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Developing End-User Criteria and a Prototype for an Elder Abuse Assessment System

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Abstract

Nationally, elder mistreatment and financial exploitation continue to be under-reported, resulting in inaccurate prevalence and incidence statistics, and increased suffering of older adults. Important systemic factors contributing to this problem include lack of valid, standardized assessment procedures as well as state-specific definitions to clarify the scope of various types of abuse, neglect, and exploitation. Advances in assessment methodology and computer technology offer promising solutions to improve the identification and tracking of elder mistreatment and exploitation as well as the reduction of some barriers related to the responsive assessment and delivery of services to victims. This report describes the development of the Elder Abuse Decision Support System (EADSS), a web-based, computerized system that uses short screening forms and standardized measures to assess elder mistreatment and exploitation. It then describes system contents and how it works. At intake, short screeners are used to assess suspected abuse; next, web-based measures facilitate interviews with alleged victims, collaterals, and alleged abusers in various e-formats

with real-time data entry. Then the system generates a written report with recommendations that staff can use for care planning. The system should facilitate improved assessment and reporting as well as assist in treatment planning and evaluation of expected system outcomes such as increased convenience and efficiency and improved quality of assessments.

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Executive Summary

In 1996, the National Elder Abuse Incidence Study highlighted the significant problem of abuse against older adults: about 450,000 persons above 60 years old were victims of abuse or neglect (National Center on Elder Abuse, 1998). In 2009, using data from 5,777 respondents 60 and older, over 1 in 10 participants reported emotional, physical, or sexual mistreatment or potential neglect during the past year (Acierno et al., 2010). Therefore, despite public and professional education efforts, elder abuse remains an escalating problem (Krienert, Walsh, & Turner, 2009; Park, Johnson, Flasch, & Bogie, 2010; Teaster, Otto, Mendiondo, Abner, & Cecil, 2006; U.S. Government Accountability Office, 2011).

Mixson (2010) referred to elder abuse as a potential “perfect storm,” due to state budget freezes, cuts in critical services and a burgeoning aging population (see also, U.S. Government Accountability Office, 2011). In 2009, the National Adult Protective Services Association (2009) conducted a survey of state budgets and found that, on average, over half of respondents reported APS budget cuts of 13.5%, as well as deep cuts to support services; while two-thirds noted that abuse reports to APS had increased by 24%. To ensure that the effects of these budgetary strategies are minimized, improved efficiency and quality of assessment along with user-friendly reporting and treatment planning are urgently needed.

In 2010, the National Academies and the National Institute on Aging addressed research issues in elder mistreatment, referring to it as a “societal threat” and “public health burden.” The meeting report (National Academies Committee on National Statistics, 2010) highlighted the needs for improved screening tools that can stratify baseline vulnerability of alleged victims, conceptual development of all types of elder abuse, and outcome measures appropriate for both research and clinical use.

The significance of these needs is attested to by recent GAO recommendations to the U.S. Senate, all of which pertain to facilitating the development of a nationwide APS data collection system (U.S. GAO, 2011). To highlight the need for standardization, the GAO report noted wide variation in the percentage of reported cases that were investigated: for example, only 20% of cases reported were investigated in Minnesota while 87% were investigated in Illinois. There was also great variation in the percentage of cases reported that were substantiated: West Virginia substantiated only 2.1% of cases reported, Minnesota 3%, Utah 4.7%. In contrast, Texas substantiated 57.1% of cases reported, Illinois, 53% and California, 27.9%. Standardization can address this high variability with high quality input of clients, collaterals and caseworkers.

Innovation

Experts consider health information technology to be a key to improving efficiency and quality of health care (Chaudhry et al., 2006). Elder abuse assessment and intervention fall within this genre and merit improved decision support technology. Traditional approaches to elder abuse investigation rely on either case management or adult protective services models (U.S.GAO, 2011). In both approaches, care plan decision-making is not systematically supported by evidence-based measures or interventions. In fact, the computer is simply a repository of information that does not process and synthesize data, nor report and interpret findings or provide recommendations (Note: Figures to illustrate this and other points in this executive summary can be found in the full report).

A comprehensive, multi-level assessment and decision support system facilitates comprehensive assessment of abuse allegations, standardizes substantiation decision-making, provides user-friendly scoring and reporting, and links care planning recommendations to

individual case specifics. Resulting reports are editable by caseworkers to refine intervention planning, and data bases can be used to follow cases more effectively, as well as compute agency and system-wide statistics useful in evaluation, planning and research.

Theoretical Framework

The theoretical framework on which the EADSS is based is a simple one, involving three key types of parties. The abuse originates with the abuser(s) that may have vulnerabilities, needs, lack of self-control, or physical/emotional/cognitive deficits. Whatever their personality or disability issues may be, these may be accompanied by a lack of concern for the victim's welfare and/or a sense of entitlement to the victim's resources.

The victims will have varying degrees of vulnerability. While healthy older adults may indeed be victimized, increased physical, emotional, and cognitive deficits and unmet needs create ever greater opportunities for abuse and exploitation. Of course, the abuse must be reported—sometimes by the victim, but more often by a collateral informant such as a family member, friend or neighbor.

The third party is any agent(s) involved in preventing abuse from ever occurring, stopping the abuse once it has been detected, or improving the situation as much as possible. In the case of the EADSS, the issue of potential abuse is brought to the attention of the state-funded agency by a reporter in the community. The case is investigated by an elder abuse caseworker, and, if abuse is substantiated, a plan is implemented to stop or ameliorate the abuse, obtain financial restitution, and/or conduct criminal prosecution.

This theory is simple, but it is especially important since it clearly delineates the role of the abuser as the origin of the abuse. As such, the abuser is a key to ameliorating the abusive situation. While there exists no empirically-validated measure or assessment procedure of

abusers of older adults, this area has been given some study (Hwalek & Sengstock, 1986; Pillemer, 2004; Reay, & Browne, 2001). The prior work has been valuable in providing theoretical support as well as lists of risk factors and characteristics that we used in developing the EADSS alleged abuser measures.

Research Design

The individual projects described below used Illinois as a “test bed” for development of an Elder Abuse Decision Support System (EADSS). Although it did not have a decision support system of any kind, we noted that the Illinois Department on Aging’s (IDoA) Abuse Neglect and Exploitation (ANE) investigation program was probably an exemplary program. For example, the program was described as, “unusual in its comprehensive approach to the assessment and documentation of reported cases of abuse and its extensive data monitoring system” (Neale, Hwalek, Goodrich, & Quinn, 1996, p. 502). IDoA leaders and community-based staff were very interested and amenable to developing the existing information system into a decision support system.

Preliminary Project 1

The initial NIJ-funded project (Conrad, Iris, Ridings, 2008) began with development of three-dimensional concept maps to conceptualize financial exploitation and psychological abuse of older adults. Details of the brain-storming results and theories of psychological abuse and financial exploitation of older adults can be found in Conrad, Iris, Ridings, Rosen, Fairman & Anetzberger (2011) and Conrad, Ridings, Iris, Fairman, Rose & Wilber (2011).

In the next phase of the project we conducted 6 focus groups with professionals working in the area of elder abuse and neglect, to elicit feedback on the refinement of the items generated in conceptualization tasks. Following revision of the measures, we created two assessment

questionnaires: The Older Adult Financial Exploitation Measure and the Older Adult Psychological Abuse Measure. Together, they form the basis of the Older Adult Mistreatment Assessment (OAMA). A detailed description of the field test and results of the analyses can be found in Conrad et al., 2010 and Conrad et al., 2011.

Project 2

The second project, the subject of this report, was designed to develop a computerized decision support system for elder abuse. In Phase 1, we determined infrastructure requirements and “end-user criteria” that will remove barriers and provide support for use of a computerized decision support system. This was accomplished by conducting an environmental and infrastructure scan involving meetings with 4 key informants from the Illinois Department on Aging (IDoA), teleconferences with 8 national experts, and face to face focus groups or interviews with 10 practitioners and local experts from three provider agencies. In addition, we met with IDoA staff on a regular basis (see timeline) and with local agency personnel on several occasions as well.

Table 1. List of Key Informants

	Number
State Experts	
Illinois Department on Aging (Springfield, IL and Chicago, IL)	4
Practitioners	
Catholic Charities Senior Service (Harvey, IL)	3
Center for New Horizons (Chicago, IL)	2
Senior Services Associates Inc. (Aurora, IL)	5
National Panel	8

In Phase 2, we developed a new, prototype system based on the results of Phase 1. This prototype involved the use of computerized adaptive testing methods and other appropriate measurement formats for the five types of elder abuse, i.e., physical, sexual, psychological,

financial and neglect. Along with the prototype, a demonstration of the proposed system was used to obtain input on its usefulness and other end-user criteria.

Phase 3 included the test demonstration of the prototype to elicit feedback regarding its usefulness, quality, and affordability via a second round of focus groups and interviews with a group of 3 Illinois experts, a group of 8 national experts, and 10 staff members from agencies responsible for elder abuse investigations and care planning. We also conducted cognitive interviews with 3 older adults who had experienced elder abuse. An additional product of this phase was the development of an abuser assessment form that responded to the need to develop standardized assessment procedures at the root of the abuse.

Findings

In summary, we found that data collected by the IDoA were used primarily for billing purposes and an annual report. Substantiation of elder abuse was based on caseworker-specific judgment, whereby training and experience varied greatly. Unstructured interviews were the basis for substantiation decisions (as opposed to validated measures). These qualitative judgments regarding substantiation did not include a comprehensive, standardized, validated assessment with the alleged victim (AV), alleged abuser (AA), or collaterals (family, friends, neighbors, involved professionals). The quality of reports varied, due to time spent on investigations, experience of the investigators, and size of caseloads, with some caseworkers having as many as 50 clients at a time. Generally, forms documenting types of abuse were completed *after* the investigator and supervisor made a substantiation decision. We found many redundancies in the multiple forms used, and caseworkers and supervisors confirmed that using the existing forms was often cumbersome, duplicative, and frustrating.

In April of 2010, we met with representatives from four elder abuse case management organizations to gather more information about procedural issues such as consent and release of information requests. We reviewed the OAMA questionnaires and gathered more detailed accounts of how investigations were conducted and the types of barriers and obstacles workers sometimes encountered when gathering information. We also conducted “mock” interviews based on actual (anonymous) cases and tested the instrument with a volunteer, substantiated victim.

Upon completion of the full content of the OAMA, we recruited 8 national experts in research on elder abuse practice, advocacy, and decision support systems to serve as advisors to this project in order to ensure national generalizability. Working closely with IDoA leadership and staff we met at regular intervals for over a year to ensure that the content of the EADSS would address the full range of elder abuse and would be appropriate for use with various populations.

The result was the Older Adult Mistreatment Assessment (OAMA) which has 6 components. It contains assessments for physical abuse and sexual abuse adapted from current IDoA forms. It also contains measures of psychological abuse (Conrad, Iris, Ridings, Langley, & Anetzberger, 2011; Conrad, Iris, Ridings, Rosen, et al., 2011) and financial exploitation (Conrad, Iris, Ridings, Langley, et al., 2011; Conrad, Iris, Ridings, Langley, & Wilber, 2010) and elder neglect (Iris, Ridings, & Conrad, 2010). The sixth component assesses the strengths and weaknesses of the AA and includes an AA interview that was developed based on review of the elder abuse and domestic violence literature (for example, Hwalek & Sengstock, 1986; Pillemer, 2004; Reay, & Browne, 2001) as well as input from reviews by IDoA staff and provider agency

representatives. It is intended to inform decisions in the care plan regarding the AA such as rehabilitation, separation, prosecution.

EADSS Goals

The goals of the EADSS are: 1) Accurately identify different types of abuse and the level of risk associated with the abuse; 2) Ensure the older adult's immediate and long-term safety and well-being; 3) Increase awareness and reporting of elder abuse via public education; 4) Maintain consistent and detailed information about clients; 5) Insure data security and client privacy; and 6) Maintain and further the older adult's right to self-determination.

Components: How the EADSS Works

In this section, we describe the EADSS components and work flow.

Intake

The intake form is used to record information for a report of elder abuse that comes in directly to an agency or to the state hotline. The key innovation of the intake form is the Short Screener, based on the OAMA. The Short Screener is a standardized set of questions assessing the types and seriousness/priority of the alleged abuse(s). The EADSS generates a priority score and report which may be edited by the intake caseworker.

Use of the OAMA

Based on the priority score, the caseworker visits the alleged victim (AV) within 24 hours, 72 hours, or 7 days. The OAMA is a comprehensive assessment tool used during the investigation to drive substantiation. Since it is generally recognized that the client's perspective is essential to a thorough and fair assessment, the OAMA was designed to obtain client input whenever possible.

Because many AVs lack decision-making capacity or have impaired memory, obtaining reliable reports can be problematic. The Client Information Form, one component of the EADSS, includes a cognitive screen which the worker can then correlate with his/her own judgment about the client's capacity.

The steps for completing the OAMA are as follows: First, the worker attempts to obtain a full AV self-report assessment via interview. If that is not feasible (due to cognitive limitations or situational difficulties), then the caseworker completes as many items as possible based on a less formal (conversational) interview with the AV and the caseworker's own observations, including reports from other involved professionals (i.e., physicians, paid caregivers, bankers). In addition, the caseworker contacts appropriate collaterals (e.g., family members, friends, neighbors) to further validate AV responses regarding types and severity of abuse. If the AV is not able to participate in the assessment process at all, then a collateral may serve as a proxy. If there are no collaterals and the AV cannot participate, the worker completes the assessment based on his/her knowledge of the case and observations.

The caseworker completes 4 major questions regarding physical abuse, i.e., injuries, attacks, over-medication and confinement. To any that are answered "yes" or "some indication," a detailed listing of the specifics of that particular type of abuse is obtained. Neglect has 17 questions; emotional abuse 16; and financial exploitation 25. Sexual abuse has 1 major question which, if positive, is followed by more detailed questions.

Abuser Form

The Alleged Abuser (AA) Form obtains demographics and information regarding the AA's status in relation to the AV. It is then used to obtain information from the AV and collaterals with caseworker observation regarding the history and current status of the AA in

terms of weaknesses, problems, and abusive tendencies as well as potential strengths that may be built upon to improve the situation. Finally, it contains an interview form for the AA to obtain input on strengths, problems in the relationship with the AV and abusive behaviors toward the AV.

Client Information Form

This form is started at the first face-to-face visit and has a summary demographic sheet. This is an open form that is edited throughout the investigation, as information becomes available, or the client's status changes. It includes questions about mental status, endangering behaviors, substance abuse, and ADLs. It obtains information about other agencies working with the client, client living arrangements, individuals in the household, medical history, medications, health insurance, and financial information.

Care Plan Form

Following substantiation, the worker completes the care plan form, recording goals and objectives of interventions chosen to reduce risk of further abuse. EADSS generates recommended interventions, i.e., services, programs, actions, based on the specific responses to the OAMA. Staff are able to edit and update the form as interventions are arranged.

EADSS Administration

Because workers noted that they were hesitant to bring laptop computers into the AV's home, the EADSS was designed to utilize a handheld tablet PC such as an iPad or Samsung Galaxy Tab with 4G connectivity and a 7-10" screen that can be put into a pocket or purse. These devices are provided to staff that also receives training on their use. The small size and common use of such devices by the general public should reduce anxiety the AV may have about the use of such tools during the investigation, and not impede the rapport building process

between AV and worker. The small size of the electronic devices allows workers to easily conceal them when they enter and leave the AV's home, an important strategy when working in dangerous neighborhoods or in highly sensitive or dangerous situations. Alternatively, a paper and pencil version of the assessment may be used, with later entry into the computerized system in the office setting when necessary. In some cases, it is even necessary to refrain from note-taking. The standardized "prompts" then stimulate worker recall of details of the case derived from their interviews.

Data Management and Analysis

Data that are collected by caseworkers go immediately to the EADSS website on the GAIN Assessment Builder System located at Chestnut Health Systems in Normal, Illinois (www.gaincc.org and www.chestnut.org/li). Data encryption systems protect privacy and confidentiality. The system manages the data and generates reports and care plan recommendations. These are immediately available to the caseworker, supervisor and IDoA if they have been granted permission under privacy regulations. Communication between system users in the field and the information system support team enables adaptive modification to improve the system .

Client or Proxy Choice, Implementation and Follow-up

Upon consent by the AV or their proxy for services, the care plan is implemented. Follow-up is conducted every 90 days for up to a year with a full OAMA re-assessment to determine whether goals have been met. If so, the AV may exit the program. If not, a revised care plan is composed and implemented.

Significance

The EADSS was designed to move the state of the art of elder abuse assessment and intervention beyond simple computerized documentation to a true decision support system. EADSS provides a structured framework, leading to increased system capacity, increased reliability and validity of abuse assessments, as well as inputs and outcomes regarding elder abuse assessment that can be analyzed at all levels of the system (from client-level data, agency or regional level data, to state-wide aggregate data). Therefore, the EADSS is a technology-based information system that informs (rather than merely confirms) clinical decision-making. Its major purpose is to enhance the decision-making effectiveness of end-users, i.e., clients, caseworkers, managers and other stakeholders.

Victims

For victims, standardized questionnaires provide the opportunity for direct input (self-determination) while caseworkers still have input on all aspects of the case. Service may be improved, for example, when web access enables communication of intake reports to caseworkers while they are in the field who may more promptly address high priority cases.

Caseworkers

For caseworkers, the use of computerized data entry reduces redundancies in cumbersome paper forms and files and distributes information appropriately across the entire system, thereby eliminating the need for re-entry of the same data and reducing potential for error. Standardized posttest measures help to make a complete and valid comparison with the initial evaluation.

Caseworker training was reported as not always helpful in real world situations such as interviews with AAs. The EADSS is built on a comprehensive theory of elder abuse that includes practical assessment of the AA. The system has procedures and the actual questions to be used

in conducting the entire investigation. These are the focus of training that includes realistic scenarios followed by feedback and problem-solving sessions after caseworkers have had experience using the EADSS.

Supervisors and Managers

By building and maintaining an on-going database of investigations and associated care plans, the EADSS supports sharing of case information across investigating agencies, and provides the ability to generate aggregate and agency-specific reports for monitoring quality. Importantly, examination of care planning in relation to outcomes may highlight emerging best practices. For example, agencies that consistently reduce time from initial investigation to substantiation could be easily identified and details of their processes evaluated for dissemination to other agencies.

Research Capability

The data base enables analysis of complex relationships using all data and scale scores. Standardization facilitates more valid prevalence studies. This will enable researchers to improve their understanding of the nature of elder abuse, lead to more effective interventions, and improve policies.

Adoption and Replication

At this writing, EADSS is being studied in Illinois under a National Institute of Justice grant (2011-IJ-CX-0014). The EADSS will be field-tested over a 3 year period (2012-2014),. This project moves our over-arching research agenda into the practice/innovation phase, as the EADSS is adopted by IDoA-funded agencies throughout Illinois. Agencies outside of Illinois that have expressed interest in using EADSS before the studies are completed and published

have been invited to participate as research sites with appropriate data sharing agreements and human subjects review.

Conclusion

As with any intervention with claims to improve processes of care or patient/client outcomes, decision support systems should be rigorously evaluated before widespread dissemination into practice settings. As in the healthcare setting, engaging community service providers and managers in the research process may facilitate knowledge translation, quality improvement and successful adoption.

Main Body

Developing End-User Criteria and a Prototype for an Elder Abuse Assessment System

I. Introduction

According to the American Psychological Association's Office on Aging (<http://www.apa.org/pi/aging/eldabuse.html>), an estimated 2.1 million older Americans are victims of physical, psychological, or other forms of abuse and neglect annually. For every case of elder abuse and neglect that is reported to authorities, it is estimated that there may be as many as five cases that go unreported (e.g., U.S. Congress, 1980). The failure to identify elder abuse may be due to numerous factors. Clearly, many victims of elder abuse lack the functional capacity to disclose the abuse or are fearful of retaliation by the perpetrator. Elder abuse and neglect often go unreported since those perpetrating the abuse may be the very persons responsible for the care of older adults, such as family members, in-home paid caregivers and personal care attendants in long term care settings. In such cases, the older adult may fear retribution, abandonment, or placement in a nursing home if they report the abuse.

Furthermore, in addition to the situational factors surrounding the abuse, there may also be systemic factors related to the under-identification of elder abuse and difficulties in providing services in a responsive manner. These factors include lack of training among primary healthcare practitioners in detecting signs of abuse; understaffing of adult protective service agencies to investigate abuse cases adequately and responsively; inefficient use of staff resources due to lack of or inadequate triage; and lack of valid and standardized assessment procedures. These and other factors can contribute to inaccurate screening and varying prevalence estimates. Moreover, systemic factors affecting the responsiveness of adult protective service agencies may increase the burden on elders and increase their risk status. At present, little research has been conducted

to identify and understand the role of these systemic factors as they relate to the assessment of elder abuse and the prompt delivery of services to victims.

Complicating matters further, public and private funders are increasingly demanding more detailed assessments or other evidence of standardization in data collection. A comprehensive assessment is a key piece of the protective services infrastructure because the majority of people present with multiple clinical and social problems (Yates & Taub, 2003).

Regarding the need for better assessment in elder abuse, Bergeron (1999) used two focus groups and 15 individual interviews to explore APS workers' decision making processes without a computerized decision support system (CDSS) and concluded that, "APS agencies should provide a structure for their workers to follow which will account for all the critical factors in the worker's decision making process to intervene or to withhold intervention" (p. 91). However, comprehensive assessments have real costs associated with them. Longer assessments may lead to client fatigue or agitation and may translate into fewer numbers of clients served. For a perspective, currently the Illinois Department on Aging (IDoA) reimbursement rate is based on an average of 10.2 hours for the assessment phase of a case, based on a 1993 time study (Lois Moorman, Office of Elder Rights, IDoA). Meanwhile, casework is estimated by IDoA to average 12.8 hours. That period begins at substantiation, with client consent to services, and lasts up to 90 days from the date of intake. Therefore, the screening estimate is nearly as long as the 90 day treatment estimate so screening is a substantial issue in terms of time. Using non-standardized assessments results in staff training time of indeterminate length and screenings of unknown, variable, and questionable quality.

While there is not widespread use of decision support technology in the field of APS, some positive aspects of use have been demonstrated. In 2004, Texas' Health and Human

Services Adult Protective Services (APS) program implemented a large-scale mobile computing initiative incorporating the use of tablet PCs into the day-to-day aspects of casework (Texas Department of Family Protective Services, Performance Management Group, 2007). The evaluation of this initiative strongly supports the feasibility of mobile computing in APS. Results indicated that: APS staff were most likely to use tablet PCs in their home, car, or client's home; reliable wireless connectivity was the biggest barrier to usage. However, the Texas evaluation of the system did not include client outcomes, information regarding the quality of the measures used, or how the measures were used to support decision-making. Evaluation findings have not been published in peer reviewed journals, and there does not appear to be a dissemination or translation program beyond the state.

