times  
   ☐d. 6-10 times  
   ☐e. 11-20 times  
   ☐f. More than 20 times  
   ☐g. Not in the past year, but it happened before  
   ☐h. Never

99. **Very recently, I punched or hit the older adult with something that could hurt.**  
   ☐a. Yes, in the last week  
   ☐b. Yes, one to two weeks ago  
   ☐c. Yes, two weeks to a month ago  
   ☐d. Yes, a month to 6 weeks ago  
   ☐e. Not recently

100. **In the past year, the older adult punched or hit me with something that could hurt.**  
    ☐a. Once  
    ☐b. Twice  
    ☐c. 3-5 times
d. 6-10 times  
e. 11-20 times  
f. More than 20 times  
g. Not in the past year, but it happened before  
h. Never

101. Very recently, the older adult punched or hit me with something that could hurt.  
a. Yes, in the last week  
b. Yes, one to two weeks ago  
c. Yes, two weeks to a month ago  
d. Yes, a month to 6 weeks ago  
e. Not recently

102. In the past year, I choked the older adult.  
a. Once  
b. Twice  
c. 3-5 times  
d. 6-10 times  
e. 11-20 times  
f. More than 20 times  
g. Not in the past year, but it happened before  
h. Never

103. Very recently, I choked the older adult.  
a. Yes, in the last week  
b. Yes, one to two weeks ago  
c. Yes, two weeks to a month ago  
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e. Not recently
104. In the past year, the older adult choked me.
   □a. Once
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   □c. 3-5 times
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   □f. More than 20 times
   □g. Not in the past year, but it happened before
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   □a. Yes, in the last week
   □b. Yes, one to two weeks ago
   □c. Yes, two weeks to a month ago
   □d. Yes, a month to 6 weeks ago
   □e. Not recently

106. In the past year, I slammed the older adult against a wall.
   □a. Once
   □b. Twice
   □c. 3-5 times
   □d. 6-10 times
   □e. 11-20 times
   □f. More than 20 times
   □g. Not in the past year, but it happened before
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107. Very recently, I slammed the older adult against a wall.
   □a. Yes, in the last week
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108. In the past year, the older adult slammed me against the wall.
   □ a. Once
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   □ f. More than 20 times
   □ g. Not in the past year, but it happened before
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109. Very recently, the older adult slammed me against the wall.
   □ a. Yes, in the last week
   □ b. Yes, one to two weeks ago
   □ c. Yes, two weeks to a month ago
   □ d. Yes, a month to 6 weeks ago
   □ e. Not recently

110. In the past year, I beat up the older adult.
   □ a. Once
   □ b. Twice
   □ c. 3-5 times
   □ d. 6-10 times
   □ e. 11-20 times
   □ f. More than 20 times
   □ g. Not in the past year, but it happened before
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114. In the past year, I grabbed the older adult.
   □a. Once
   □b. Twice
   □c. 3-5 times
☐ d. 6-10 times
☐ e. 11-20 times
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☐ g. Not in the past year, but it happened before
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☐ a. Yes, in the last week
☐ b. Yes, one to two weeks ago
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☐ a. Once
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- a. Once
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- g. Not in the past year, but it happened before
- h. Never

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- a. Yes, in the last week
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- e. Not recently

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- a. Yes, in the last week
- b. Yes, one to two weeks ago
☐c. Yes, two weeks to a month ago
☐d. Yes, a month to 6 weeks ago
☐e. Not recently

122. In the past year, I burned/scalded the older adult on purpose.
☐a. Once
☐b. Twice
☐c. 3-5 times
☐d. 6-10 times
☐e. 11-20 times
☐f. More than 20 times
☐g. Not in the past year, but it happened before
☐h. Never

123. Very recently, I burned/scalded the older adult on purpose.
☐a. Yes, in the last week
☐b. Yes, one to two weeks ago
☐c. Yes, two weeks to a month ago
☐d. Yes, a month to 6 weeks ago
☐e. Not recently

124. In the past year, the older adult burned/scalded me on purpose.
☐a. Once
☐b. Twice
☐c. 3-5 times
☐d. 6-10 times
☐e. 11-20 times
☐f. More than 20 times
☐g. Not in the past year, but it happened before
125. Very recently, the older adult burned/scalded me on purpose.
   - Yes, in the last week
   - Yes, one to two weeks ago
   - Yes, two weeks to a month ago
   - Yes, a month to 6 weeks ago
   - Not recently

126. In the past year, I kicked the older adult.
   - Once
   - Twice
   - 3-5 times
   - 6-10 times
   - 11-20 times
   - More than 20 times
   - Not in the past year, but it happened before
   - Never

127. Very recently, I kicked the older adult.
   - Yes, in the last week
   - Yes, one to two weeks ago
   - Yes, two weeks to a month ago
   - Yes, a month to 6 weeks ago
   - Not recently

128. In the past year, the older adult kicked me.
   - Once
   - Twice
c. 3-5 times
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e. 11-20 times
f. More than 20 times
g. Not in the past year, but it happened before
h. Never

129. **Very recently, the older adult kicked me.**
a. Yes, in the last week
b. Yes, one to two weeks ago
c. Yes, two weeks to a month ago
d. Yes, a month to 6 weeks ago
e. Not recently
### Outcomes Assessment

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#### Lead Panel Findings

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<td>134. Severity level</td>
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Attendees: