EXCEL Physical Therapy of Naples

Patient name: _____ Date:_____

ELDER ABUSE SUSPICION INDEX			
EASI Questions Q. 1- Q.5 asked of patient, Q.6 answered by doctor/physical therapist Within the last 12 months			
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
6) Doctor/Physical Therapist: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourished, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues.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	Note sure

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NIDA Clinical Trials Network Patient Health Questionnaire-2 (PHQ-2)

Instructions: *Please respond to each question:*

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Give answers as 0 to 3, using this scale:

0=Not at all; 1=Several days; 2=More than half days; 3=Nearly every day;

1. Little interest or pleasure in doing things:

☐ 0 ☐ 1 ☐ 2 ☐ 3

2. Feeling down, depressed, or hopeless:

☐ 0 ☐ 1 ☐ 2 ☐ 3

Instructions:
Clinic personnel will follow standard scoring to calculate score based on responses.

Total score:

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Yale University IM: Palliative Care

1) Visual Analogue Scale:

2) Verbal scale:

		Check One
No pain	0	
Mild	1-2	
Moderate	3	
Severe pain	4-5	