While this promising, state-of-the-art system was designed to improve efficiency and cost-effectiveness, it does not appear to have several important characteristics of a decision support system. It does not automate scoring of validated measures to facilitate assessment of alleged abuse allegations with user-friendly automated reporting; nor does it automatically link care planning to case specifics. In addition, the technology available since the Texas program was implemented has advanced to be less obtrusive, and can handle more complex queries.

Elsewhere, the National Council on Crime and Delinquency (NCCD) is supporting projects that introduce "structured decision making" (SDM) into APS practice (Park, et al., 2010). NCCD reports that the SDM system is being tested in 3 jurisdictions, but specifically names only Riverside CA and New Hampshire (2010). The model focuses on "critical decision points," asking specific questions regarding the need for an investigation, the level of danger for the client, client strength, service needs, and the risk of future harm. No details are provided as to how responses are documented or if computerized decision-making tools are used.

Advances in both assessment methodology and computer technology may offer promising solutions to at least some of the challenges related to the responsive assessment and delivery of services to victims of elder abuse. Standardized measures for both staff observation and consumer self-report can improve the convenience, efficiency and quality of assessments especially in the elusive areas of financial exploitation and psychological abuse. In some fields, comprehensive computerized biopsychosocial assessments are being done in as little as 3 staff hours, for example, the Global Appraisal of Individual Need (GAIN) (Dennis et al., 2003; Conrad, Conrad, et al., 2008) for substance abuse assessment. With improvement and acceptance over time, standardized measures for elder abuse and financial exploitation can support experienced workers and assist new hires. They may also contribute to more generally accepted definitions, decision rules, laws, and policies that inform and support workers' and clients' decisions.

Health Information Technology for an Elder Abuse Decision Support System (EADSS).

The major purpose of the EADSS is to enhance the decision making effectiveness of end-users, in this case, the Adult Protective Services (APS) workers, managers and other stakeholders. With client input, there may be more information available to improve clients' decisions and support self-determination. It is not a system for automating routine or repetitive functions, nor is it intended to replace APS workers' professional judgment or client autonomy. The EADSS supports the decision maker in clarifying the cognitive dimensions of his or her decision making while providing a structure that includes consumer input whenever possible. In current systems, lack of structure may create justifiable concerns about responsibility and liability (Bergeron, 1999).

Experts consider health information technology to be a key to improving efficiency and quality of health care (Chaudhry et al., 2008); elder abuse assessment and intervention fall within this genre and thus merit improved decision support technology. Although there are no studies specific to elder mistreatment, the majority of published studies demonstrate that health information technology components positively affect chronic illness care (Dorr et al., 2007). The major components of a CDSS are the computer (hardware and software) subsystem, the measures, the data subsystem, the statistical analysis subsystem, the communication subsystem, and the user subsystem (Tan & Sheps, 1998).

Strong evidence suggests that some computerized decision support systems can improve clinician performance. A report by Shekelle, et al. (2006) assessed the evidence base, i.e., 256 studies, regarding benefits and costs of health information technology systems, that is, the value of discrete health information technology functions and systems in various healthcare settings. The investigators concluded that health information technology has the potential to enable a dramatic transformation in the delivery of health care, making it safer, more effective, and more efficient. Some organizations have already realized major gains through the implementation of multifunctional health information technology systems built around an electronic health record. However, widespread implementation of health information technology has been limited by a lack of generalizable knowledge about what types of health information technology and implementation methods will improve care and manage costs for specific health organizations. The reporting of health information technology development and implementation requires fuller descriptions of both the intervention and the organizational/economic environment in which it is implemented (Shekelle, et al., 2006). This is especially true in the field of elder mistreatment where such studies are absent.

A review by Bero et al., (1998) regarding implementation of change recommendations emerging from evidence-based interventions noted that the passive dissemination of information (for example, publication of consensus conferences in professional journals or the mailing of educational materials) is generally ineffective and, at best, results only in small changes in practice. However, these passive approaches probably represent the most common approaches adopted by researchers, professional bodies, and healthcare organizations. The use of specific strategies to implement research based recommendations, i.e., research to practice, seems to be necessary to ensure that practices change, and studies suggest that more intensive efforts to alter practice are generally more successful.

To design effective implementation and change strategies, local endogenous evidence, collected in particular and 'real world' patient populations may be more relevant, convincing and timely to inform and facilitate practical change. For example, Hay et al., (2008) reported on the findings of a pilot study of 29 individual and three focus group (n = 10) interviews exploring physicians' evaluations of how they use multiple sources of information in clinical decision making.

Agostini et al. (2008) used semi-structured interviews to evaluate perceptions of the benefits and limitations of an electronic reminder in a cohort of 36 house staff physicians. The results suggest that a complex set of factors underlie physician use of computerized reminders. These diverse perceptions were technology-specific (positive perception of integrating computers into clinical care), user interface-related (time needed to read reminder), professional (threats to physician autonomy), and health sciences-related (educational value/information content).

These findings provide insight into the dynamics of adopting clinical decision support systems. Social science theory and a growing body of empirical research suggest that successfully adopting computerized decision support depends not only on the technology but also on social, political, organizational, and practice-related factors. Before their potential can be realized, a better understanding is needed of how these systems can best be used to support clinical practice.

Need for a Measurement-based Approach in Decision Support Systems

Rather than relying on hundreds of data points without well-founded summary scores of key constructs, a measurement-based approach is an essential component of an effective decision support system. Empirically-based scoring provides APS workers with standardized, manageable, individualized information on which to make decisions on client care based on their progress. For example, in a depression treatment study, Trivedi et al. (2004) found that clinical treatment of depression varies widely. Practitioners also differed in how they assessed the outcomes of treatment (symptoms, function, side-effect frequency and burden), with global judgments often used instead of specific symptom assessments, even though the former are less accurate. These differences led to wide variability in treatment implementation and likely also wide variations in outcomes. To counter such problems, Trivedi et al. emphasized the importance of a measurement-based care approach (Trivedi, et al., 2007; Trivedi et al., 2006; Trivedi et al., 2004) wherein the physician assessed depression symptom severity, adherence to treatment, and potential side-effect burden at each visit and used this information when following the medication treatment protocol. Trivedi et al. (2006) recommended a measurement based approach as an essential component to any decision support system. Acceptable, built-in,

algorithm-based treatment alternatives, rather than a single treatment mandate, increase adherence by facilitating clinicians' treatment choices while reducing workload.

In summary, this review supports the development of computerized decision support systems to improve assessment and treatment in health and social interventions, including elder abuse. Thorough developmental work is needed that includes system reviews, interviews with key informants, focus groups with stakeholders and cognitive interviews with potential users. The result can be a system whose design will be more likely to be adopted while avoiding potential pitfalls.

Preliminary Studies

In this section we summarize our previous work that laid the foundation for the current project. Our previously funded NIJ grant (Project 1) laid the groundwork for the proposed project (termed Project 2). Project 2 (this project) provides the basis for conducting Project 3, a full scale field-test of the system in "real world" conditions (i.e., a research-to-practice project for a future proposal) which began in January, 2012.

Our work in this area began in 2004, with funding from the Department of Veterans Affairs (HSR&D, IIR-98154-1). A Money Mismanagement Measure (M3) was developed (Conrad, Lutz, et al., 2006; Conrad, Matters, et al., 2006). One objective of the M3 project was to develop and test a measure of the constructs "money mismanagement" and "financial exploitation" in persons with serious mental illness. The M3 produced a reliable (Cronbach's $\alpha = .85$; Rasch person reliability = .85) and valid assessment (Conrad, Matters, et al., 2006).

To guide the revision of the M3, we drafted a theoretical model of financial exploitation and risk of abuse in older adults. This work was supported, in part, by the Summer Training on

Aging Research Topics in Mental Health Program, funded by NIMH (Ridings, Seymour, Iris, Conrad, 2006).

To address problems related to the identification of risk of financial exploitation, we received a grant from the Retirement Research Foundation to gather information from consumers and professionals regarding their ideas about money management issues and financial exploitation of older adults (Iris, Conrad, Seymour, & Ridings, 2004). We tested the feasibility and assessed the usefulness of a new measure for detecting financial exploitation in a community-dwelling older adult population using 71 items to measure financial exploitation. This theoretically based set of items was thoroughly reviewed by expert professionals and consumers (Iris et al., 2004; Ridings, Seymour, Iris, Conrad, 2006). The products were a theoretical model and measures of financial exploitation in older adults.

Our next project was “Conceptualizing and Measuring Financial Exploitation and Psychological Abuse of Elderly Individuals.” Funded by the National Institute of Justice (Conrad, Iris, & Ridings, 2006) (NIJ#2006-MU-MU-2004). This project resulted in the development of the Older Adult Mistreatment Assessment (OAMA) (Conrad, et al., 2009) as well as theories of psychological abuse and financial exploitation of older adults (Conrad, Iris, Ridings, Rosen, Fairman, Anetzberger, 2011; Conrad, Ridings, Iris, Fairman, Rosen, Wilber, 2011). The resulting quantitative measures, i.e., standardized, are designed to be used in a variety of settings and modes of administration. Measures of sexual abuse and physical abuse were designed using our data base built from measures used by the Illinois Department on Aging. The measures of physical abuse and sexual abuse were used by the Illinois Department on Aging such that any indicator was to be followed with a full investigation. The measures used to build the elder abuse assessment itself (the Older Adult Mistreatment Assessment, OAMA). Our

previous NIJ report summarizes this work (Conrad et al., 2009) and is described in Conrad, Iris, Ridings, Langley & Wilber (2010) and Conrad, Iris, Ridings, Langley & Anetzberger (2010). The neglect measure is based on results from a study of self-neglect (Iris, Ridings, & Conrad, 2010). We examined our NIJ neglect data and the ongoing self-neglect data to inform the development of this pilot measure. Our psychological abuse and financial exploitation questionnaires for clients and staff, are included in the appendix, and short screeners are now being developed for these as well. We recognize that all of these measures will require replication, cross-validation, etc., and we emphasize that our future field test, scheduled to begin in January, 2012, will provide a second wave of psychometric testing in several forms, e.g., short forms and full length measures.

Based on our work with physical abuse, sexual abuse, psychological abuse, neglect and financial exploitation measures, we have concluded that the physical and sexual abuse constructs are likely not amenable to CAT, since computerized adaptive tests using the Rasch measurement model require unidimensionality, that is, a latent construct comprised of a single dimension. CAT also usually requires a fairly large number of items, an item bank, since it selects from many items along the ruler assessing the construct and homes in on the person's score using the many items placed along the length of the ruler. The reasons we believe that sexual and physical abuse may not be amenable to CAT are as follows.

First, for sexual abuse, multiple items are not necessary to constitute sexual abuse. A single instance is substantiation enough, so there is no need to estimate the score on the ruler of the latent construct. Also there are not really many items needed to assess this construct. It is the shortest form in the EADSS.

The reasons why physical abuse is not amenable to CAT are not as clear cut, but we suspect that there may not be a single latent construct. There may be injuries, illnesses, and incidents that are multi-dimensional, and, therefore, not amenable to CAT. Additionally, like sexual abuse, one or two serious incidents could cause substantiation, so that multiple items are not needed to home in on a score on a ruler of the latent construct.

Instead of being dimensional measures that are needed for CAT, these types of assessments are often referred to as indexes. In any case, in our current project, we will examine these issues and devise appropriate assessment strategies. For example, we could use the Rasch model to estimate the seriousness of items. This could help to rank the priority of the case. Of course, if we find that the construct is unidimensional, we will explore the use of CAT.

II. Methods

In order to develop a useful and effective computerized elder abuse decision support system, it is important to obtain end-user criteria, i.e., input from key stakeholder groups (including elder abuse investigators, program administrators, health care professionals, law enforcement officers, and substantiated elder abuse clients) concerning the design of the system and how it will be integrated into current practice. The purpose of the current study was to gather information and use it to design a prototype that will be used in the next stage of research, i.e., full-scale field test implementation, data collection and analysis. The goal was to collect the qualitative data, cost estimates, and technical specifications necessary to inform the development and implementation of a full field test of a computerized decision support system for elder abuse assessment. This work was done mostly using Illinois as a test-bed, but it included input from national experts. The goal is a standardized, effective, efficient and easy-to-use computerized

decision support system for administration, scoring and reporting of elder abuse that is tailored for the end-users, i.e., elderly clients, service staff and administration.

Phase 1.A. Determine infrastructure requirements and current and anticipated resources available in Illinois that are necessary for the support and use of a computerized decision support system by conducting an environmental and infrastructure scan.

To address Objective 1.A, we conducted an “environmental scan” of available infrastructure resources, including the current system design, computing resources, cable access, and wi-fi connectivity, and so on. We built a list of contacts and conducted telephone or face-to-face interviews with key informants in Illinois who will provide us with necessary documentation. We recruit four advocates from Illinois to consult with the research team. These key informants provided insights and contacts to guide the development of the computerized system, based on their direct experiences working within the current system with elder abuse clients.

1.B. Identify systemic barriers and solutions based on “end-user criteria” for an assessment system via focus groups and interviews with practitioners and experts.

National Panel. We recruited eight national experts in elder abuse assessment and decision support to serve as advisors to this project in order to ensure national generalizability. We turned to current members of our national advisory panel from our previous NIJ project and to reviews of the literature to identify these experts. The expert panel consisted of persons who have designed clinical decision support systems either in elder abuse or a related field and who have contributed to research and/or exemplary practice using health information technology to improve screening, triage, and treatment. These experts will review descriptions of current and proposed systems.

Focus groups to develop system. Focus groups are small (5 to 12 persons), face to face, guided discussions in which the interviewer “moderates” a group conversation (Kreuger, 2000). We conducted six focus groups with a total of up to 50 participants who will be recruited from multiple stakeholder groups involved in the investigation and assessment of elder abuse. The 6 focus groups included 3 groups composed of elder abuse investigators and supervisors who are directly involved in the assessment and substantiation of elder abuse; 1 group with health care providers including physicians and nurses; 1 group with law enforcement personnel and bankers (for financial exploitation) who are likely to have first contact with possible victims of elder abuse and may need to conduct their own assessment prior to reporting; and 1 group with substantiated elder abuse clients.

Groups lasted approximately 1½ hours and will be audio-taped to enhance accuracy of findings and facilitate review during analysis. Each group was facilitated by an experienced focus group moderator (Iris or Conrad) assisted by a trained note-taker (Mazza). Questions were targeted to the particular type of group, and examples of questions are listed below:

- How might a computer-based assessment system be used in elder abuse investigation and intervention?
- Are there times when such a system could not be used, e.g., unsafe, too early, need rapport?
- What would be the key issues to the field in implementation of the system? How might these issues be addressed in the design of the assessment system?
- What kinds of capacity would be needed—web access, technology types, human resources?

- What kinds of costs do we need to consider in order to implement such a system state-wide? Given the state's capacity to fund such an assessment system, how might costs be minimized?
- What are the computer skills of persons likely to perform the assessment? How might the system be designed so that minimal training is required for assessors to use the system?
- If training of users is required, what would be the most effective way to train users of the new system?
- What sorts of integration with other data collection systems would be needed?
- What would be the scope and coverage of the assessment system?
- What platforms would be needed and appropriate for the various settings involved—wifi, laptop, paper and pencil?
- What would be the most useful formats of reports?
- What specific type of information would you like to see on the reports?
- What type (s) of platforms are users most likely to use?
- How would users use the information they gained from these assessments?
- How would they want the information presented?
- Would certain features make these reports more likely to be used routinely?
- To what extent would an assessment like this be useful for discussions with other end-users?
- What would promote the use of this type of assessment?
- What would be a barrier to using this type of assessment?
- Are there specific items that all people should be asked? If so what are they?
- Are there questions that need to be asked that are not currently included?

a) Focus groups were conducted either face to face or via telephone conferencing if necessary, and were audio-recorded. We compiled responses to each of the questions and then identified key issues that were raised, along with alternative suggestions and solutions offered by participants.

b) We used purposive sampling for participant recruitment to ensure that participants come from all regions of the state, and from different ethnic, racial, and professional backgrounds, in order to capture information on the very diverse geographic and demographic characteristics of Illinois. We did conference calls with various locations in the state, e.g., Springfield, the state capitol, to make the focus groups convenient for participants.

c) Recruitment was done through outreach to the Illinois Department on Aging, the Chicago Department of Senior Services, the Illinois Association of Area Agencies on Aging, elder abuse provider agencies and local health care providers, banks, and law enforcement offices.

2.A. Develop a prototype based on end-user criteria and system requirements including a demonstration-version computerized adaptive test (CAT). Our CDSS was developed in-house using either an Excel relational database and implemented on a server at Chestnut Health Systems in Normal, IL using PDAs with download compatibility to personal computers (details in results) or entry via desktop PCs.

We integrated our new measures (OAMA), modern measurement techniques, and available technology into a more efficient CDSS that will be made freely available to any state or agency wishing to adopt it. In the following section we describe the operational requirements of our Elder Abuse CDSS, based upon our current knowledge. We present this section because,

when we do Phase 1, it will be necessary to have a background in systems design to ask informed questions and offer alternatives to be discussed.

Operational Requirements were determined from our work described above, but we expected that the Elder Abuse CDSS we will develop would have certain basic functions:

- Provide accurate estimates of physical, psychological, sexual abuse, neglect, financial exploitation.
- Ability to access and utilize previously collected information (e.g., measures from screener instruments) to improve the efficiency and accuracy of the OAMA including CAT applications.
- Include all information currently obtained by Illinois Dept. on Aging elder abuse treatment programs.
- Ability to override the CAT algorithms for some scales, e.g., sexual, physical, including going back to a previous item, skipping items and administering all items in the item bank.
- Ability to generate reports based on a completed assessment (includes the items administered, answers to administered items, and estimated measures on the Elder Abuse subscales) and to export collected data for subsequent analysis.
- Ability to address HIPAA security issues with data encryption and password protection.
- Ability to change settings related to the CDSS's operation (e.g., start rules, stop rules).
- Integration of data collected across investigators and clients into a single database
- Database to be structured to make it most useful to providers and Illinois Dept. on Aging

Non-Functional Requirements: In addition to those listed above, the CDSS also would have the following:

- Ability to reduce respondent burden and assessment time
- Easy to use interface, with navigation through the system via the mouse or keyboard
- Cannot interfere with or disrupt rapport (i.e., eye contact) between interviewer and respondent
- Regarded as helpful and useful in clinical and community screening and treatment

System Requirements. The system was designed for use in a variety of settings and interview modalities. These include face-to-face interviews in healthcare and community settings or interviews conducted over the phone or during a home visit. The assessment of elder abuse is frequently made by a social worker or trained elder abuse investigator as part of a home visit. Therefore, an important requirement for the elder abuse assessment system is that it can be used on portable computing devices, such as a notebook computer, tablet PC, or PDA with database capabilities. In addition to their portability, their size makes these platforms well-suited to conducting a face-to-face interview without disrupting rapport between interviewer and respondent. In order to support a variety of platforms, in this project the CDSS was designed to work with modest memory (128 KB RAM), CPU speed (512 MHz), free hard disk space (200 MB) and a variety of screen resolution specifications. The CDSS application was able to operate on the Windows operating system (Windows 9x, NT 4.0 sp6, 2000, XP sp2 or Vista). Since the CDSS may be used in areas where high-speed wireless Internet access may be unavailable, unreliable, and/or over an unsecure connection, the development of a web-based CDSS application may not be feasible in all situations. Thus, we developed the system as a web-based application. PDA's and other useful platforms such as tablet and laptop computers are becoming more available to elder abuse workers, so we anticipate little problem in this prototype or in a future field test. Agencies we have worked with report having at least one laptop available for

use by an elder abuse investigator. We expect such access to expand over the next two to three years. However, to ensure success in our planned, full-scale field test (subsequent proposal), we would budget for the needed number of low-cost PDA's or tablet computers that we will give to participating agencies as an incentive to collaborate. If they successfully participate in the project, they may keep the devices.

Selection and Description of Measurement Model. Although we expected a very small number of individuals to use our prototype in this project, we briefly describe the measurement model to be used in the analysis of data to be obtained in the planned full implementation of the CDSS in a subsequent project. Because the Older Adult Mistreatment Assessment (OAMA) (Conrad, et al., 2008) currently uses Likert-type items, we will use the Rasch Rating Scale Model (RSM) as the underlying item response theory (IRT) model (Wright & Masters, 1982). The RSM specifies that the intersections between categories on the category response curve are the same for all items. The only difference between items is their difficulty or location on the latent dimension. For an item bank with n items with k categories, there are $n+k$ parameters in the RSM to estimate, while a partial credit model or multi-parameter IRT model would require considerably more parameters. Although every IRT model has its own pros and cons, in general, a model with a smaller number of parameters requires a smaller sample for stable parameter estimation, which is a major reason that we chose the Rasch rating scale model for the proposed study. The Rasch model is also the only IRT model that provides a linear, interval measure like a yardstick (Embretson & Reise, 2000).

System Design Specifications. The design of a working CDSS, particularly its user interface, can have important implications concerning its effectiveness and efficiency. A CDSS using an efficient set of procedures for estimating a person's measure may be inefficient if it is

difficult to use. In this section we describe the possible design methods and potential development of the CDSS prototype, including software requirements, development methodology and user interface design. This process was modified depending upon the end-user criteria collected in previous phases of the study.

Software Design and Design Process. The CDSS for elder abuse assessment can be developed as a series of components organized along three interconnected layers of software logic: Presentation Logic, Business Logic, and Data Logic. These were developed and described in Appendix 1.

Software Development Methodology. We used the typical object-oriented (OO) software development methodology as applied to developing Internet applications. This development methodology comprises four major development tasks: Analysis, Design, Implementation and Quality Assurance. As part of the Phase I activities, we focused mainly on the first two tasks.

The primary goal of the analysis task is to capture the complete business and technical requirements and determine a high-level technical direction. For OO system development, system requirements are commonly documented in Use Cases, which define how a user interacts with the system. During our design process, we have identified 27 use cases grouped into three modules (subject to change based on end-user criteria): Assessment Module, Report Module and Maintenance Module. The diagram below depicts the relationship among use cases in the Assessment Module as an example.

The Design task is to translate the requirements into programmable constructs using OO analysis and design methodologies. Class Diagrams and Sequence Diagrams are the two major design artifacts. Class Diagrams specify the structures and relationships between system

components. Sequence Diagrams document how pertinent system components interact with each other.

2.B. Develop a demonstration of how the new system will work

After the software and hardware interface were developed, we developed a demonstration of how the new system will work. This was a presentation of the system including the hardware, software, measurement results, and reporting capabilities. A key component of the demonstration was detailed logic models of the current system and the new proposed system.

Results

In this section, we repeat the methods listed above with descriptions of the results.

Goal 1. A. Determine infrastructure requirements and current and anticipated resources available in Illinois that are necessary for the support and use of a computerized decision support system by conducting an environmental and infrastructure scan.

The document “Elder Abuse Decision Support System (EADSS): Software Requirements and Specifications, Draft 1.1” (*Appendix I.*) details the system goals and objectives, various interfaces, and the functional requirements of the system. This document was compiled based on the technical information that the study team has collected thus far from collaboration with the Illinois Department on Aging.

Goal 1. B. Identify systemic barriers and solutions based on “end-user criteria” for an assessment system via focus groups and interviews with practitioners and experts.

In our review of the Illinois Department on Aging (IDoA) elder abuse investigation system, we found no database to inform the investigation, substantiation, intervention, and outcomes-monitoring of elder abuse. Data that were collected by the IDoA were used primarily

for billing purposes. Substantiation of elder abuse was based on caseworker-specific judgment, whereby training and experience varied greatly. Qualitative judgments regarding substantiation did not include structured interviews with all the principals, client, abuser, and collaterals (such as reporters, family, friends, neighbors, other agency staff). The quality of these reports would vary due to the time spent, the experience of the investigators, and heavy caseloads with investigators handling as many as 50 clients at a time. The many forms documenting specific indicators of abuse were completed *AFTER* the investigator and supervisor had concluded that abuse was occurring and what type of abuse was present. We found many redundancies in the multiple forms used, and caseworkers and supervisors confirmed that using the existing forms was often cumbersome, duplicative, and frustrating.

Solutions

We have continued our work with the Illinois Department on Aging (IDoA): Lois Moorman (Elder Abuse Program Administrator), Alice Hayes (Elder Abuse Program Coordinator) and Holly Zielke (Elder Abuse Program Coordinator). We met with this group throughout the life of this project (*see Appendices 2, 3, 4, 5*) to ensure continued buy-in and support at the state level. They have expressed their continued support and enthusiasm for the project.

We also met with Bernie Clancey, Information Technology Director (now retired) for IDoA to discuss the technical specifications of the current system. He agreed to work with us and offered to provide technical information and support as needed.

We conducted 3 focus groups in the 3rd and 4th quarters of Year 1 (*see Appendix 4*) with clinical supervisors and elder abuse caseworkers in the state of Illinois who provided us with necessary information in the building of the computerized decision support system.

Through discussions with the IDoA and local practitioners, we developed the following: a logic model of the goals, structures, processes and outcomes of the current elder abuse system in Illinois (*Figure 1a. IDoA Logic Model and Figure 1b. Flow Chart of Case Process*). These comprise a detailed description of the IDoA system. We recruited national experts in elder abuse assessment and decision support systems to serve as advisors to this project in order to ensure national generalizability in our effort to revise the system (*see Appendix 6*).

Goal 2.A. Develop a prototype based on end-user criteria and system requirements including a demonstration-version computerized adaptive test (CAT).

In this section we describe some of the issues that we faced in developing our computerized decision support system (CDSS) and the solutions we developed. We assumed that it would be a computerized system since the Illinois Department on Aging currently uses an electronic system for submission of billing information and other case related data by the agencies (*Figure 2. Logic models of a typical information system and a computerized decision support system, top panel, A*). At present, police, medical personnel, etc. call a 1-800 number to report suspected abuse but these “first responders” are usually not well-trained in identifying abuse in its various forms and most believe that as a result, abuse is very under-reported. Following an intake interview, the elder abuse investigators conduct assessments using paper and pencil, and then enter the results into an electronic form upon return to their offices. This creates more work and an opportunity for error in the second data entry. Staff members write up their case reports, but these are not standardized in terms of format or quality. Relevant forms are then uploaded via the internet to the IDoA. Paper copies including the case notes remain at the local sites. The stakeholders in this system have no summary scores, much less scores that are based in rigorous psychometric studies, on which to base decisions or to track outcomes.

In the computerized elder abuse decision support system we have developed (*Figure 2. bottom panel, B*), police, medical personnel, etc. will have short screeners developed from our work on the Older Adult Mistreatment Assessment (OAMA) to assess suspected abuse before calling APS. This should provide more accurate targeting and efficiency for the APS workers when they go out to investigate. The APS workers would have the full computerized OAMA measures for both their own observations and for the alleged victim via interview. No additional data entry would be needed, and the computer would generate a written report (both of which would save time) based on the results using OAMA item wording. The APS worker would then edit the text of this complete, standardized report based on their judgments. The state would receive a standardized assessment that would include APS verbal and quantitative data and quantitative client reports based on empirically-validated measures. This would create a searchable archive of cases. New investigators would have high quality information on past cases that are reactivated. The data could be used to track incidence, prevalence, and change over time using reliable and valid measures. Please see Figure 3 for a flow chart of the new system, the EADSS.

We have developed the desired specifications for the computerized decision support system, based on end-user criteria and infrastructure requirements. We have continued to meet with various stakeholders (IDoA leadership, local supervisors and case managers, elder abuse professionals) on a regular basis in order to iteratively inform the further development of the Elder Abuse Decision Support System (EADSS). See the timelines (see Appendices 3, 4, & 5) for specific meeting dates.

We have developed functionality requirements and outputs that will be included in the system. We have done an extensive review of the current IDoA forms and incorporated these items into the existing Older Adult Mistreatment Assessment (OAMA) question bank, eliminating any redundancies. All forms have undergone thorough review by the participating stakeholders with feedback given in the focus groups. Additionally, our panels of national (Georgia Anetzberger, Scott Beach, Xinqi Dong, Candace Heisler, Kathleen Quinn, Pamela Teaster, Mike Vacca, Kathleen Wilber) and local experts (IDoA Elder Rights Division) and practitioners (Catholic Charities, 3 participants; Senior Services Associates, 5 participants; Center for New Horizons, 2 participants) have reviewed and given feedback on the OAMA content and EADSS processes.

We have finalized the support system logic, item banks, and reporting structure. We have also settled on the use of a portable, hand-held, Android computer device (e.g., Samsung Galaxy Tab, Motorola Xyboard) on a Windows-based platform using Verizon for phone and data services. We will be using a secure Microsoft SQL database located on a remote server housed at Chestnut Health Systems in Bloomington, IL, for storage of the assessment data, which is automatically inputted using the hand-held device or desktop computer (if paper-based assessments are used). The database will contain a series of statements associated with items given during the assessment. These statements will be used to generate narrative reports. This is illustrated in Figure 4, Level of EADSS with Roles.

Theoretical Framework

The theoretical framework on which the EADSS is based is a simple one, involving three key types of parties (*Figure 5*). The abuse originates with the abuser(s) that may have vulnerabilities, needs, lack of self-control, or physical/emotional/cognitive deficits. Whatever

their personality or disability issues may be, these may be accompanied by a lack of concern for the victim's welfare and/or a sense of entitlement to the victim's resources.

The victims will have varying degrees of vulnerability. While healthy older adults may indeed be victimized, increased physical, emotional, and cognitive deficits and unmet needs create ever greater opportunities for abuse and exploitation. Of course, the abuse must be reported—sometimes by the victim, but more often by a collateral informant such as a family member, friend or neighbor.

The third party is any agent(s) involved in preventing abuse from ever occurring, stopping the abuse once it has been detected, or improving the situation as much as possible. In the case of the EADSS, the issue of potential abuse is brought to the attention of the state-funded agency by a reporter in the community. The case is investigated by an elder abuse caseworker, and, if abuse is substantiated, a plan is implemented to stop or ameliorate the abuse, obtain financial restitution, and/or conduct criminal prosecution.

This theory is simple, but it is especially important since it clearly delineates the role of the abuser as the origin of the abuse. As such, the abuser is a key to ameliorating the abusive situation. While there exists no empirically-validated measure or assessment procedure of abusers of older adults, this area has been given some study (Hwalek & Sengstock, 1986; Pillemer, 2004; Reay, & Browne, 2001). The prior work has been valuable in providing theoretical support as well as lists of risk factors and characteristics that we used in developing the EADSS alleged abuser measures.

Measurements (OAMA)

The final forms used to conduct data collection and processing for the EADSS are described below.

- *Older Adult Mistreatment Assessment (OAMA) Intake Form, Appendix 7*– This form is used to collect information about alleged abuse from a reporter; in person or over the phone. It includes eligibility criteria (according to the Illinois statute) and descriptive information on the report of abuse, the alleged victim, and the alleged abuser(s). Because elder abuse implies the presence of an abuser (or alleged abuser), the presence of an alleged abuser is determined during the in-take process. If no alleged abuser is identified, the report is referred to a local Care Coordination Unit or the statewide Senior Helpline. If, during the investigation, it becomes apparent that no such individual is responsible for the care of the elder, for example, as a caregiver, self-neglect may be identified as an issue. Self-neglect may be due to the presence of dementia, physical impairments, sensory impairments, lack of funds, etc. In such cases, an assessment for self-neglect will be conducted (in Illinois, by a care manager from a designated Care Coordination Unit), to determine the need for, and eligibility for home and community based services. Similarly, if the older adult does not have limitations as described above, the investigator is instructed to also offer the referral. The key innovation of the intake form is *Section C*, the Short Screener, based on the full OAMA. The Short Screener is a standardized set of questions assessing the types and seriousness/priority of the alleged abuse(s). The EADSS will generate an automated report which may be edited by the intake case worker.
- *Older Adult Mistreatment Assessment (OAMA) Client Interview/Staff Assessment Form, Appendix 8* – This assessment tool is to be used by the caseworker to obtain a self report by the client with the questions administered via interview. If the client cannot respond, for whatever reason, the investigator completes the form by observations and interviews,

including the client and collateral. The OAMA is used by the case worker as an assessment tool during the investigation of elder abuse, to drive substantiation. The investigator completes 5 major questions regarding physical abuse, either through direct client interview or staff assessment of the investigation. To any that are answered “yes” or “suspected yes,” a detailed listing of the specifics of that particular type of abuse are obtained. Sexual abuse has 1 major question which, if positive, is followed by more detailed questions. Neglect has 17 questions to be completed through caseworker observation. Neglect is indeed difficult to classify and can be complex to assess. However, in cases where there is a caregiver (paid or unpaid), if it is evident that the caregiver is deliberately refusing to provide certain types of care for the AV, then neglect would be substantiated: for example, if the AV does not receive needed medications but there is money to purchase them, or the alleged abuser fails to provide the AV with adequate nutrition or fluids when these could be readily available. However, in situations where the caregiver is unable to meet the needs of the AV, due to lack of funds or the caregiver's own frailty or lack of knowledge about how to do so, or in situations where the AV refuses to accept assistance (such as help bathing), then the elder abuse investigator generally does not substantiate neglect. Instead, he/she may request permission to refer the AV (or AA) to case management for an evaluation of need for in-home services (e.g. respite, homemaker, personal care), financial assistance or subsidies if available. The worker may also contact the AV's physician and ask that a referral be made for a home health nursing or social work assessment. Emotional abuse has 16 questions developed in our prior work (Conrad, Iris, Ridings, Langley, Anetzberger (2010). Financial exploitation has 25 questions that were also developed in our prior

work (Conrad, Iris, Ridings, Langley, Wilber (2010). Since it is generally recognized that the client's perspective is essential to a thorough and fair assessment, the forms, except for the observations of neglect, can be used as a self-report interview to obtain client input whenever this is possible. The system facilitates input for caseworker observations and cross-validation with collaterals to provide supporting or refuting evidence.

- *Client Information Form, Appendix 9* – This form is started at the first face-to-face visit and is a summary demographic sheet. This is an open form that is edited throughout the investigation. It includes questions about physical, cognitive, and mental status. Additionally, the form collects information about the alleged abuser(s). It also obtains information about other agencies working with the client, client living arrangements, individuals in the household, medical history, medications, health insurance, and financial information. Financial information is an important factor in determining how to ameliorate passive neglect (distinguished from willful neglect), which may be due to lack of adequate funds to meet the older adult's needs. The form is also used to verify and complete information collected at intake. Elder abuse investigators receive training on conducting cognitive status assessments when they suspect that an alleged victim (or alleged abuser), may be experiencing problems. This often becomes apparent prior to initiating the OAMA, during preliminary conversations as part of the rapport building process and explanation of the reasons for the worker's visit. If problems are suspected, the worker may conduct the cognitive assessment at that time, or he/she may attempt to complete the OAMA but note that the responses are compromised due to poor cognitive functioning. Generally, the choice to conduct an ADL or cognitive assessment during the

administration of the OAMA is left to the worker's clinical judgment. However, the assessments are usually conducted when completing the Client Information Form. This may be done prior to administering the OAMA or after, again, at the worker's judgment. Because the Client Information Form is lengthy, it is usually completed over several visits and updated as needed.

- *The Alleged Abuser Form, Appendix 10*— This form obtains demographics and information regarding the alleged abuser's (AA) status in relation to the alleged victim (AV). It is then used to obtain information from the AV and collaterals with caseworker observation regarding the history and current status of the AA in terms of weaknesses, problems, and abusive tendencies as well as potential strengths that may be built upon to improve the situation. Finally, it contains an interview form for the AA to obtain input on strengths, problems in the relationship with the AV and abusive behaviors toward the AV.
- *The Alleged Abuser Interview, Appendix 11*— This is an interview form for the alleged abuser to obtain input on strengths, problems in the relationship with the AV and abusive behaviors toward the AV.

Procedures and training provide for screening of cognitive status and interviewer awareness of the need for confidentiality. The wording of the items is tailored to the client interview format. The EADSS generates an automated report which may be edited by the caseworker and supervisor, as necessary.

Reporting

We have finalized drafts of the reporting templates, briefly described below.

- *Intake Report Example, Appendix 12* – This report is generated by the responses on the intake form, and provides a summary for the investigator when starting a new elder abuse investigation.
- *Client Assessment/Case Plan Report Example, Appendix 13* – This report is generated by the information gathered during the elder abuse investigation, including the details of the abuse, severity, and evidence collected from collaterals. It also includes information about the abuser. The case plan sections of the reports include a set of best practice treatment recommendations based on the findings of the elder abuse assessment and client status. Following substantiation, the worker will complete the case plan form, recording goals and objectives of interventions chosen to reduce risk of further abuse. EADSS links recommended interventions, i.e., services, programs, actions, to the specifics of the abuse recorded in the OAMA. Staff will update the form as interventions are put in place.
- *Client Status Reporting Format* – The completed Client Information Form (*Appendix 9*) itself serves as a report, and includes detailed demographic information, including living arrangements, health status, functional status, involved agencies, financial information, and other pertinent information related to the client.

Databases

We have finalized the databases that are used to generate scale scores, narratives, tabular reports and case plan recommendations.

- *Intake Variables, Appendix 14* – SPSS-compatible database of all variables on the intake, including a full descriptor, possible values, and corresponding reporting statements for all possible values on the intake (to be included in the intake report).

- *Interview/Assessment Variables, Appendix 15* – SPSS-compatible database of all variables on the assessment, including a full descriptor, possible values, and corresponding reporting statements for all possible values on the assessment (to be included in the assessment/case plan report).
- *Case Plan Recommendation Variables, Appendix 16* – Matrix database of initial service recommendations by each type of abuse (physical, neglect, emotional, financial exploitation, sexual). These recommendations are to be included in the assessment/case plan report).

Goal 2B. Develop a demonstration of how the new system will work.

After the software and hardware requirements were developed, we developed a demonstration of how the new system will work. This was a presentation of the system including the hardware, software, measurement results, and reporting capabilities. A key component of the demonstration was detailed logic models of the current system and the new proposed system. Figure 2, presented earlier, is a brief and simple example of a logic model (Conrad et al., 1999). One purpose of Phase 2 was to investigate how a wider sample of respondents understood the revised computer-administration procedures. This allowed us to refine the administration process by allowing respondents to voice their own definitions about the terms used, what exactly is being asked, and how best to obtain that information. This type of “pre-testing,” via focus groups and cognitive interviews regarding reactions to the system is a recognized step in the development of sound assessment procedures (Weller, 1998; Fink, 2003; Krueger, 2000). This is also a valuable methodology for establishing face validity (Bernard, 1998).

To estimate the feasibility and usefulness of the EADSS measures and procedures, in community-based and clinical settings, we demonstrated the prototype in focus groups to learn

from local (1 group) and national (1 group) experts, staff (3 groups) and consumers (via 3 cognitive interviews). The focus groups were designed using the same guidelines described in Phase 1. Focus groups began with an explanation and demonstration of the purpose and nature of the measures and the computerized administration procedures. Procedures and response format(s) were revised accordingly. We presented the computer-administration procedures in two parts: 1) presentation of the system design, and 2) a mock client interview where one of our researchers role-played as a client. Focus group participants were provided with a modest remuneration to thank them for their time and effort. After demonstrating the prototype, we asked the following types of questions tailored to the participant:

- How can the measures and EADSS procedures best be administered in harmony with ongoing procedures, e.g., any difficulty using the computer hardware and software?
- What barriers exist to making the EADSS acceptable while still obtaining sensitive information from persons of different cultural backgrounds, cognitive deficits, and limited language skills?
- What would constitute better reporting protocols for how to handle indications of abuse?

Up to this time, we have been using paper-and-pencil formats of the EADSS to demonstrate and obtain input from providers and experts. For the development of a computerized (online) demonstration, we worked with Chestnut Health Systems to input the items, responses, and reporting structures to their existing computerized system, the Assessment Builder System (ABS). The demonstration included data collection and entry, scoring of results and reporting.

We have finalized the database (items and responses) and reporting structures. These have been entered into the Chestnut ABS and will be accessed via appropriate hand-held, laptop, and desktop computers for demonstration use.

CAT Simulation: To increase the efficiency of traditional algorithms, the use of computerized adaptive testing (CAT) methods in conjunction with portable computer and telecommunications technology (e.g., use of tablet computers, personal digital assistants or PDAs, and cell phones) may make it possible for adult protective service workers to conduct rapid yet reliable and valid assessments of elder abuse in the field. Similar to an experienced interviewer, CAT selects items based on a client's responses to previous items, in order to "zero in" on the respondent's trait level (i.e., level of elder abuse). The CAT continues to select and administer items until sufficient information is obtained to accurately estimate the person's level on the measure. Hence, fewer items are administered, but with minimal or no loss of measurement precision (e.g., Riley, Conrad, et al., 2007). A CAT system for elder abuse assessment would, theoretically, be the most efficient and effective assessment method. The proliferation and wide acceptance of the communications devices listed above, i.e., cell phones, PDAs, etc., suggest that there would be few barriers to the use of such devices in the field. However, several crucial goals must be reached before a CDSS using CAT can be realized.

As part of this study, a series of computerized adaptive testing (CAT) simulations were performed using the Older Adult Mistreatment Assessment (OAMA) Financial Exploitation (FE) scale. Simulations were performed using various stopping rules for determining when sufficient information for measurement estimation has been obtained. Precision was assessed by computing correlations between the CAT and full FE measures and by computing root mean square error (RMSE) indicating the average unsigned difference between corresponding CAT and full FE measures. With respect to precision, CAT to full-scale correlations ranged from .95 to .99 in the unconstrained simulations and from .93 to .96 in the constrained CAT simulations. These results generally support the finding that CAT can improve measurement efficiency without significant

loss of measurement precision. Please see *Appendix 17* for full description of CAT simulations and results.

Goal 3. A. Test the prototype to demonstrate it, examine its usefulness, quality, and affordability via focus groups and interviews with practitioners, experts, and older adults who have experienced elder abuse.

Illinois Expert Group. A group of three participants from the Illinois Department on Aging were invited to participate in the first prototype demonstration and discussion of feasibility and barriers to EADSS. This meeting was held at Chestnut Health Systems in Normal, Illinois. These participants were administrators of the IDoA elder abuse program throughout the state and had extensive expertise in elder abuse investigation, assessment, and intervention.

National Expert Group. Eight national experts participated on a National Panel using web conferencing software. Professional backgrounds of participants included: applied social science, social work, nursing, criminal justice law, and public administration. These experts were chosen because they had made sustained, seminal contributions to the characterization, theory, assessment, and treatment of elder abuse. During the conference we reviewed and finalized the prototype and delivery system.

Staff Groups. Three staff groups were convened in December 2011 using the same techniques described in Phase 1.

Consumers Cognitive Interviews. The goal of cognitive interviews is to investigate how individual respondents react to the process of using the new system. Cognitive interviewing is a method commonly employed to increase the depth of understanding of how exactly respondents understand instructions and response options. Cognitive interviewing employs two methods:

think-aloud interviewing and verbal probing techniques (Willis, 1999). For the cognitive interviews we recruited a consumer who experienced elder abuse, and who did not participate in the Phase 1 focus groups. The participant was chosen based on availability and willingness to participate, using the same roster of potential participants developed by participating agency staff. The cognitive interview took approximately 1.5 hours, at the agency's local office. Recommendations for revisions to the procedures were compiled. After completing the focus groups and cognitive interview, we revised the administration procedures accordingly, so that they are now appropriate for use in clinical and community-based settings with older adults.

Subsequent Demonstration Sessions included:

Date	Activity
11/14/2011 – 11/15/2011	Beta/Testing Demonstration at Chestnut Health Systems
12/1/2011	Demonstration to elder abuse investigators at Center for New Horizons (Chicago, IL)
12/6/2011	Demonstration to elder abuse investigators at Catholic Charities (Harvey, IL)
12/8/2011	Demonstration to practitioners and experts at Governor's Conference on Aging (State of Illinois; Chicago, IL)
12/13/2011	Demonstration to elder abuse investigators at Senior Services Associates (Aurora, IL)

Goal 3. B. Based on the feedback/input on the demonstration of the prototype system, write the report and use the information to develop a manual for a full scale field test.

We developed a draft Standards and Procedures Manual for the EADSS prototype. The Standards and Procedures Manual will be further developed during the testing and demonstration of the prototype system.

IV. Conclusions

This project integrated new measures (*OAMA*), modern IRT/Rasch measurement techniques, and existing technology that resulted in what we believe will be a highly efficient Elder Abuse Decision Support System (EADSS). The system will include detailed system

specifications and requirements and a prototype computerized decision support system. The system has the ability to address HIPAA security issues and protect client privacy and confidentiality when transmitting information electronically, via data encryption and password protection.

Standardized measures and short screeners for both staff observation and consumer self-report should improve the convenience, efficiency and quality of assessments and over time contribute to more generally accepted definitions, decision rules, laws, and policies that inform and support workers' decisions and client autonomy and lead to more effective intervention.

Implications for Policy and Practice

The EADSS was designed to move the state of the art of elder abuse assessment and intervention beyond simple computerized documentation to a true decision support system.. EADSS provides a structured framework, leading to increased system capacity, increased reliability and validity of abuse assessments, as well as inputs and outcomes regarding elder abuse assessment that can be analyzed at all levels of the system (from client-level data to aggregate data). Therefore, the EADSS is a technology-based information system that informs (rather than merely confirms) clinical decision-making. Its major purpose is to enhance the decision-making effectiveness of end-users, i.e., clients, caseworkers, managers and other stakeholders.

Victims. For victims, standardized questionnaires provide the opportunity for direct input (self-determination) while caseworkers still have input on all aspects of the case. Service may be improved, for example, when web access enables communication of intake reports to caseworkers while they are in the field who may more promptly address high priority cases.

Caseworkers. For caseworkers, the use of computerized data entry reduces redundancies in cumbersome paper forms and files and distributes information appropriately across the entire system, thereby eliminating the need for re-entry of the same data and reducing potential for error. Standardized posttest measures help to make a complete and valid comparison with the initial evaluation.

Before EADSS, caseworker training was reported as not always helpful in real world situations such as interviews with the AA. The EADSS is built on a comprehensive theory of elder abuse that includes practical assessment of the AA. The system has procedures and the actual questions to be used in conducting the entire investigation. These are the focus of training that includes realistic scenarios followed by feedback and problem-solving sessions after caseworkers have had experience using the EADSS.

Supervisors and Managers. By building and maintaining an on-going database of investigations and associated care plans, the EADSS supports sharing of case information across investigating agencies, and provides the ability to generate aggregate and agency-specific reports for monitoring quality. Furthermore, examination of care planning in relation to outcomes can now be examined and may highlight emerging best practices. For example, agencies that consistently reduce time from initial investigation to substantiation could be easily identified and details of their processes evaluated for dissemination to other agencies.

Impact on the development of other disciplines. The EADSS model may prove applicable to other areas of criminal justice by providing a standardized assessment technology that generates reports for effective and efficient decision making.

Impact on the development of human resources. The EADSS will lead to definitions, decision rules, laws, and policies that inform and support workers' decisions and client

autonomy. EADSS can improve the convenience, efficiency and quality of ANE assessments, including: more accurate prevalence estimates and substantiation, more cost-effective elder abuse screening, detection, substantiation, and better care planning/intervention processes. The EADSS reports will provide systematic and detailed information leading to improved processes for resource allocation, ANE treatment, adjudication, and policy.

Impact on physical, institutional, and information resources that form infrastructure.

By building and maintaining an on-going database of investigations and associated care plans, the EADSS will support sharing of case information across investigating agencies, through automated access (with appropriate privacy protections and provisions for client consent). This will reduce worker time in acquiring such information in the field, enable rapid treatment of new cases, facilitate a wide range of communications, and eliminate any possible overlap in case management services.

The EADSS will also be able to generate aggregate agency reports statewide, in addition to agency-specific reports. This will allow for more valid comparison across agencies and programs as well as over time and the establishment of agency-specific quality improvement benchmarks. Furthermore, use of a consistent and standardized scoring and reporting system will produce more reliable assessments of incidence and prevalence, as well as monitoring of emerging best practices. For example, agencies that consistently reduce time from initial investigation to substantiation will be easily identified and details of their processes evaluated for dissemination to other agencies.

Technology transfer. We have been contacted by several countries and states within the US who are interested in using EADSS technology. These include Canada, Ireland, Thailand,

Nepal, Oklahoma, Ohio, Georgia, Michigan, and California. We have indicated our willingness to help implement the EADSS to all that indicated interest.

Implications for Research Capability

The EADSS data base will enable analysis of complex relationships using all data and scale scores, including client self-reports where possible, to understand elder abuse better. This standardization will facilitate more valid prevalence estimates. This will enable investigators to improve our understanding of the nature of elder abuse and how to intervene.

At this writing, EADSS is being studied in Illinois under a National Institute of Justice grant (2011-IJ-CX-0014). Over 3 years, the EADSS will be field-tested in various regions of the state. This project moves our over-arching research agenda into the practice/innovation phase, as the EADSS is adopted by IDoA-funded agencies throughout Illinois. Agencies outside of Illinois that would like to use EADSS before the studies are completed and published are welcome to participate as research sites with appropriate data sharing agreements and human subjects review.

As with any intervention with claims to improve processes of care or patient/client outcomes, decision support systems should be rigorously evaluated before widespread dissemination into practice settings. As in the healthcare setting, engaging community service providers and managers in the research process may facilitate knowledge translation, quality improvement and successful adoption.

Impact on society beyond science and technology. While we recognize that measuring validation is an ongoing process, this study provided a foundation of measures and a platform for administration that will enable future research in many areas. Ultimately, the development of a user-friendly elder abuse computerized decision support system has the potential to improve


cost-effective elder abuse screening, detection, substantiation, prevalence estimates, and outcomes research while informing decisions about resource allocation, treatment, adjudication, and policy. The EADSS model may prove applicable to other areas of criminal justice by providing a standardized assessment technology that generates reports for effective and efficient decision making.

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Dissemination of Research Findings

All products will belong to NIJ, and we will make all products available to whoever is interested via electronic records and CD's. Locally, we have made presentations to those who have extensive contact with vulnerable elderly, such as APS workers, geriatricians, nurses, and geriatric care managers. We also provided training to elder abuse and case management staff through the Illinois Department on Aging, which sponsors annual conferences on elder rights and general aging issues. Nationally, as we have already done with the four papers in the references, and as we have done in a recent presentation at the 2011 Meeting of the Gerontological Society of America, we will submit the results of the proposed project to present at professional meetings and to peer-reviewed journals. We will also publish our results in newsletters, on-line resources and listserves dedicated to elder abuse issues, such as those maintained by the National Center on Elder Abuse, the National Committee for the Prevention of Elder Abuse, the Clearinghouse on Abuse and Neglect of the Elderly (CANE), the American Bar Association Commission on Law and Aging, local and national ombudsmen programs, etc.

Below is a list of presentations.

- Conrad, K.J., Iris, M., Riley, B., Mensah, E., Mazza, J. (2011, June 21). *Elder Abuse Computerized Decision Support System*. Presented at the 2011 National Institute of Justice Conference, Crystal City, Virginia.
- Conrad, K., Iris, M., Riley, B., Mensah, E., Mazza, J. (2011, June 21). *Elder Abuse Decision Support System*. Paper presented at British Columbia Elder Rights Conference, Simon Fraser University, Vancouver, BC, Canada.
- Conrad, K., Iris, M., Riley, B., Mensah, E., Mazza, J. (2011, June 20). *Financial Exploitation of Older Adults and a Decision Support System*. Powerpoint presentation and webinar held at Office of the Public Guardian, Vancouver, BC, Canada.
- Conrad, K., Iris, M., Riley, B., Mensah, E., Mazza, J. (2011, June 17). *Conceptualizing, measuring, and responding to financial exploitation of older adults*. Sponsored by the National Initiative for Care of the Elderly. Regina, SK, Canada.
- Conrad, K., Iris, M., Riley, B., Mensah, E., Mazza, J. (2011, June 15). *Conceptualizing, measuring, and responding to financial exploitation of older adults*. Sponsored by the National Initiative for Care of the Elderly. Montreal, QC, Canada.
- Conrad, K., Iris, M., Riley, B., Mensah, E., Mazza, J. (2011, June 13). *Conceptualizing, measuring, and responding to financial exploitation of older adults*. Sponsored by the National Initiative for Care of the Elderly. St. John's, NL, Canada.
- Conrad, K., Iris, M., Riley, B., Mensah, E., Mazza, J. (2011, May 18). *Financial Exploitation of Older Adults*. Powerpoint presentation and webinar held at National Initiative for the Care of the Elderly, University of Toronto, Toronto, Ontario.
- Conrad, K., Iris, M., Riley, B., Mensah, E., Mazza, J. (2011, Nov. 18). *Elder Abuse Decision Support System*. Paper presentation at Gerontological Society of America Annual Meeting, Boston, MA.
- Conrad, K., Iris, M. (Feb. 22, 2012). The Elder Abuse Decision Support System. National Institute on Aging Annual Meeting. Invited demonstration for several national agencies at Department of Justice. Washington, D.C.
- Conrad, K., Iris, M., Mazza, J. (2012, April 10). Conceptualizing and Measuring Financial Exploitation of Older Adults. Wayne State University Institute of Gerontology, Colloquium and Professional Development Seminar, Detroit, MI.
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Manuscript under Review

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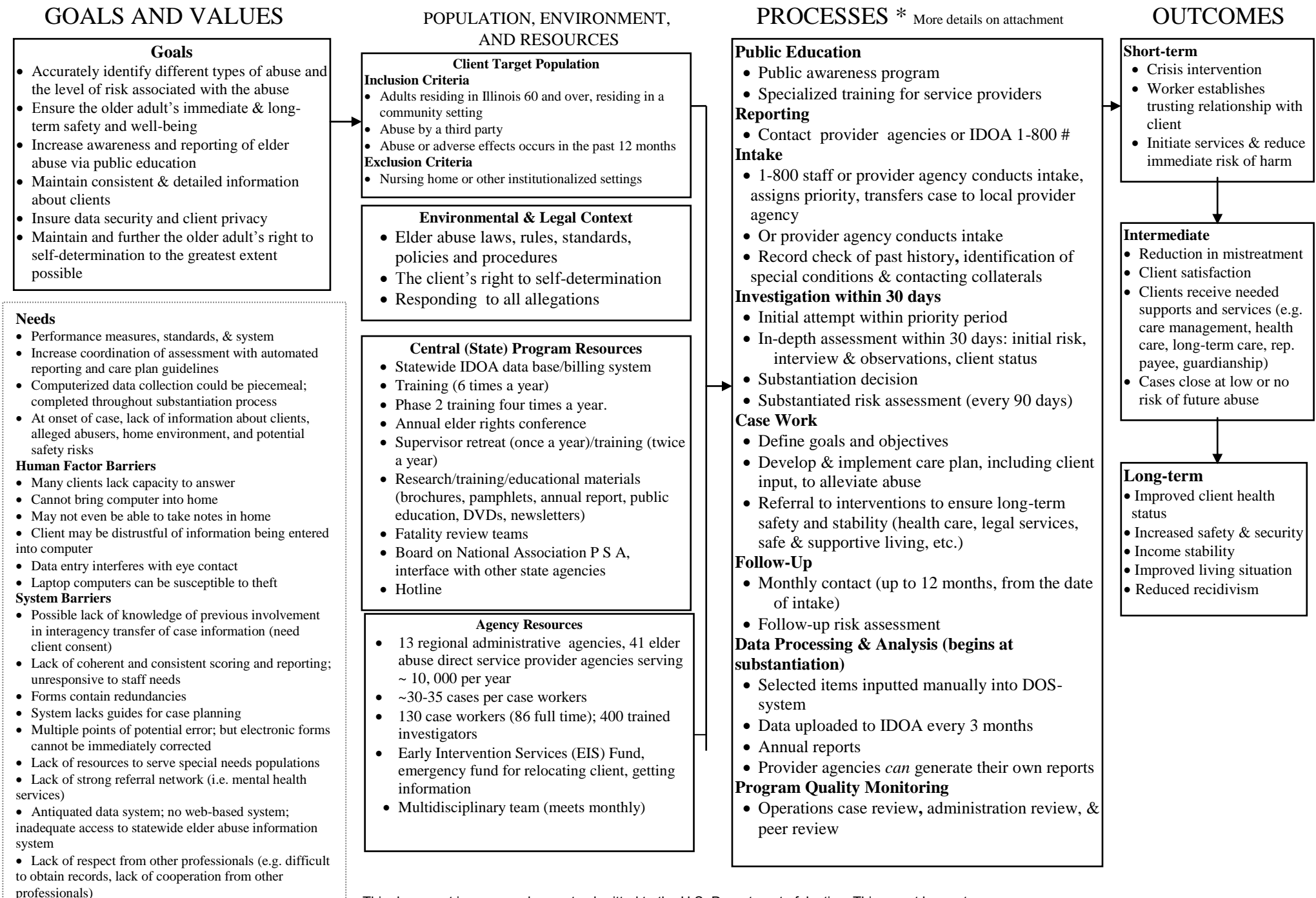
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Figure 1a. IDoA Logic Model



GOALS AND VALUES

Goals

- Accurately identify different types of abuse and the level of risk associated with the abuse
- Ensure the older adult’s immediate & long-term safety and well-being
- Increase awareness and reporting of elder abuse via public education
- Maintain consistent & detailed information about clients
- Insure data security and client privacy
- Maintain and further the older adult’s right to self-determination to the greatest extent possible

Needs

- Performance measures, standards, & system
- Increase coordination of assessment with automated reporting and care plan guidelines
- Computerized data collection could be piecemeal; completed throughout substantiation process
- At onset of case, lack of information about clients, alleged abusers, home environment, and potential safety risks

Human Factor Barriers

- Many clients lack capacity to answer
- Cannot bring computer into home
- May not even be able to take notes in home
- Client may be distrustful of information being entered into computer
- Data entry interferes with eye contact
- Laptop computers can be susceptible to theft

System Barriers

- Possible lack of knowledge of previous involvement in interagency transfer of case information (need client consent)
- Lack of coherent and consistent scoring and reporting; unresponsive to staff needs
- Forms contain redundancies
- System lacks guides for case planning
- Multiple points of potential error; but electronic forms cannot be immediately corrected
- Lack of resources to serve special needs populations
- Lack of strong referral network (i.e. mental health services)
- Antiquated data system; no web-based system; inadequate access to statewide elder abuse information system
- Lack of respect from other professionals (e.g. difficult to obtain records, lack of cooperation from other professionals)

POPULATION, ENVIRONMENT, AND RESOURCES

Client Target Population

- Inclusion Criteria**
- Adults residing in Illinois 60 and over, residing in a community setting
 - Abuse by a third party
 - Abuse or adverse effects occurs in the past 12 months
- Exclusion Criteria**
- Nursing home or other institutionalized settings

Environmental & Legal Context

- Elder abuse laws, rules, standards, policies and procedures
- The client’s right to self-determination
- Responding to all allegations

Central (State) Program Resources

- Statewide IDOA data base/billing system
- Training (6 times a year)
- Phase 2 training four times a year.
- Annual elder rights conference
- Supervisor retreat (once a year)/training (twice a year)
- Research/training/educational materials (brochures, pamphlets, annual report, public education, DVDs, newsletters)
- Fatality review teams
- Board on National Association P S A, interface with other state agencies
- Hotline

Agency Resources

- 13 regional administrative agencies, 41 elder abuse direct service provider agencies serving ~ 10, 000 per year
- ~30-35 cases per case workers
- 130 case workers (86 full time); 400 trained investigators
- Early Intervention Services (EIS) Fund, emergency fund for relocating client, getting information
- Multidisciplinary team (meets monthly)

PROCESSES * More details on attachment

Public Education

- Public awareness program
- Specialized training for service providers

Reporting

- Contact provider agencies or IDOA 1-800 #

Intake

- 1-800 staff or provider agency conducts intake, assigns priority, transfers case to local provider agency
- Or provider agency conducts intake
- Record check of past history, identification of special conditions & contacting collaterals

Investigation within 30 days

- Initial attempt within priority period
- In-depth assessment within 30 days: initial risk, interview & observations, client status
- Substantiation decision
- Substantiated risk assessment (every 90 days)

Case Work

- Define goals and objectives
- Develop & implement care plan, including client input, to alleviate abuse
- Referral to interventions to ensure long-term safety and stability (health care, legal services, safe & supportive living, etc.)

Follow-Up

- Monthly contact (up to 12 months, from the date of intake)

- Follow-up risk assessment

Data Processing & Analysis (begins at substantiation)

- Selected items inputted manually into DOS-system
- Data uploaded to IDOA every 3 months
- Annual reports
- Provider agencies *can* generate their own reports

Program Quality Monitoring

- Operations case review, administration review, & peer review

OUTCOMES

Short-term

- Crisis intervention
- Worker establishes trusting relationship with client
- Initiate services & reduce immediate risk of harm

Intermediate

- Reduction in mistreatment
- Client satisfaction
- Clients receive needed supports and services (e.g. care management, health care, long-term care, rep. payee, guardianship)
- Cases close at low or no risk of future abuse

Long-term

- Improved client health status
- Increased safety & security
- Income stability
- Improved living situation
- Reduced recidivism

Figure 1b. Flow Chart of Case Process

INTAKE

INVESTIGATION

CASE WORK

FOLLOW UP

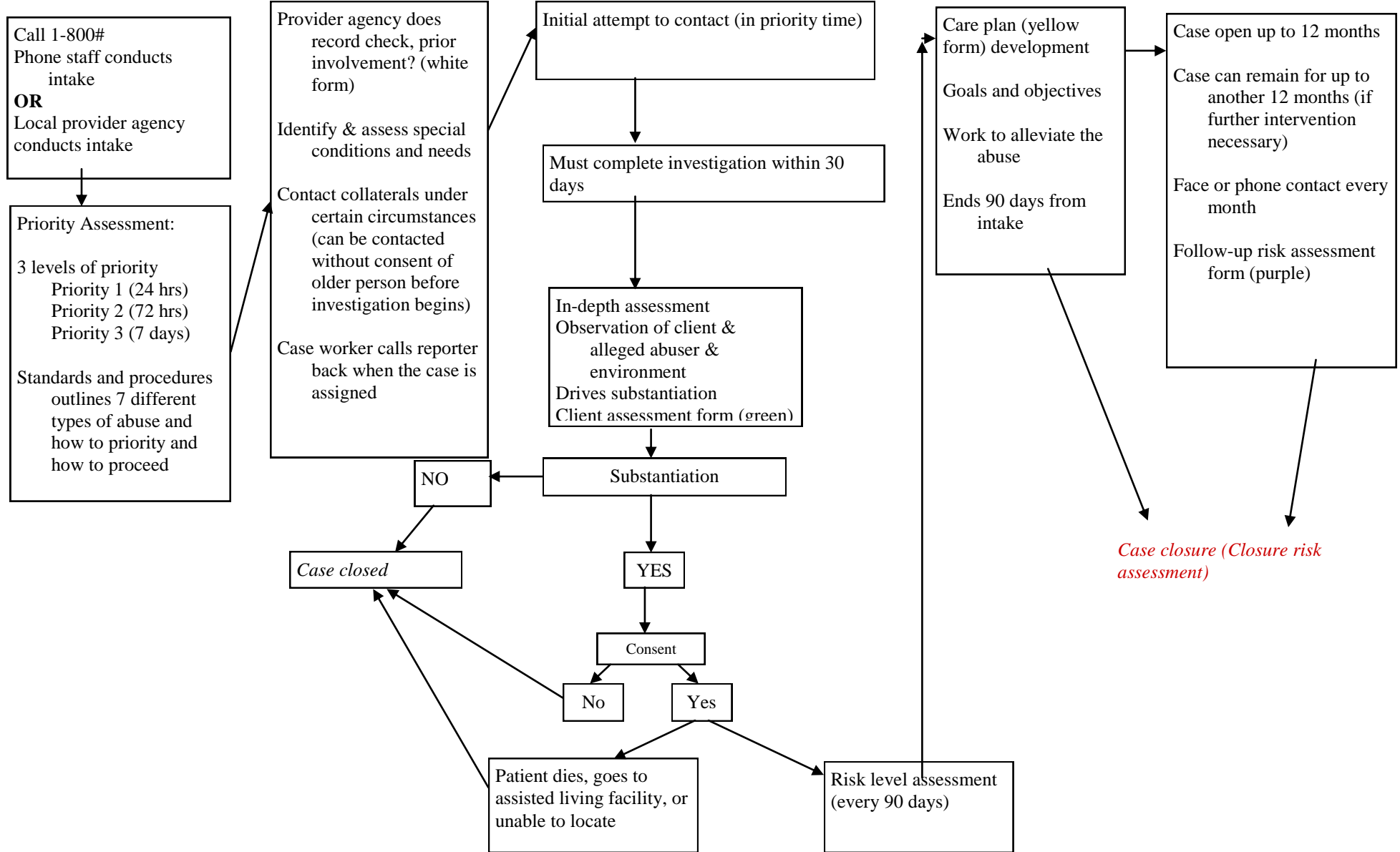


Figure 1b. Flow Chart of Case Process

Public Education

- Ongoing, formalized public awareness programs for seniors and the general public (e.g. “Break the Silence”, health fairs)
- Specialized training for police, healthcare providers, financial institutions, clergy, and senior services providers about elder abuse

Reporting

- Reporters (e.g., family member, social workers, police, healthcare professional, older adult) contact community agencies and/or IDOA about suspected elder abuse
- Call 24-hr 1-800 number

Intake

- (From 1-800 #), phone staff conducts intake (intake form), and assigns the priority of the case.
 - *3 priorities:* Priority 1 (24 hr. response) – life threatening cases. Priority 2 (72 hr. response) – mostly passive neglect or less severe physical abuse cases. Priority 3 (7 day response) – financial exploitation, emotional abuse, not at high risk for physical harm or injury
- The case is transferred to a local provider agency
 - *Or the case is presented to provider agency.*
- Record check is completed by the local agency [previous report - *Preparation Form (white)*] and the supervisor assigns an investigator
- Identification and assessment of any special conditions (need for translator, law enforcement official, collateral contacts as appropriate)
- Contacting collaterals, e.g., family, neighbors

Investigation

- Initial attempt within the assigned priority time; must make a personal contact with the alleged victim within 30 days; must also see the home environment. Can seek law enforcement or court mandate to meet with the elder.
- Initial Risk Form (blue) – Investigator reports the conditions of the initial meeting
- Client status, e.g., living, social, family (pink) lists doctors, meds, family contacts. Is started at the initial meeting.
- In-depth client assessment (green) by caseworker with unstructured interview and observation of client and environment [drives substantiation decision (verified or some indication), helps determine client consent]
- Substantiated risk assessment completed (goldenrod)
- Substantiation Decision – completed after worker talks to supervisor and is used to make decision
 - If consent is not given, the case is closed.
 - If case is not substantiated, the case is closed.
 - If clients dies or entered nursing home, or unable to locate the case is closed.
 - If the elder moves out of the state, the case is closed.
 - If the elder moved out of the area before meeting with worker, they are referred to another provider agency.

Case Work (when case is substantiated)

- Develop & implement care plan, to alleviate abuse; client drives the process and has input.
- Referral to interventions to ensure long-term safety and stability (health care, legal services, safe & supportive living, etc.)
- Services include: counseling, coordinating and facilitating use of community resources, such as health services, case management, in-home care & chore services, adult daycare, emergency food, shelter, or legal assistance.
- Goals and objectives, care plan development.
- Ends 90 days from the intake date, case can then go to follow up.
- Working to alleviate the abuse.
- Periodic risk level assessment (this is done every 90 days).

Follow-up

- Duration: 12 months.
- The case can remain open for up to another 12 months (request a waiver for an extension – goes into the state department).
- Face-to-face contact every 90 days (3,6,9,12 mos) for risk assessment
- Phone contact every month if no risk assessment completed.
- Follow-up risk assessment form (purple), to note any changes in risk.

Data Processing and Analysis (begins at substantiation)

- Selected data is entered into Elder Abuse Tracking Form (less than 50%), inputted manually by case worker.
- Tracking forms are manually inputted into the data system.
- *Some agencies (including Senior Strength – Joyce Derenzy) have individual data systems with the full amount of forms.*
- ANETS (Part I), and ANETS (Part II). (Abuse, Neglect, Exploitation Tracking System). This is not automatically populated from other forms.
- ANETS was developed as a form for billing, but has been added to in order to include program information. (Used to collect name, age, health problems, risk assessment score, substantiation)
 - Required for billing: decision, status code (box 13 of the tracking form), 800 form early intervention services funds.
- Certain fields of the form cannot be corrected (A 400 transaction is submitted to correct past errors).
- Multiple points of potential error.
- Little of what is gathered is easily usable.
- There are good pieces of information but little synthesis of items and inconsistent scoring and reporting.
- Heavy reliance on caseworker to make sense of everything.
- Lack of standard guidelines across the system for care plan development.

Analysis

- Annual report information: how many cases came in, what risk level, where they were at 3 months, where they were at case closure (this is used for outcome reporting). This can be used to focus on various provider agencies (quality control issues).
- Generate case samples.
- IT created forms that can generate reports for the agencies. Agencies also have the ability to generate reports specific to their agencies (for funding sources and grants).

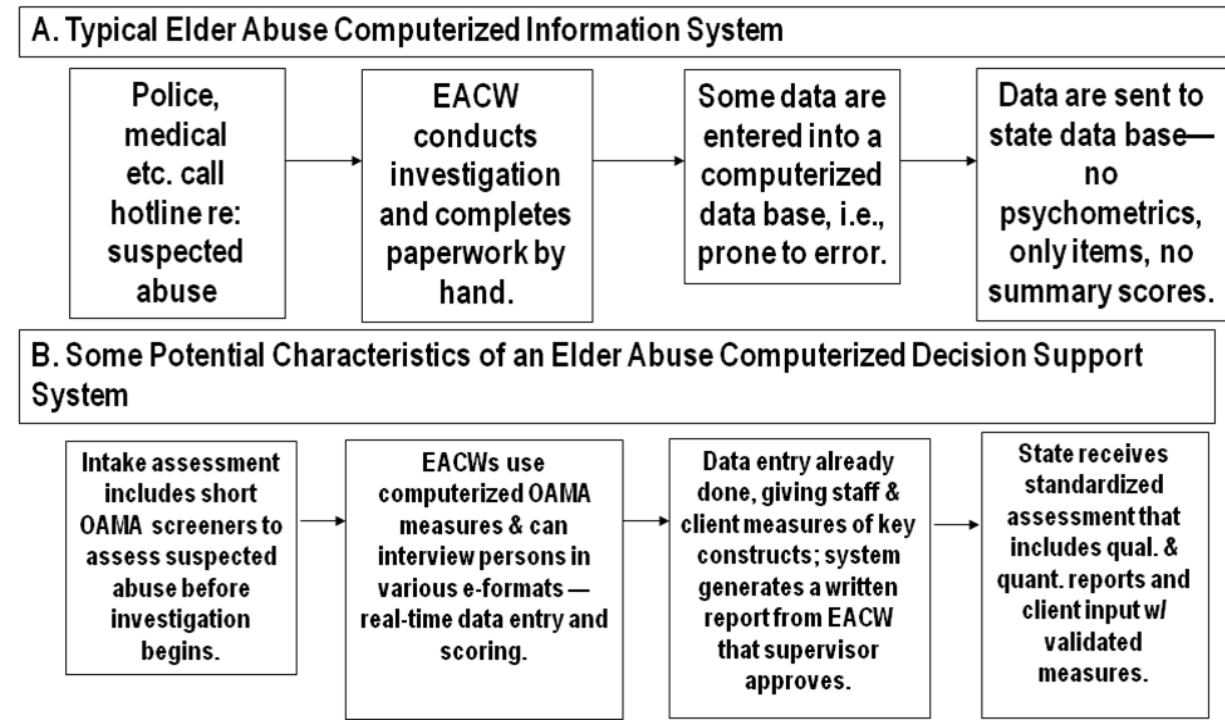
Program Quality Monitoring

- Annual program operations case review
- Annual program operations administrative review
- Peer review

Reports

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

Figure 2. Logic models of a typical information system and a computerized decision support system



EACW: Elder Abuse Case Worker

OAMA: Older Adult Mistreatment Assessment

Figure 3. EADSS Decision-Making Model.

Initial Decision Process

Decision-Making Model

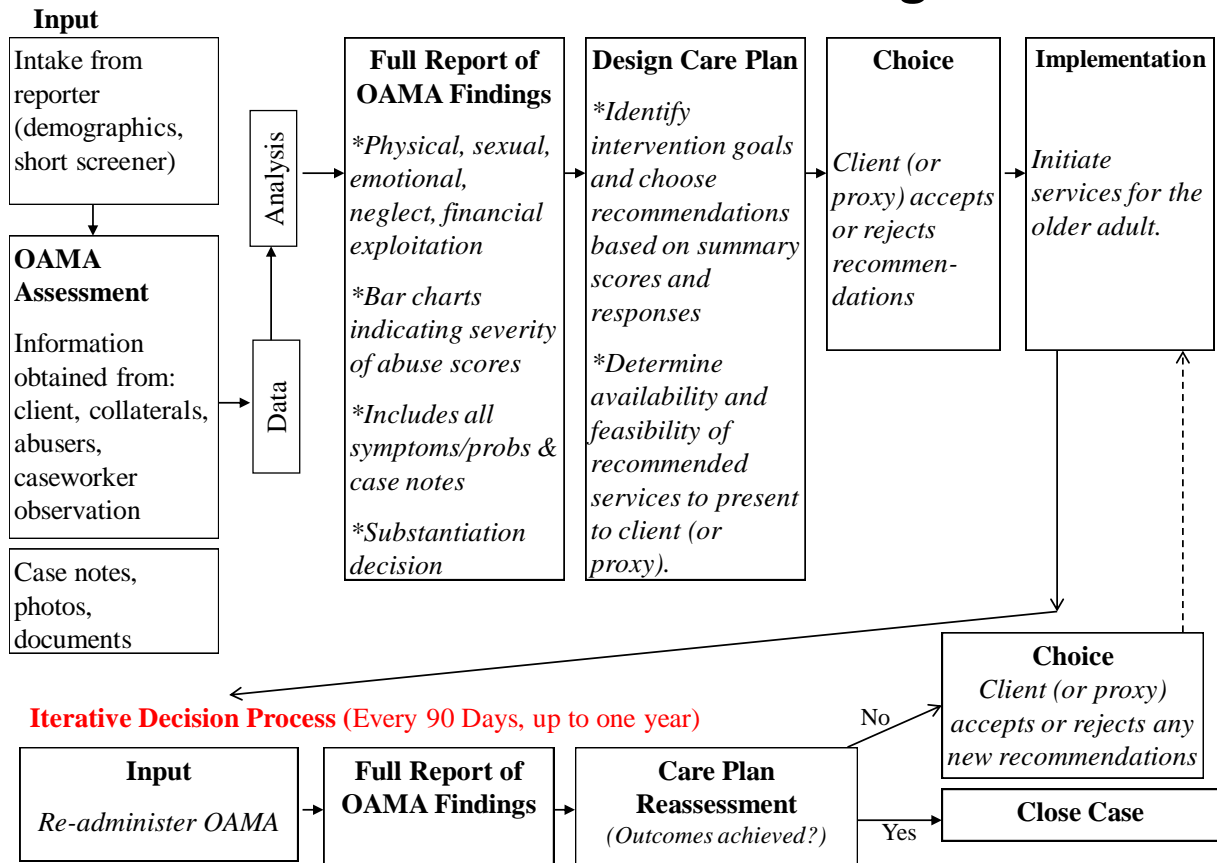
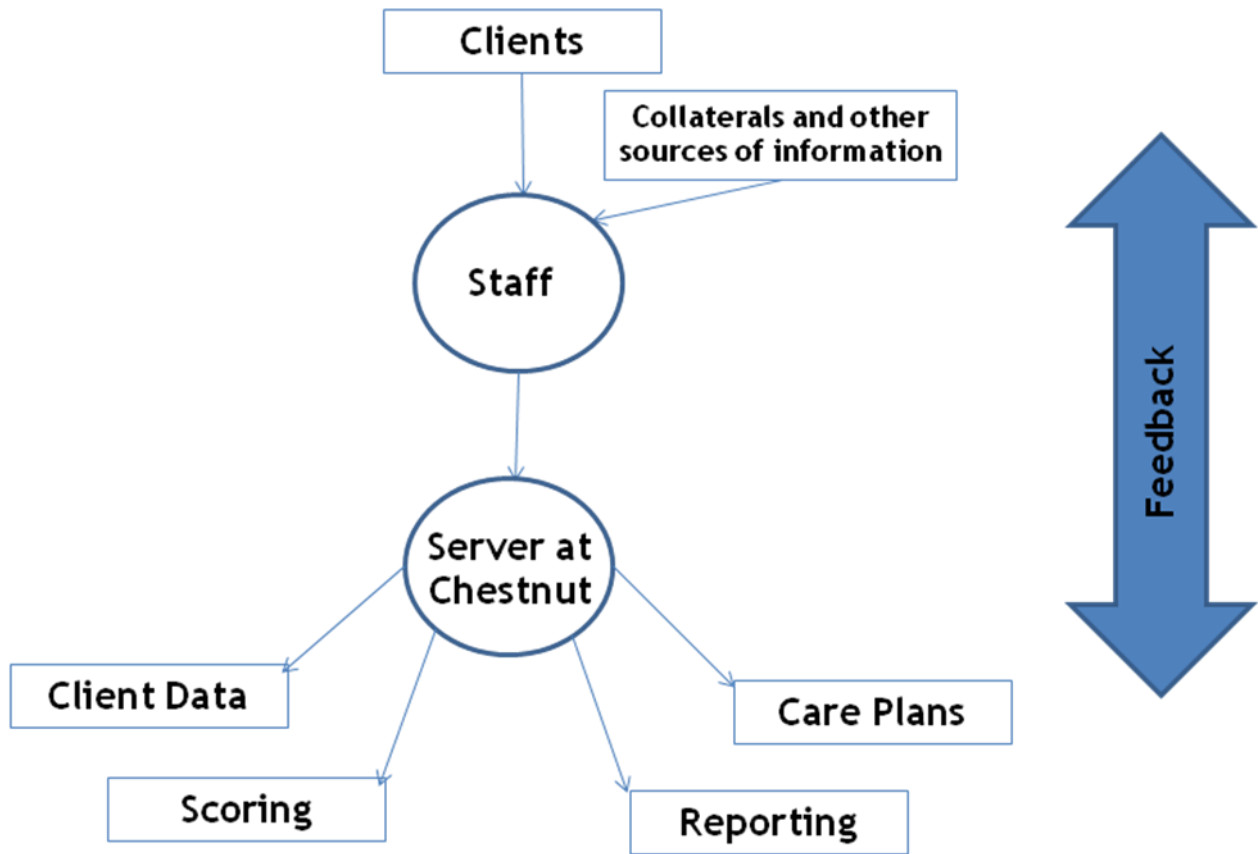


Figure 4. Levels of EADSS with Roles



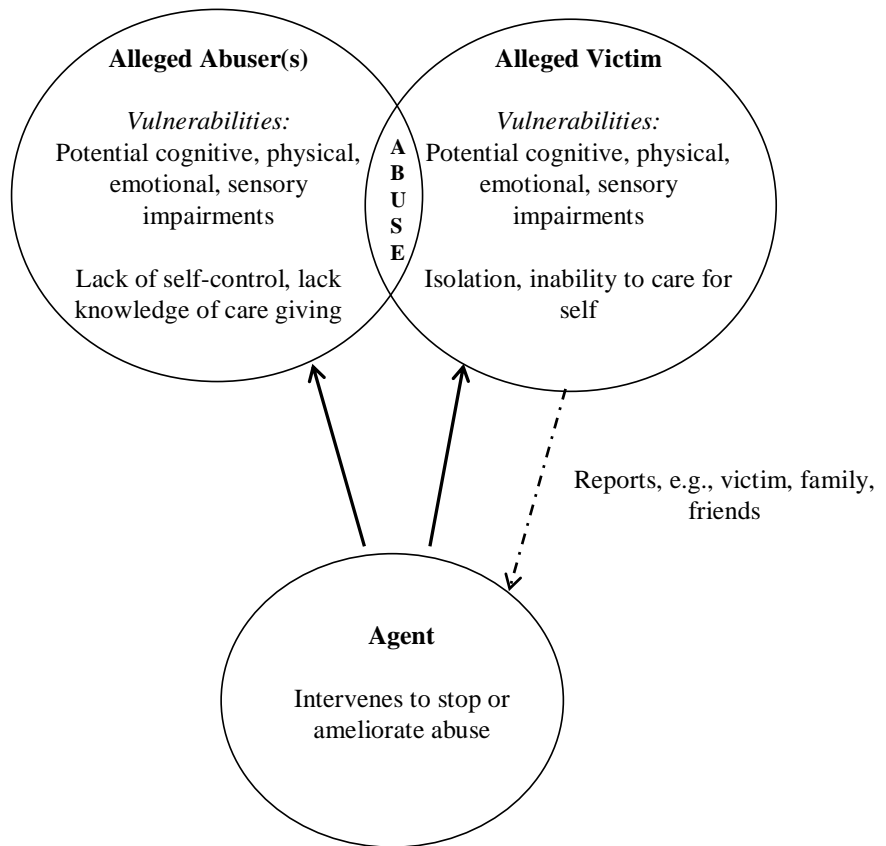


Figure 5. Theoretical Model of Abuse and Intervention

Elder Abuse Decision Support System (EADSS)

Software Requirements and Specification

Draft 1.1 (Appendix 1)

October 4, 2012

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1 Introduction

1.1 Scope

The overarching goal of the Elder Abuse Computerized Decision Support System (CDSS) is to facilitate the process of identifying victims of elder abuse, assessing the type and severity of abuse experienced by victims, monitoring their status and providing recommendations for intervention. The CDSS will have the following three functional components: (1) an assessment component, (2) an intervention recommendation component, and (3) a report generation component. The assessment component will be responsible for the delivery of standardized and validated elder abuse assessment protocols. Administration may be done online, via computer-based or computerized adaptive testing (CAT), or offline through the use of short-form instruments. A “hybrid” procedure may also be supported, that involves the computerized generation of a “tailored short forms” for subsequent offline administration. The second component of the CDSS will be responsible for the generation of recommended interventions based on the available assessment information. That is, once a case of elder abuse is substantiated, the intervention recommendation component will generate a set of recommendations for how best to intervene based on best practices. Both assessment results and intervention recommendations will be incorporated into the third component of the system, the report generation module. This module will generate a standardized report that can be edited by the end user.

1.2 System Goals and Objectives

The following provides a description of the goals of the CDSS, which were taken from Figure 1, and the specific system objectives and characteristics related to each goal.

1.2.1 Accurately Identify Kinds and Levels of Abuse

- The system will enforce standard assessment procedures by the CDSS
- The system will use validated assessment protocols
 - Indicators of abuse for purposes of elder abuse substantiation
 - Use of the OAMA for purposes of assessment of abuse severity/assessment of potential risk for further abuse
- The system will compute measures based on the assessment and compare them to established cut-off values to classify individuals with respect to abuse severity

What forms of abuse will be assessed in the prototype?

Financial, emotional/psychological, neglect

1.2.2 Increase Public Screening of Elder Abuse

- The system will administer and score screening measures (short forms) that, in conjunction with cut off scores, will be used to determine if a more detailed assessment is necessary.
- The screening assessments will be made available to community, police and other agencies via an OAMA/IDOA website.

Is this a goal of the prototype or a longer-term goal for IDOA?

1.2.3 Improve Access to Data and its Use in Decision-Making

- The system will use a relational database to facilitate integration of data. This will:
 - Reduce data redundancy
 - Facilitate creation of both case-specific reports and reports based on aggregated data (though the latter may not be a feature of the prototype)
- The system will analyze the collected information using a set of decision rules in order to answer the following questions
 - Is the alleged victim being abused? (Substantiation)
 - What is the risk of further abuse/harm to victim?
 - If abuse is occurring and likely to occur in the future, what interventions are recommended?

1.2.4 Improve Coordination of Assessment with Intervention

- In reporting
- Update treatment recommendations based on follow-up information

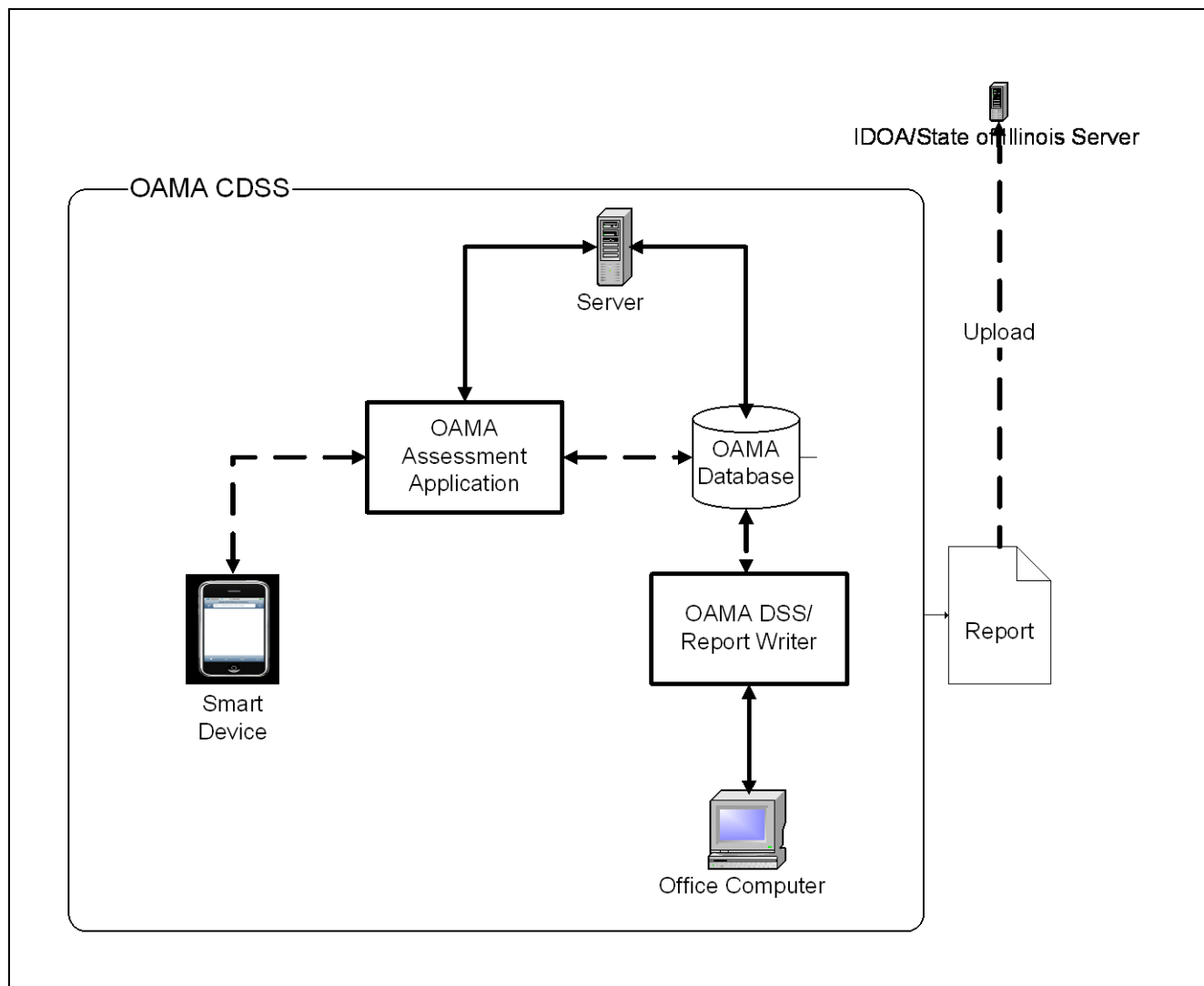
1.2.5 Ensure Data Security

- Use of password entry into system
- Limit data access to only cases for which the end user has direct (e.g., caseworker) or indirect (e.g., supervisor) involvement.
- Storage of data on a remote server as opposed to caseworker computer/portable device.

How should cases be identified? If the system will be used to generate reports that contain identifying information, will this information be stored in the database? If so, for how long?

1.3 Definitions and Acronyms

Term/Acronym	Description
CDSS	Computerized Decision Support System
OAMA	Older Adult Mistreatment Assessment



2 Overall Description

2.1 Product Perspective

As shown in the figure above, the OAMA CDSS will consist of three main software components: (1) an OAMA database that will include all assessment items, as well as the data collected during the course of the assessment, (2) an OAMA Assessment Application, which will be designed for use in the field to collect assessment information and transmit that information to the OAMA database, and (3) the OAMA DSS/Report Writer, which will retrieve data for a given case from the OAMA database for the purpose of generating an editable report. The system will also interface with external IDOA/State of Illinois database system in order to upload information (e.g., reports, data) pertaining to elder abuse at the case and/or aggregate level. Since the process of collecting assessment data and report generation/editing are likely to occur at different times and in different locations (i.e., in the field vs. at the caseworker office), it seemed to make sense to treat these as separate applications rather than as a single application. As seen in the figure above, the solid lines indicate the location of the software components. For instance, it is anticipat-

ed that the OAMA database and Assessment Application will reside on a server and will be accessed via a web interface. The dashed lines indicate interaction/communication between software and/or hardware components of the system. For instance, a PDA or smart phone (shown left) will communicate with the OAMA Assessment Application, which in turn will interact (i.e., upload data to) the OAMA database.

2.2 Interface Constraints:

2.2.1 System Interfaces

The OAMA CDSS will interface with the IDOA/State of Illinois database system according to currently established protocols.

2.2.2 User Interfaces

The interface for the OAMA Assessment Application must be able to conform to portable devices that have small screens and/or low screen resolution. Ideally an interface that is not specific to any given screen size or resolution (e.g., limited use of graphics) would be preferred.

2.2.3 Hardware Interfaces

2.2.4 Software Interfaces

A key interface linking each of the three software components is the OAMA Database system. The database will effectively serve as the conduit between the assessment phase (and the OAMA Assessment Application) and the report generation and writing phase (and the OAMA DSS/Report Writer). Specifically, data collected during the assessment will need to be successfully uploaded and stored in the database and the subsequently retrieved for report generation and editing. Data will therefore need to be identified in a logical and consistent manner according to both the case (victim or alleged victim) and the time or type of assessment (initial assessment vs. follow-up). While structuring the system in this way will permit the end user to complete tasks at appropriate times using appropriate hardware (e.g., portable device in the field, desktop or similar computer for subsequent report writing), it also raises concerns about potential data loss during transmission (e.g., immediately following assessment) and potential “orphaning” of case data due to missing or inconsistent use of identifiers.

If we plan to use the program code used by GAIN/ABS for report generation with minimal modification, we will likely use the following platforms:

Database: Microsoft SQL Server

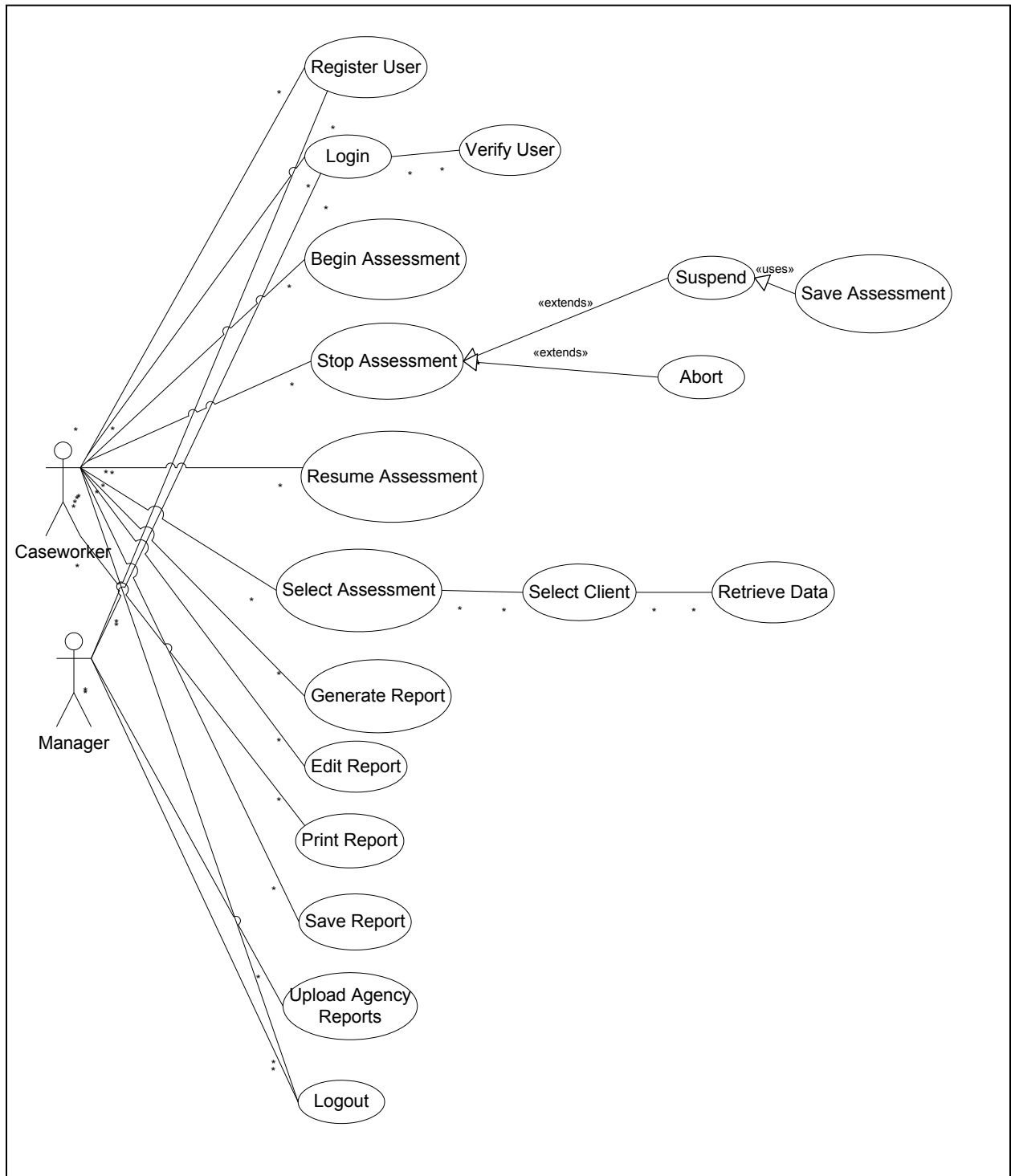
Report Generation Software: Crystal Reports

Software Development Platform: Microsoft Visual Studio, C# programming language

2.2.5 Communication Interfaces

The OAMA Assessment Application will be designed to work as an online application in order to facilitate: (1) transmission of data to and from a portable device and the OAMA database, and (2) to facilitate implementation of computerized adaptive testing (either in the current version of the prototype or in a subsequent version). The use of an online system also has the advantage of being able to automatically update assessment content (e.g., revision of items, addition of new items) without the need for reinstallation of software. However, broadband or WiFi connectivity may vary depending upon the area in which field assessments are conducted. This means that the system (or some version of it, e.g., paper-and-pencil) will need to be available for “offline” administration.

2.3 Product Functions



2.4 Functional and Non-Functional Requirements

- Assessment can be conducted in both online and offline modes
- Assessments can be conducted across multiple sessions
- The user interface will be simple and task-focused in order to minimize bandwidth requirements and enhance ease of use.
- There can not be more than a two second delay between assessment screens
- Reports will be generated and saved in MS Word or compatible format
- Uploading of report/report data using established IDOA protocol
- To Be Discussed:
 - Assessment platforms: smart phones/PDAs (which ones?), laptop, desktop
 - Sections of generated case reports
 - Types of aggregate or agency-level reports to be generated

2.5 User Characteristics

The primary users of the Elder Abuse CDSS will be caseworkers and case managers. These individuals will have expertise in conducting elder abuse assessments using current IDOA procedures and in performing in conducting case planning and monitoring tasks. As IDOA presently does not use a computerized system for assessment, case planning, or case management presently do not use computers as part of the assessment process, nor do they currently use OAMA measures as part of their assessment protocol. Therefore, the Elder Abuse CDSS will need to be organized according to the tasks caseworkers and case managers perform as part of their roles as assessors and in accordance with the goals and requirements of established assessment protocols. The user interface will need to be task-focused, with minimal clutter screen clutter and a small set of options so as to minimize bandwidth requirements and enhance ease of use.

Appendix 2. Project Timeline and Objectives

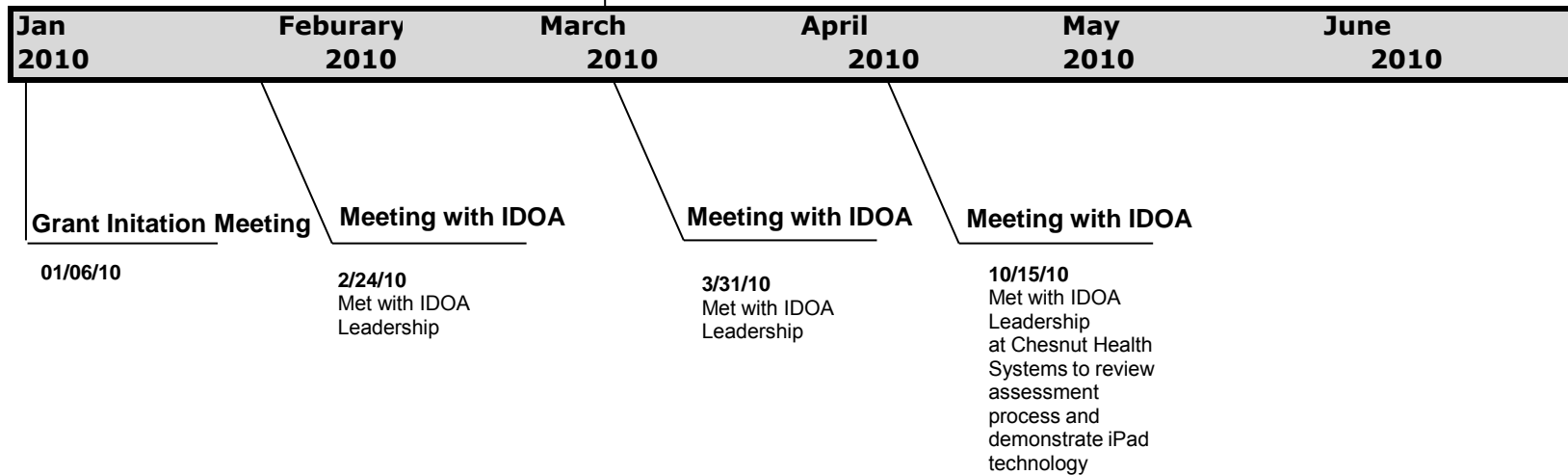
Objectives

	Year 1 Quarter				Year 2 Quarter			
	1	2	3	4	1	2	3	4
Phase 1. Determine infrastructure requirements and “end-user criteria.”								
1. A. Determine infrastructure requirements and current and anticipated resources available in Illinois that are necessary for the support and use of a computerized decision support system by conducting an environmental and infrastructure scan.	X							
1. B. Identify systemic barriers and solutions based on “end-user criteria” for an assessment system via focus groups and interviews with practitioners and experts.	X	X	X					
Phase 2. Based on the proposed solutions, develop a new system.								
2. A. Develop a prototype based on end-user criteria and infrastructure requirements, including a demonstration-version computerized adaptive test (CAT).			X	X	X			
2. B. Develop a demonstration of how the new system will work.			X	X	X			
Phase 3. Test prototype and get feedback.								
3. A. Test the prototype to demonstrate it, examine its usefulness, quality, and affordability via focus groups and interviews with practitioners, experts, and older adults who have experienced elder abuse.						X	X	
3. B. Based on the feedback/input on the demonstration of the prototype system, write the report and use the information to develop a proposal for a full scale field test.							X	X

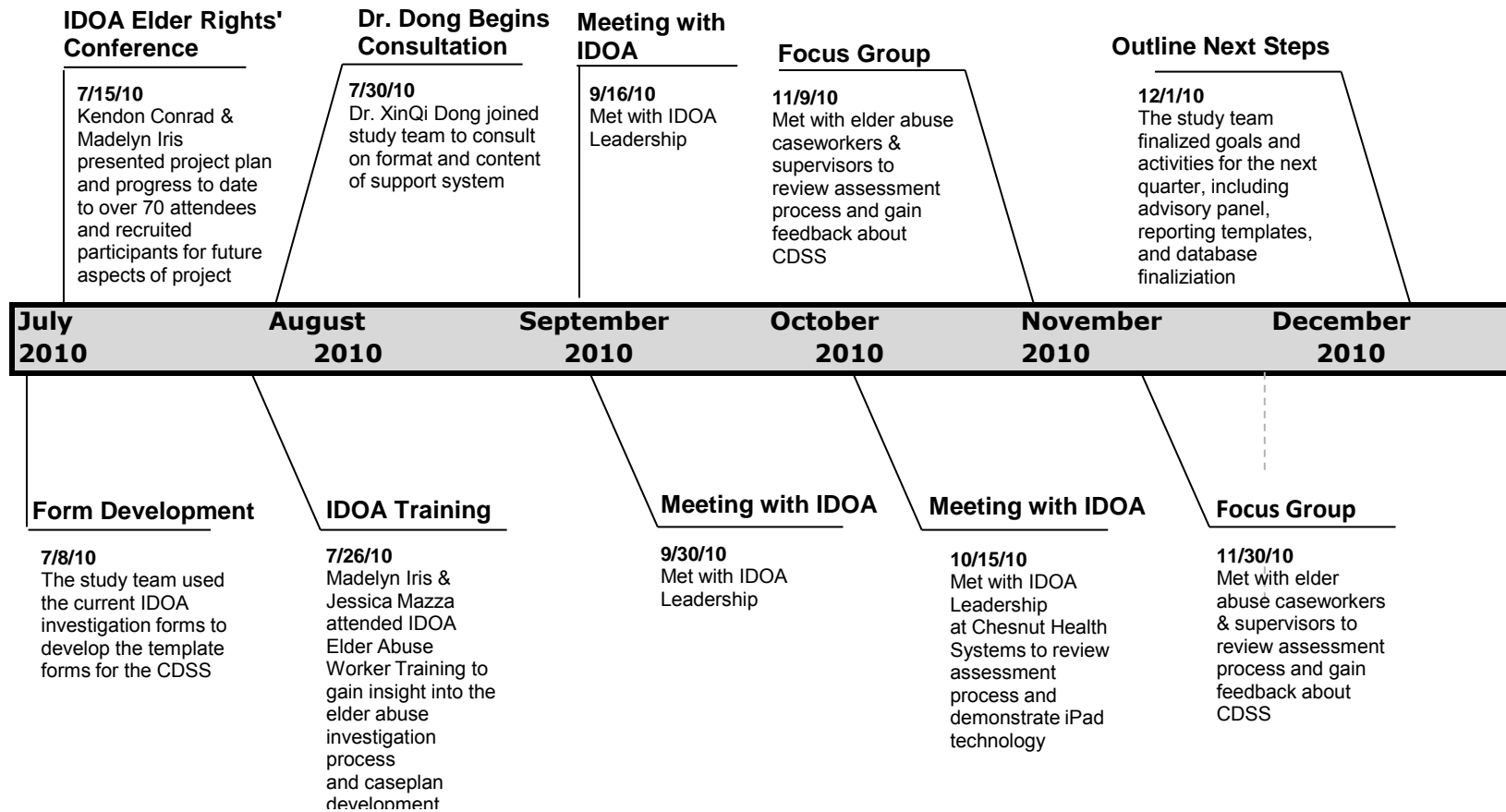
Appendix 3. Year 1, Quarter 1 & 2 Timeline of  or Activities

American Society On Aging

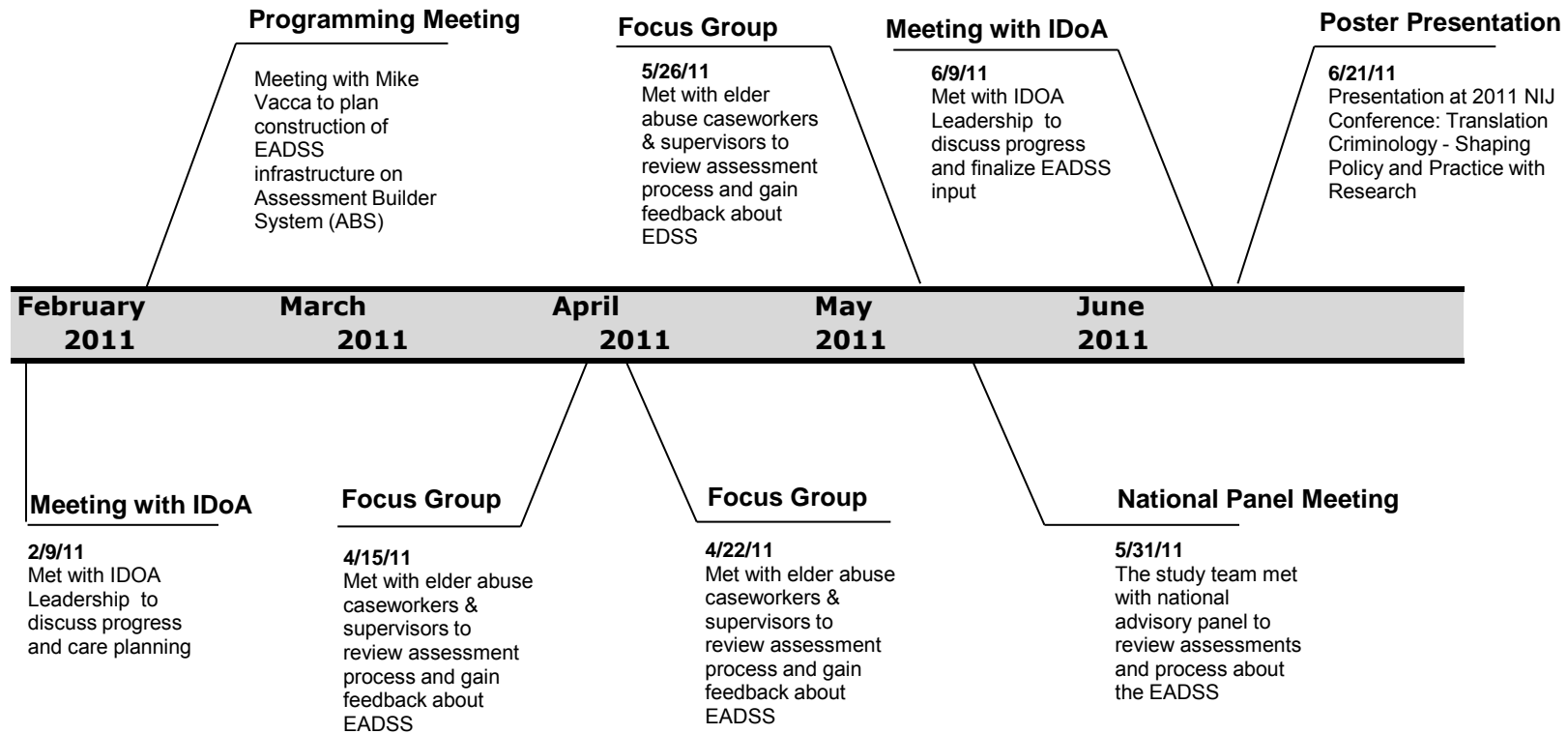
3/17/10
 Presentation of client measures of financial exploitation and psychological abuse of older adults



Appendix 4. Year 1, Quarter 3 & 4 Timeline of  or Activities



Appendix 5. Year 2, Quarter 1 & 2 Timeline of Major Activities



Appendix 6. National Advisory Panel

Georgia Anetzberger, PhD	Cleveland State University
Scott Beach, PhD	University Center for Social and Urban Research; University of Pittsburg
XinQi Dong, MD	Rush University
Candace Heisler, JD	Hastings College of Law, University of California
Kathleen Quinn	National Adult Protective Services Association
Pamela Teaster, PhD	Graduate Center for Gerontology; University of Kentucky
Mike Vacca, BS	Chestnut Health Systems
Kathleen Wilbur, PhD	University of Southern California

OAMA Intake Form

Purpose: This form is used to collect information about alleged abuse from a reporter; in person or over the phone.

REPORT TAKER NAME	REPORT TAKER PHONE

CLIENT ID #	TYPE <input type="checkbox"/> 800U <input type="checkbox"/> RAA <input type="checkbox"/> AGENCY	AGENCY NAME	DATE OF INTAKE MO/DA/YR	INTAKE TIME ___ <input type="checkbox"/> AM <input type="checkbox"/> PM
-------------	--	-------------	----------------------------	--

SECTION A: ELIGIBILITY

<input type="checkbox"/> 60 + <input type="checkbox"/> ALLEGATIONS CONSTITUTE ANE <input type="checkbox"/> DOMESTIC SETTING <input type="checkbox"/> ALLEGED ABUSER EXISTS CASES THAT ARE NOT ANE: <input type="checkbox"/> SELF-NEGLECT/VULNERABLE OLDER ADULT <input type="checkbox"/> TENANT/PROPERTY MANAGEMENT ISSUES <input type="checkbox"/> PHONE/INTERNET SCAMS <input type="checkbox"/> ONE-TIME CRIME (like a robbery, purse snatch) <input type="checkbox"/> OTHER _____

SECTION B: ALLEGED VICTIM INFORMATION

NAME Last, First	AGE _____ DOB (if available): _____ <input type="checkbox"/> ESTIMATE	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER: _____
ADDRESS (street, apt. #, city, zip, county)		PHONE: (<input type="checkbox"/> home/ <input type="checkbox"/> cell/ <input type="checkbox"/> work/ <input type="checkbox"/> other) <input type="checkbox"/> No Phone
DIRECTIONS TO THE HOME:		LIMITED ENGLISH SPEAKING: <input type="checkbox"/> YES If yes, language spoken: Is a translator required? <input type="checkbox"/> YES <input type="checkbox"/> NO
DANGEROUS SITUATION: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN: <input type="checkbox"/> NEIGHBORHOOD <input type="checkbox"/> ANIMALS <input type="checkbox"/> MENTAL ILLNESS <input type="checkbox"/> SUBSTANCE USE and/or DRUG DEALING <input type="checkbox"/> GANG ACTIVITY ON LOCATION <input type="checkbox"/> WEAPONS <input type="checkbox"/> HEALTH & SAFETY HAZARDS(i.e. anything that may endanger the worker) <input type="checkbox"/> OTHER:		DETAILS: ALLEGED VICTIM AWARE OF REPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO
BEST TIME TO REACH ALLEGED VICTIM (WHEN ALLEGED ABUSER IS NOT LIKELY TO BE PRESENT): CLIENT'S PHYSICAL / MENTAL CONDITION: _____ Physical impairment (e.g. uses wheelchair/walker)? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> _____ Sensory impairment (e.g. hearing or vision problems)? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ Cognitive impairment (e.g. Alzheimer's or other dementias)? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> _____ Mental illness (e.g. combative, paranoid)? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> _____ Substance abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> _____ <input type="checkbox"/> OTHER:		

SECTION C: SHORT SCREENER

C1. PHYSICAL ABUSE

Physical abuse means **causing or attempting the infliction of physical pain or injury** to an older person.

“Is there any suspicion of physical abuse or attempted physical abuse?”

Yes (*Ask the following questions*) **No** (*SKIP to Section C2.*)

1. Does the older adult have any **MAJOR physical injuries** (dislocations, broken bones, fractures, burns, scalding, internal injury, serious bleeding) that are of a serious nature (requiring *immediate* medical treatment)?
 Yes (I) **No** **Don't Know**
2. Does the older adult have any **MODERATE physical injuries** (evidence of physical restraint, bruises, welts, sprains, minor bleeding, wounds, cuts, or punctures)?
 Yes (II) **No** **Don't Know**
3. Has the older adult been **overmedicated, poisoned, or chemically restrained** under extreme circumstances (such as locked in closet, gagged, tied up)?
 Yes (I) **No** **Don't Know**
4. Has the older adult been a victim of a **SERIOUS attempted or completed physical attack** (slapped, kicked, hit, punched, knocked down, strangled, shot at, or stabbed) that is of a serious nature (requiring *immediate* medical treatment)?
 Yes (I) **No** **Don't Know**
5. Has the older adult been a victim of an **attempted or completed physical attack** (grabbed, handled roughly, poked, pinched, scratched, pushed, shoved, shaken)?
 Yes (II) **No** **Don't Know**
6. Has the older adult been **restrained** without medical/legal orders (e.g. tied up, locked in a room)?
 Yes (II) **No** **Don't Know**

IF THE ANSWER IS “NO” OR “DON’T KNOW” TO ALL OF THE ABOVE QUESTIONS (1-6), PLEASE ASK: “Is there any other suspicion or evidence that could lead you to believe that there is physical abuse present?”

Details:

C2. PASSIVE NEGLECT & WILLFUL DEPRIVATION

Neglect means willful deprivation or failure to provide care by a person in a caregiving role.

“Is there a suspicion that the older person is being neglected by someone?”

Yes (*Ask the following questions*) **No** (*SKIP to Section C3.*)

1. Has the older adult been denied basic physical necessities severe enough to **require immediate medical attention**, such as freezing, serious heat stress, severe malnourishment, dehydration, unconsciousness, severe respiratory distress, or acute pain?
 Yes (I) No Don't Know
2. Does the older adult exhibit **poor or inappropriate personal hygiene**, as evidenced by a noticeable odor; dirty or uncut fingernails or toenails; dirty clothes; inadequate clothing; clothes not appropriate for the weather; presence of feces or urine on clothes, bedding or body?
 Yes (II) No Don't Know
3. Has the older adult been **abandoned** or **left with inadequate supervision**?
 Yes (II) No Don't Know
4. Does the older adult have **any visible physical problems** such as rashes, sores/ulcers, lice, bedbugs or other parasites; or foot/leg problems, e.g., swelling?
 Yes (II) No Don't Know
5. Does the older adult appear to have any **unmet need** for medical, mental health and/or dental care; or nutrition, assistive devices, medications, assistance with care, or supervision?
 Yes (II) No Don't Know
6. Is the older **adult's home unsafe or unlivable** due to disrepair, foul odors, accumulated garbage or clutter, nonworking utilities or appliances, or vermin/ insect infestation?
 Yes (II) No Don't Know

IF THE ANSWER IS “NO” OR “DON’T KNOW” TO ALL OF THE ABOVE QUESTIONS (1-6), PLEASE ASK: “Is there any other suspicion or evidence that could lead you to believe that there is neglect present?”

Details:

C3. EMOTIONAL ABUSE

Emotional abuse means **verbal assaults, threats of maltreatment, harassment, or intimidation.**

“Is there a suspicion that the older person is being emotionally abused?”

Yes (*Ask the following questions*) **No** (*SKIP to Section C4.*)

1. Has the older adult been **threatened with serious, imminent harm**, such as threats of serious injury or death, threats of sexual abuse with ongoing access, or are they being stalked?
 Yes (I) **No** **Don't Know**
2. Has the older adult been **isolated or prevented from contact** with friends, family, community resources or the outside world (via telephone, newspaper, television, radio, etc.)?
 Yes (II) **No** **Don't Know**
3. Has the older adult been **harassed, stalked, or intimidated** by someone they know, such as threats of maltreatment, nursing home placement, pet abuse, or destruction of property?
 Yes (III) **No** **Don't Know**
4. Has the older adult been deliberately **confused, ignored, or treated** like a child by someone they know?
 Yes (III) **No** **Don't Know**
5. Has the older adult been **insulted, blamed, shamed, yelled at, or sworn at** by someone they know?
 Yes (III) **No** **Don't Know**

IF THE ANSWER IS “NO” OR “DON'T KNOW” TO ALL OF THE ABOVE QUESTIONS (1-5), PLEASE ASK: “Is there any other suspicion or evidence that could lead you to believe that there is emotional abuse present?”

Details:

C4. FINANCIAL EXPLOITATION

Financial exploitation means the **misuse or inappropriate withholding of an older person's resources** by another person.

“Is there a suspicion that the older person’s financial resources are being misused or withheld inappropriately?”

Yes (*Ask the following questions:*) **No** (*SKIP to Section C5.*)

1. Even with adequate income, does the older adult have **unpaid rent/utilities bills, utilities cut off, unmet basic needs, or an eviction/foreclosure notice**?
 Yes (II) **No** **Don't Know**
2. Has **someone borrowed or taken money** from the older adult and not paid it back, lied about spending the older adult’s money, or refused to give an accounting of how the money was spent?
 Yes (III) **No** **Don't Know**

C4. FINANCIAL EXPLOITATION (CONTINUED)

3. Are there **suspicious financial dealings**, such as commingling of funds, ATM/credit card misuse (mixing AA & AV funds in same account), questionable changes in financial arrangements (account access, direct deposit; quit claim deeds, titles, mortgages; retirement or investment accounts; power of attorney, payeeship)?
 Yes (III) No Don't Know
4. Has the older adult been **forced to sign** financial or legal documents against their will, without their understanding, or is **forgery** suspected?
 Yes (III) No Don't Know
5. Has someone **obtained** money, property, or financial resources from the older adult through overcharging for goods/services, coercion, manipulation, cheating, or force?
 Yes (III) No Don't Know

IF THE ANSWER IS “NO” OR “DON’T KNOW” TO ALL OF THE ABOVE QUESTIONS (1-5), PLEASE ASK: “Is there any other suspicion or evidence that could lead you to believe that there is financial exploitation present?”

Details:

C5. SEXUAL ABUSE

Sexual abuse means touching, fondling, sexual threats, sexually inappropriate remarks, or any other **sexual activity** with an older person when the older person is **unable to understand, unwilling to consent, threatened, or physically forced to engage in sexual behavior.**

“Is there a suspicion that the older person is being abused sexually?”

Yes (*Ask the following questions*) No (*SKIP to remainder of intake*)

1. Has the older adult engaged in any sexual activities **without the ability to understand and give consent**?
 Yes (I) No Don't Know
2. Has the older adult been forced **into any sexual activities** involving: observing sexual activities, touching, fondling, or oral/anal/vaginal sex?
 Yes (I) No Don't Know
3. Has the older adult experienced persistent lewd language, forced to look at pornography, sexual harassment, inappropriate flirting, indecent exposure, or unwanted advances from someone?
 YES (II) No Don't Know

IF THE ANSWER IS “NO” OR “DON’T KNOW” TO ALL OF THE ABOVE QUESTIONS (1-3), PLEASE ASK: “Is there any other suspicion or evidence that could lead you to believe that there is sexual abuse present?”

Details:

SECTION D: ALLEGED ABUSER (AA) INFORMATION

TOTAL NUMBER OF ALLEGED ABUSERS:

<p>ALLEGED ABUSER #1 NAME</p> <p>Last, First</p>	<p>AGE</p> <p>DOB (if available):</p> <p><input type="checkbox"/> ESTIMATE</p>	<p>SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE</p> <p>OTHER: _____</p> <hr/> <p>LIMITED ENGLISH SPEAKING: <input type="checkbox"/> YES</p> <p>If yes, language spoken:</p> <p>Is a translator required? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>ADDRESS (street, apt. #, city, zip, county)</p>	<p>PHONE:</p> <p>(<input type="checkbox"/>home/<input type="checkbox"/>cell/<input type="checkbox"/>work/<input type="checkbox"/>other)</p> <p><input type="checkbox"/> No Phone</p>	<p>RELATIONSHIP TO ALLEGED VICTIM:</p>
<p>AA's PHYSICAL/MENTAL CONDITION</p> <p>Physical impairment (e.g. uses wheelchair/walker)? Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> _____</p> <p>Sensory impairment (like hearing or vision problems)? Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> _____</p> <p>Cognitive impairment (e.g. Alzheimer's)? Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> _____</p> <p>Mental illness (e.g. combative, paranoid)? Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> _____</p> <p>Substance abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> _____</p> <p>Gambling? Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> _____</p> <p><input type="checkbox"/> OTHER:</p>		<p>NOTES:</p> <hr/> <p>AWARE OF REPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

SECTION E: REPORTER INFORMATION

REPORTER'S NAME Last, First <input type="checkbox"/> ANONYMOUS	PHONE (<input type="checkbox"/> home/ <input type="checkbox"/> cell/ <input type="checkbox"/> work/ <input type="checkbox"/> other) <input type="checkbox"/> No Phone	WILL PROVIDE FURTHER INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS				
REPORTER CLASSIFICATION <i>(Check most appropriate box):</i> "What is your relationship with the alleged victim?"				
<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none; vertical-align: top;"> <input type="checkbox"/> SELF/ALLEGED VICTIM <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> SON/DAUGHTER-IN-LAW <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> ALLEGED ABUSER <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> NURSE <input type="checkbox"/> MEDICAL PERSONNEL <input type="checkbox"/> SOCIAL WORKER </td> <td style="width:50%; border:none; vertical-align: top;"> <input type="checkbox"/> LEGAL GUARDIAN/DURABLE POWER OF ATTORNEY <input type="checkbox"/> ATTORNEY <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> BANK/FINANCIAL EMPLOYEE <input type="checkbox"/> REPRESENTATIVE PAYEE <input type="checkbox"/> CASE MANAGER/EACW <input type="checkbox"/> CCP EMPLOYEE <input type="checkbox"/> TITLE III EMPLOYEE (paid or volunteer) <input type="checkbox"/> OTHER IN-HOME CARE WKR. <input type="checkbox"/> OTHER STATE EMPLOYEE <input type="checkbox"/> OTHER AGING NETWORK <input type="checkbox"/> OTHER MANDATED REPORTER <input type="checkbox"/> OTHER NON-MANDATED REPORTER </td> </tr> </table>			<input type="checkbox"/> SELF/ALLEGED VICTIM <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> SON/DAUGHTER-IN-LAW <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> ALLEGED ABUSER <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> NURSE <input type="checkbox"/> MEDICAL PERSONNEL <input type="checkbox"/> SOCIAL WORKER	<input type="checkbox"/> LEGAL GUARDIAN/DURABLE POWER OF ATTORNEY <input type="checkbox"/> ATTORNEY <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> BANK/FINANCIAL EMPLOYEE <input type="checkbox"/> REPRESENTATIVE PAYEE <input type="checkbox"/> CASE MANAGER/EACW <input type="checkbox"/> CCP EMPLOYEE <input type="checkbox"/> TITLE III EMPLOYEE (paid or volunteer) <input type="checkbox"/> OTHER IN-HOME CARE WKR. <input type="checkbox"/> OTHER STATE EMPLOYEE <input type="checkbox"/> OTHER AGING NETWORK <input type="checkbox"/> OTHER MANDATED REPORTER <input type="checkbox"/> OTHER NON-MANDATED REPORTER
<input type="checkbox"/> SELF/ALLEGED VICTIM <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> SON/DAUGHTER-IN-LAW <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> FRIEND <input type="checkbox"/> ALLEGED ABUSER <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> NURSE <input type="checkbox"/> MEDICAL PERSONNEL <input type="checkbox"/> SOCIAL WORKER	<input type="checkbox"/> LEGAL GUARDIAN/DURABLE POWER OF ATTORNEY <input type="checkbox"/> ATTORNEY <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> BANK/FINANCIAL EMPLOYEE <input type="checkbox"/> REPRESENTATIVE PAYEE <input type="checkbox"/> CASE MANAGER/EACW <input type="checkbox"/> CCP EMPLOYEE <input type="checkbox"/> TITLE III EMPLOYEE (paid or volunteer) <input type="checkbox"/> OTHER IN-HOME CARE WKR. <input type="checkbox"/> OTHER STATE EMPLOYEE <input type="checkbox"/> OTHER AGING NETWORK <input type="checkbox"/> OTHER MANDATED REPORTER <input type="checkbox"/> OTHER NON-MANDATED REPORTER			

SECTION F: NARRATIVE SUMMARY OF THE REPORT

[If more than one AA, please indicate the specific AA responsible for the specific type of abuse.]

SECTION G: AGENCY REFERRAL

REFERRAL DATE	REFERRAL TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	AGENCY NAME	PHONE	AGENCY CODE
WORKER RECEIVING REFERRAL		ADDITIONAL NOTES:		
TYPE OF REPORT: <input type="checkbox"/> INITIAL <input type="checkbox"/> RELATED INFORMATION <input type="checkbox"/> SUBSEQUENT				

OVERALL PRIORITY DETERMINATION: *[Note: The highest priority item that was checked is the priority code for the case.]*

Priority I (immediate danger, life-threatening)

Priority II (no immediate danger, not life threatening) less serious danger, not immediately life-threatening)

Priority III (no immediate threat of harm)

Older Adult Mistreatment Assessment (OAMA)

– Client Interview/Staff Assessment

Purpose: This assessment tool is to be used by the caseworker to obtain a self report by the client or a collateral report. This is used to conduct a comprehensive elder abuse investigation.

PHYSICAL ABUSE (SECTION P)

Physical abuse means **causing or attempting the infliction of physical pain or injury** to an older person.

Directions: Please check a box after each question (all questions refer to past 12 months, including the present). Yes – means that the problem is directly observable or reported by client or collateral; Some indication – means suspicion that the problem is there, but there is no unequivocal proof; No – means there is no evidence or suspicion that abuse is occurring; Unknown/NA - means there is no information available to make the decision, or the question is not applicable.	Yes (2)	Some Indication (1)	No (0)	Unknown or N/A (C)	Staff Opinion
P1. Has ____ attempted or caused you any of the following SERIOUS injuries? If ‘Yes’ or ‘Some Indication’, which injuries are involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P1a. broken bones/fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P1b. burns (major)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P1c. dislocations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P1d. internal injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P1e. scalding (major)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P1f. bleeding (major)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P1f. other (includes any items listed under P2 that are of a more serious nature) Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2. Did ____ cause any MODERATE physical injuries? If ‘Yes’ or ‘Some Indication’, which injuries are involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2a. bleeding (minor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2b. bites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2c. burns (minor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2d. bruises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2e. cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2f. punctures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2g. scalding (minor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2h. sprains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2i. welts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2j. wounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P2k. other Describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Physical Abuse (Continued)	Yes (2)	Some Indication (1)	No (0)	Unknown or N/A (.)	Staff Opinion
P3. Have you been overmedicated, poisoned, or chemically restrained? If 'Yes' or 'Some Indication', what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P3a. inappropriate use of chemical restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P3b. overmedicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P3c. poisoned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P3d. other <i>Describe:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4. Have you been a victim of an attempted or completed physical attack that was SERIOUS in nature? If 'Yes' or 'Some Indication', what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4a. hit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4b. injured with weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4c. injured with instrument or object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4d. kicked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4e. punched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4f. shot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4g. slapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4h. strangled/suffocated/choked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P4i. other (includes any items listed under P5 that are of a more serious nature) <i>Describe:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P5. Have you been a victim of any other physically aggressive acts? If 'Yes' or 'Some Indication', what happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P5a. grabbed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P5b. handled roughly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P5c. pinched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P5d. poked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P5e. pushed/shoved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P5f. scratched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P5g. shaken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P5h. other <i>Describe:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Physical Abuse (continued)	Yes (2)	Some Indication (1)	No (0)	Unknown or N/A(.)	Staff Opinion
P6. Has ____ locked you up, tied you up, or confined you against your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If 'Yes' or 'Some Indication', what happened?</i>					
P6a. kept in a location unable to leave (e.g. closet, room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P6b. cannot get to the phone due to physical <i>impairments</i> (like phone placed out of reach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P6c. gagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P6d. not periodically checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P6e. not allowed to have visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P6f. not allowed to leave home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P6g. overmedicated for purpose of confinement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P6h. restrained without medical orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P6i. restrained without trying alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P7. Other indicator(s): _____					

(P8) Text box to enter detail.

Allegations	Refuting Facts	Supporting Facts
<i>Nature of Report</i>	<i>Refuting statements, observations, records</i>	<i>Supporting statements, observations, records</i>
(P9)	(P10)	(P11)

P12 **PHOTOS:** No Yes → Date: ROI: No Yes → Verbal Written

P13 **INJURY LOCATION CHART:** No Yes → Date: _____

P14 Please estimate **how often** the physical abuse occurred in the past year:
 Daily Weekly Monthly A few times Once or twice (skip P18) Unsure (skip P18)

P15 Please estimate when the **most recent** physical abuse occurred:
 Within past week/current Within past month Within past 90 days Within past year

P16 Did *any* physical abuse occur more than a year ago? Yes No Unknown

Physical Abuse (continued)

P20 **ANY CONCERNS THAT THIS INFORMATION MAY NOT BE RELIABLE?** (Physical Abuse)
 AA present AV's cognitive status AV's emotional/psychological status Motivation questionable
 OTHER (DESCRIBE) _____

P21 **WHO PROVIDED THE PRINCIPAL SOURCE OF INFORMATION?** (Physical Abuse)
 CLIENT STAFFPERSON OBSERVATION COLLATERAL OTHER (DESCRIBE) _____

Substantiation Decision (Physical Abuse)

P22 Verified Some indication No indication Unable to verify → Reason: _____

P23	Abuser #:	AA1	AA2	AA3	AA4	AA5
		V S N	V S N	V S N	V S N	V S N
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

P24 **ESTIMATED INTERVENTION START TIME** (Physical Abuse)
 IMMEDIATE WITHIN 30 DAYS 30 DAYS – 90 DAYS

NEGLECT (SECTION N)

Neglect means failure to provide or willful withholding of the necessities of life, including but not limited to food clothing shelter or healthcare.

Directions: Please check a box after each question (all questions refer to past 12 months, including the present). Yes – means that the problem is directly observable or reported by client or collateral; Some indication – means suspicion that the problem is there, but there is no unequivocal proof; No – means there is no evidence or suspicion that abuse is occurring; Unknown/NA - means there is no information available to make the decision, or the question is not applicable.	Yes (2)	Some Indication (1)	No (0)	Unknown or N/A(.)	Staff Opinion
N1. Does the older adult have poor personal hygiene as evidenced by a noticeable odor, long and dirty fingernails, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N2. Does the older adult have lice or other parasites ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N3. Does the AA ignore signs and symptoms of disease of the older adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N4. Does the AA fail to follow-through with preventive or diagnostic testing or prescribed treatment related to the health conditions of the older adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N5. Does the older adult lack needed medications or medical equipment (including eyeglasses, hearing aids, dentures, walkers, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N6. Are bathroom facilities unsafe, unsanitary, or inoperable ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N7. Are major kitchen appliances (including sink) unsafe, unsanitary, or inoperable ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N8. Does the older adult’s house, apartment, or yard appear unsafe or unsanitary ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N9. Is there evidence that the adult is eating spoiled food ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N10. Are there odors in older adult’s home that raise concerns (urine, feces, garbage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N11. Are there piles of garbage in the older adult’s house/apartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N12. Does the older adult lack access to needed areas of the home (bathtub, sinks, bed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N13. Is the temperature in the home not appropriate for summer/winter conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N14. Does the older adult show signs of malnourishment or dehydration ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N15. Does the older adult lack sufficient care to meet his/her needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

N14. Does the older adult show signs of malnourishment or dehydration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neglect (continued)	Yes (2)	Some Indication (1)	No (0)	Unknown or N/A()	Staff Opinion
N15. Does the older adult lack sufficient care to meet his/her needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N16. Does the older adult have any untreated sores, wounds, rashes, or other health conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N17. Is the older adult left alone without adequate supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N18. Other indicator(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(N19) Text box to enter details.

Allegations	Refuting Facts	Supporting Facts
<i>Nature of Report</i>	<i>Refuting statements, observations, records</i>	<i>Supporting statements, observations, records</i>
(N20)	(N21)	(N22)

N23 Please estimate **how often** the neglect occurred in the past year:
 Daily Weekly Monthly A few times Once or twice (skip N23) Unsure (skip N23)

N24 Please estimate when the **most recent** neglect occurred:
 Within past week/current Within past month Within past 90 days Within past year

N25 Did *any* neglect occur more than a year ago? Yes No

N26 **ANY CONCERNS THAT THIS INFORMATION MAY NOT BE RELIABLE?** (Neglect)
 AA present AV's cognitive status AV's emotional/psychological status Motivation questionable
 OTHER (DESCRIBE) _____

N27 **WHO PROVIDED THE PRINCIPAL SOURCE OF INFORMATION?** (Neglect)
 CLIENT STAFFPERSON OBSERVATION COLLATERAL OTHER (DESCRIBE) _____

Substantiation Decision

N28 **Verified** **Some indication** **No indication** **Unable to verify → Reason: _____**

N29 Abuser #: AA1 AA2 AA3 AA4 AA5
 V S N V S N V S N V S N V S N

N30 **ESTIMATED INTERVENTION START TIME** (Neglect)
 IMMEDIATE WITHIN 30 DAYS 30 DAYS – 90 DAYS

EMOTIONAL ABUSE (SECTION E)

Emotional abuse means **verbal assaults, threats of mistreatment, harassment, or intimidation.**

<p>Directions: Please check a box after each question (all questions refer to past 12 months, including the present).</p> <p>Yes – means that the problem is directly observable or reported by client or collateral; Some indication – means suspicion that the problem is there, but there is no unequivocal proof; No – means there is no evidence or suspicion that abuse is occurring; Unknown/NA - means there is no information available to make the decision, or the question is not applicable.</p>	Yes (2)	Some Indication (1)	No (0)	Unknown or N/A (.)	Staff Opinion
E1. Has ____ manipulated or tried to control you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E2. Have you been uncomfortable with ____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E3. Has ____ behaved in ways that frighten or scare you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E4. Has ____ called you unkind names or put you down ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E5. Has ____ kept things from you or lied about things you should know about?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E6. Has ____ taken things away or threatened to take things away from you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E7. Has ____ used nonverbal behavior such as shaking a fist or other threatening gestures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E8. Have you been afraid of ____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E9. Has ____ failed to support or back you up when you needed it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E10. Has ____ made you feel small , such as treating you as a child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E11. Has ____ talked about you as if you were not there ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E12. Has ____ deliberately confused you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E13. Has ____ not let you speak for yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E14. Has ____ abandoned or threatened to abandon you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E15. Has ____ threatened to place you in a nursing home when it was not appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Emotional Abuse (continued)	Yes (2)	Some Indication (1)	No (0)	Unknown or N/A(C)	Staff Opinion
E16. Has ____ treated you in an undignified or inappropriate manner when assisting you with dressing, eating, bathing and so on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E17. Has ____ prevented you from having contact with the outside world via telephone, newspapers, television, or radio, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E18. Other indicator(s): _____					

(E19) Text box to enter details.

Allegations	Refuting Facts	Supporting Facts
<i>Nature of Report</i>	<i>Refuting statements, observations, records</i>	<i>Supporting statements, observations, records</i>
(E20)	(E21)	(E22)

E23 Please estimate **how often** the emotional abuse occurred in the past year:
 Daily Weekly Monthly A few times Once or twice (skip E24) Unsure (skip E24)

E24 Please estimate when the **most recent** emotional abuse occurred:
 Within past week/current Within past month Within past 90 days Within past year

E25 Did *any* emotional abuse occur more than a year ago? Yes No Unknown

E26 **ANY CONCERNS THAT THIS INFORMATION MAY NOT BE RELIABLE?** (Emotional Abuse)
 AA present AV's cognitive status AV's emotional/psychological status Motivation questionable
 OTHER (DESCRIBE) _____

E27 **WHO PROVIDED THE PRINCIPAL SOURCE OF INFORMATION?** (Emotional Abuse)
 CLIENT STAFFPERSON OBSERVATION COLLATERAL OTHER (DESCRIBE) _____

Substantiation Decision (Emotional Abuse)

E28 Verified Some indication No indication Unable to verify → Reason: _____

E29 Abuser #: AA1 AA2 AA3 AA4 AA5
 V S N V S N V S N V S N V S N

E30 **ESTIMATED INTERVENTION START TIME** (Emotional Abuse)
 IMMEDIATE WITHIN 30 DAYS 30 DAYS – 90 DAYS

FINANCIAL EXPLOITATION (SECTION F)

Financial exploitation means the **misuse or withholding of an older person's resources** by another person to the disadvantage of the older adult.

<p>Directions: Please check a box after each question (all questions refer to past 12 months, including the present).</p> <p>Yes – means that the problem is directly observable or reported by client or collateral; Some indication – means suspicion that the problem is there, but there is no unequivocal proof; No – means there is no evidence or suspicion that abuse is occurring; Unknown/NA - means there is no information available to make the decision, or the question is not applicable.</p>	Yes (2)	Some Indication (1)	No (0)	Unknown or N/A()	Staff Opinion
F1. Has ___ borrowed money from you but not paid it back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F2. Has ___ felt entitled to use your money for him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F3. Has ___ used your money on their own behalf instead of for your benefit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F4. Have there been unexplained disappearances of your funds or possessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F5. Has ___ lied about how they were spending your money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F6. Has ___ demanded money from you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F7. Did ___ take advantage of you to get a hold of your resources such as a house, car, or money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F8. Has ___ given unreasonable explanations for spending your money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F9. Has ___ refused to give you an accounting of how your money was spent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F10. Has ___ taken your money to do something for them but never did it ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F11. Have there been unusual activities in your bank accounts, for example, large withdrawals, frequent transfers of funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F12. Has ___ said they were buying something for you , but it was really for their own use ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F13. Has ___ handled your money irresponsibly (for example, gambling, illegal activities)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F14. Have there been unauthorized withdrawals from your bank account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F15. Has ___ taken advantage of cultural or family expectations to get your resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F16. Has ___ persuaded you to sign any documents even though it was not in your best interest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Financial Exploitation (Continued)	Yes (2)	Some Indication (1)	No (0)	Unknown or N/A(.)	Staff Opinion
F17. Has ____ manipulated you to give him/her larger than usual gifts (money, cars, homes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F18. Has ____ prevented you from spending your money in order to preserve their inheritance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F19. Has ____ promised care for you but then did not provide it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F20. Has ____ tricked or pressured you into buying something that you now regret buying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F21. Have your legal or financial documents been frequently changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F22. Has ____ become the payee on your benefit check and used the money for him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F23. Has ____ convinced you to turn the title of your home, property, farm, car, etc. over to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F24. Has ____ pressured you to modify your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F25. Has ____ changed the direct deposit destination so as to benefit him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F26. Other indicator(s): _____					

(F27) Text box to enter details.

Allegations	Refuting Facts	Supporting Facts
<i>Nature of Report</i>	<i>Refuting statements, observations, records</i>	<i>Supporting statements, observations, records</i>
(F28)	(F29)	(F30)

Financial Exploitation (Continued)

F31 Please estimate **how often** the financial exploitation occurred in the past year:
 Daily Weekly Monthly A few times Once or twice (skip F32) Unsure (skip F32)

F32 Please estimate when the **most recent** financial exploitation occurred:
 Within past week/current Within past month Within past 90 days Within past year

F33 Did *any* financial exploitation occur more than a year ago? Yes No Unknown

F34 **ANY CONCERNS THAT THIS INFORMATION MAY NOT BE RELIABLE?** (Financial Exploitation)
 AA present AV's cognitive status AV's emotional/psychological status Motivation questionable
 OTHER (DESCRIBE) _____

F35 **WHO PROVIDED THE PRINCIPAL SOURCE OF INFORMATION?** (Financial Exploitation)
 CLIENT STAFFPERSON OBSERVATION COLLATERAL OTHER (DESCRIBE) _____

Substantiation Decision (Financial Exploitation)

F36 Verified Some indication No indication Unable to verify → Reason: _____

F37	Abuser #:	AA1	AA2	AA3	AA4	AA5
		V S N	V S N	V S N	V S N	V S N
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

F38 **ESTIMATED INTERVENTION START TIME** (Financial Exploitation)
 IMMEDIATE WITHIN 30 DAYS 30 DAYS – 90 DAYS

SEXUAL ABUSE (SECTION S)

Sexual abuse means touching, fondling, sexual threats, sexually inappropriate remarks, or any other **sexual activity** with an older person when the older person is **unable to understand, unwilling to consent, threatened, or physically forced to engage in sexual behavior.**

Directions: Please check a box after each question (all questions refer to past 12 months, including the present).				
Yes – means that the problem is directly observable or reported by client or collateral; Some indication – means suspicion that the problem is there, but there is no unequivocal proof; No – means there is no evidence or suspicion that abuse is occurring; Unknown/NA - means there is no information available to make the decision, or the question is not applicable.	Yes (2)	Some Indication (1)	No (0)	Unknown or N/A (.)
	Staff Opinion			
S1. In the past 12 months, have you been forced into any sexual activities involving: lewd language, observing sexual activities, touching, fondling, or oral/anal/vaginal sex? <i>If 'Yes' or 'Some Indication', what happened?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1a. Has ____ made unwanted sexual advances towards you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1b. Have you been forced to view pornography ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1c. Have you been forced to observe sexual activity ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1d. Have you been forced to use or listen to sexual language ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1e. Has ____ exposed him/herself to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1f. Have you been touched sexually by ____ against your will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1g. Have you been forced to fondle or touch ____ in a sexual manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1h. Have you been forced to engage in oral, anal, or vaginal sex ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1i. Have you been sexually exploited (made to have sex for goods/money)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S1g. Other indicator(s): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEXUAL ABUSE (CONTINUED)

(S2) Text box to enter details.

Allegations	Refuting Facts	Supporting Facts
<i>Nature of Report</i>	<i>Refuting statements, observations, records</i>	<i>Supporting statements, observations, records</i>
(S3)	(S4)	(S5)

S6 Please estimate **how often** the sexual abuse occurred in the past year:
 Daily Weekly Monthly A few times Once or twice (skip S10) Unsure (skip S10)

S7 Please estimate when the **most recent** sexual abuse occurred:
 Within past week/current Within past month Within past 90 days Within past year

S8 Did any sexual abuse occur more than a year ago? Yes No Unknown

S9 **ANY CONCERNS THAT THIS INFORMATION MAY NOT BE RELIABLE?** (Sexual Abuse)
 AA present AV's cognitive status AV's emotional/psychological status Motivation questionable
 OTHER (DESCRIBE) _____

S10 **WHO PROVIDED THE PRINCIPAL SOURCE OF INFORMATION?** (Sexual Abuse)
 CLIENT STAFFPERSON OBSERVATION COLLATERAL OTHER (DESCRIBE) _____

Substantiation Decision (Sexual Abuse)

S11 Verified Some indication No indication Unable to verify → Reason: _____

S12 Abuser #: AA1 AA2 AA3 AA4 AA5
 V S N V S N V S N V S N V S N

S13 **ESTIMATED INTERVENTION START TIME** (Sexual Abuse)
 IMMEDIATE WITHIN 30 DAYS 30 DAYS – 90 DAYS

CLOSING STATUS/SUBSTANTIATION DECISION (SECTION D)

D1 Abuse was substantiated Unable to substantiate No abuse substantiated

Type(s) of abuse substantiated:

- D1a Physical Abuse
- D1b Neglect
- D1c Emotional Abuse
- D1d Financial Exploitation
- D1e Sexual Abuse

D2 If substantiated, victim:

- Consents to services
- Declines services
- Entered LTC facility
- Moved out of area
- Deceased
- Is no longer at risk

D3 If unable to substantiate, why?

- AV deceased
- AV refused to cooperate
- AV entered LTC facility
- AV is out of jurisdiction
- Denied access to AV
- Case transferred prior to substantiation
- Unable to locate AV

D4 If no abuse substantiated, alleged victim:

- Referred to CCU for assessment
- Client moved to long term care facility
- Client deceased
- No further action required
- Other: _____

Comments:

ADMINISTRATION OF ASSESSMENT (SECTION A)

A1 Alleged victim was interviewed about allegations: Yes No

A2 If **yes**, were these judged to be reliable responses? Yes No

If **no**, why not? Incapacity Refusal Inaccessible Lack of privacy AA present

A3 Indicate how this assessment was filled out: Paper and Pencil Handheld device

A4 Indicate how most of this assessment was filled out: With client at home Elsewhere

Supervisor Signature: _____ Date: _____

OAMA Client Status Form

Purpose: This form is started at the first face-to-face visit, records demographics and summarizes client physical, cognitive, and mental status. Update this form as new information becomes available.

A. DEMOGRAPHIC INFORMATION

Name: Age: Estimate

Address: Phone: (home/cell/work/other)

Sex: Male Female Other:

Date of Birth: Social Security Number:

Marital Status: Married Civil Union Divorced Widowed Single Unknown

Race (check all that apply):

- White
- Black
- American Indian
- Asian Indian
- Some other race:

Is this person of Hispanic, Latino, or Spanish origin? No Yes →
 Mexican Puerto Rican Cuban Another Hispanic, Latino, or Spanish origin:

Limited English Speaking: Yes → Language spoken

How does the client self-identify? _____

Additional client comments:

B. LIVING ARRANGEMENTS

- In own home/apt. In relative's home In non-relative's home
 In Short Term Facility UNK Homeless Other: _____

→ No. of individuals in household (including AV):

List individuals in household: None Unknown

Name: <input type="text"/> Relationship: <input type="text"/> Alleged abuser? <input type="checkbox"/> Age: <input type="text"/> Sex: <input type="text"/> Can call on for help? <input type="checkbox"/> Best phone: <input type="text"/> Release of Info: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written Other phone/contact information: <input type="text"/>	Relevant Details:
Name: <input type="text"/> Relationship: <input type="text"/> Alleged abuser? <input type="checkbox"/> Age: <input type="text"/> Sex: <input type="text"/> Can call on for help? <input type="checkbox"/> Best phone: <input type="text"/> Release of Info: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written Other phone/contact information: <input type="text"/>	Relevant Details:
Name: <input type="text"/> Relationship: <input type="text"/> Alleged abuser? <input type="checkbox"/> Age: <input type="text"/> Sex: <input type="text"/> Can call on for help? <input type="checkbox"/> Best phone: <input type="text"/> Release of Info: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written Other phone/contact information: <input type="text"/>	Relevant Details:

Other Relatives and/or friends not in household: None Unknown

Name: <input type="text"/> Relationship: <input type="text"/> Alleged abuser? <input type="checkbox"/> Age: <input type="text"/> Sex: <input type="text"/> Can call on for help? <input type="checkbox"/> Best phone: <input type="text"/> Release of Info: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written Other phone/contact information: <input type="text"/>	Relevant Details:
Name: <input type="text"/> Relationship: <input type="text"/> Alleged abuser? <input type="checkbox"/> Age: <input type="text"/> Sex: <input type="text"/> Can call on for help? <input type="checkbox"/> Best phone: <input type="text"/> Release of Info: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written Other phone/contact information: <input type="text"/>	Relevant Details:
Name: <input type="text"/> Relationship: <input type="text"/> Alleged abuser? <input type="checkbox"/> Age: <input type="text"/> Sex: <input type="text"/> Can call on for help? <input type="checkbox"/> Best phone: <input type="text"/> Release of Info: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written Other phone/contact information: <input type="text"/>	Relevant Details:

C. ADL ASSESSMENT/COMPETENCY

MMSE: No Yes → Score: Date: Unable to administer/declined
 CLOX I: No Yes → Score: Date: Unable to administer/declined
 CLOX II: No Yes → Score: Date: Unable to administer/declined

Cognitive Status (check all that apply): NA

- Disoriented to time Confused
- Disoriented to place Cannot follow conversation
- Disoriented to person Faulty judgment/reasoning
- Incoherent Other:
- Poor memory

→In general, does the cognitive status seem to be: Permanent Reversible Fluctuating

Mental Status (check all that apply): NA

- Current psychiatric diagnosis:
- Bizarre behavior Appears depressed
- Severely anxious Change in eating habits
- Unreasonably fearful Change in sleeping habits
- Unresponsive Recent loss
- Sees things that aren't there Decreased social interaction
- Hears voices Loss of interest
- Compulsive behavior/hoarding Withdrawn
- Other:

→In general, does the mental status seem to be: Permanent Reversible Fluctuating

Endangering Behaviors (check all that apply): NA

- Suicidal acts Life threatening behaviors to self or others
- Wandering Refuses medical treatment
- Frequents dangerous places Other:

Substance Abuse (check all that apply): NA

- Substance abuse – Alcohol Dilated pupils
- Substance abuse – Drugs Poor coordination
- Previous history Bottles/cans present
- Smells of alcohol Abuse of Rx or other medications
- Slurred speech Other:

Needs help with ADLs:

Yes No Unknown

<i>Client needs assistance with:</i>	Unmet	Met	Met by:
<input type="checkbox"/> Doing housekeeping/laundry	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Driving/arranging transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Using appliances safely	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Using telephone	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Seeking medical care	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Self-administering medication	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dressing/undressing self	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Bathing self	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Shopping for food	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Eating	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Using toilet	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	

D. INVOLVED AGENCIES/PROFESSIONALS

None Unknown

Agency: <input type="text"/> Service: <input type="text"/> Address: <input type="text"/> Phone: <input type="text"/> ROI: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written	Relevant Details:
Agency: <input type="text"/> Service: <input type="text"/> Address: <input type="text"/> Phone: <input type="text"/> ROI: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written	Relevant Details:
Agency: <input type="text"/> Service: <input type="text"/> Address: <input type="text"/> Phone: <input type="text"/> ROI: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written	Relevant Details:

E. MEDICAL HISTORY

None Unknown

Medical Conditions:

- | | | |
|--|--|---|
| <input type="checkbox"/> Alzheimer's/ Other Dementia | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Malnutrition |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney Diseases | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Respiratory Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Other (relevant): <input type="text"/> |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Multiple Sclerosis | |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Neurological Disorder | |

Recent Hospitalizations and/or Other Relevant Medical Information: N/A

E. MEDICAL HISTORY (CONTINUED)

Physicians: None Unknown Not relevant to allegations

Name <input type="text"/> Hospital/Office: <input type="text"/> Specialty: <input type="text"/> Diagnosis/Care offered : <input type="text"/> Last seen: <input type="text"/> <input type="checkbox"/> Unknown ROI: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written	Relevant Details:
Name <input type="text"/> Hospital/Office: <input type="text"/> Specialty: <input type="text"/> Diagnosis/Care offered : <input type="text"/> Last seen: <input type="text"/> <input type="checkbox"/> Unknown ROI: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written	Relevant Details:
Name <input type="text"/> Hospital/Office: <input type="text"/> Specialty: <input type="text"/> Diagnosis/Care offered : <input type="text"/> Last seen: <input type="text"/> <input type="checkbox"/> Unknown ROI: <input type="checkbox"/> No <input type="checkbox"/> Yes → <input type="checkbox"/> Verbal <input type="checkbox"/> Written	Relevant Details:

Medications or other drugs/supplements: None Unknown Not relevant to allegations

Name: <input type="text"/>	Physician: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Physician: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Physician: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Physician: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Physician: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Physician: <input type="text"/>	Date: <input type="text"/>

Health Insurance: None Unknown Not relevant to allegations

Name: <input type="text"/>	Phone: <input type="text"/>	Contact: <input type="text"/>
Name: <input type="text"/>	Phone: <input type="text"/>	Contact: <input type="text"/>
Name: <input type="text"/>	Phone: <input type="text"/>	Contact: <input type="text"/>

Relevant medical details:

F. LEGAL INFORMATION

Police report of this allegation: No Yes → Report # Date:

Legal status: None Guardian/Conservator Payee POA → Healthcare Property Unknown

Orders of Protection: No Yes

Emergency (date): Interim (date): Plenary (date):

Relevant legal details:

G. FINANCIAL INFORMATION (IF RELEVANT)

Not relevant to allegations

Banking: None Unknown

1) Name: Savings Check Trust Safe Deposit Box CD Retirement Other

Address: Phone:

Acct. #

Acct. Holder** Name: ROI: No Yes → Verbal Written

2) Name: Savings Check Trust Safe Deposit Box CD Retirement Other

Address: Phone:

Acct. #

Acct. Holder** Name: ROI: No Yes → Verbal Written

* Asterisk indicates that alleged abuser is listed on account

** Name(s) on account other than client

Total Monthly Income: \$ Actual Estimated Declined UNK

Monthly Income Source: Mailed/transmitted (i.e. direct deposit) to:

Estimate of Financial Resources:

Lost: \$ Protected: \$ Recovered: \$

Relevant financial details:

H. ALLEGED ABUSER INFORMATION

NA – No Abuse Substantiated

Name: Relationship to older adult: Sex: M F

Address: Phone: (home/cell/work/other)

Age: Estimate

Marital Status: Married Divorced Single Widowed Never Married Unknown

Race (check all that apply):

- White
- Black
- American Indian
- Asian Indian
- Some other race:

Is this person of Hispanic, Latino, or Spanish origin? No Yes →

Mexican Puerto Rican Cuban Another Hispanic, Latino, or Spanish origin:

How does the client self-identify? _____

Limited English Speaking: N Y → Language:

Legal status: None Guardian/Conservator Payee POA → Healthcare Property Unknown

Caregiver to victim: No Yes →

Paid? No Yes → Aging Network Employee? No Yes

If yes, the on-going physical and/or mental health of the abuser affects the ability to care for the victim:

Yes No

Alleged abuser interviewed about allegations during investigation: Yes No

Victim did not give permission to interview abuser about allegations at any time during the assessment period.

Additional alleged abuser information:

H. ALLEGED ABUSER INFORMATION (CONTINUED)

Barriers/ Observations: None Unknown Other:

- | | |
|--|--|
| <input type="checkbox"/> Criminal history | <input type="checkbox"/> \$ dependence on victim |
| <input type="checkbox"/> History of violence | <input type="checkbox"/> Substance abuse – Alcohol |
| <input type="checkbox"/> Lacks knowledge of care needs | <input type="checkbox"/> Substance abuse – drugs |
| <input type="checkbox"/> Lacks reliability | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Overburdened | <input type="checkbox"/> Developmentally disabled |
| <input type="checkbox"/> Physical limitations | <input type="checkbox"/> Cognitively impaired |
| <input type="checkbox"/> Will not allow services | <input type="checkbox"/> Emotional issues |

Abuser:

- | | |
|---|--|
| <input type="checkbox"/> Emotionally dependent on client | <input type="checkbox"/> Unrestricted, unobserved access to client |
| <input type="checkbox"/> Poor coping skills | <input type="checkbox"/> History of committing partner/child abuse |
| <input type="checkbox"/> Uncooperative with investigation | <input type="checkbox"/> Pet abuse |
| <input type="checkbox"/> Undue influence over client | <input type="checkbox"/> Previous elder abuse |

Behaviors of Abuser:

- | | |
|--|---|
| <input type="checkbox"/> Cannot be located after several tries | <input type="checkbox"/> Will not leave elder alone with worker |
| <input type="checkbox"/> Evasive regarding elder's situation | <input type="checkbox"/> Will not let worker in the home |
| <input type="checkbox"/> Refuse to discuss the elder's situation | <input type="checkbox"/> Will not let elder answer questions |

Statements of abuser:

- Complains about caring for elder
- Compulsive knowledge of elder's needs
- Disinterested in elder as a person
- Abuser experiences verbal or physical abuse from victim

- Feels he/she must punish elder
- Lacks knowledge of elder's needs
- No reasonable explanation of elder's condition
- Sees no alternative to punishment of elder
- Unrealistic expectations of elder

Abuser strengths:

- Abuser provides financial support for the victim
- Abuser experiences verbal or physical abuse from victim
- Abuser provides adequate personal care and support for the victim
- Abuser provides emotional support to the victim

OAMA ALLEGED ABUSER (AA) INFORMATION FORM

The investigator should review the following information and make changes as necessary.

AA NAME (A1) Last, First	AGE (A2) DOB (if available): (A3) <input type="checkbox"/> ESTIMATE (A4)	LIMITED ENGLISH SPEAKING: <input type="checkbox"/> YES (A11) If yes, language spoken: (A11a) Is a translator required? <input type="checkbox"/> YES <input type="checkbox"/> NO (A11b)
ADDRESS (street, apt. #, city, zip, county) (A6) PHONE: (A7) (<input type="checkbox"/> home/ <input type="checkbox"/> cell/ <input type="checkbox"/> work/ <input type="checkbox"/> other) (A7a) (A8) (<input type="checkbox"/> home/ <input type="checkbox"/> cell/ <input type="checkbox"/> work/ <input type="checkbox"/> other) (A8a) <input type="checkbox"/> No Phone (A9)	SEX: (A5) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE OTHER: _____ (A5a)	RELATIONSHIP TO ALLEGED VICTIM: (A12) AA AWARE OF REPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DK (A13)
	MARITAL STATUS: (A10) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ (A10a)	MILITARY SERVICE: <input type="checkbox"/> AA served in the military. (A14) <input type="checkbox"/> AA eligible for VA/related services. (A15)

Is the AA any of the following to the AV:

- None Unknown Guardian/Conservator Payee Power of Attorney → (A16)
 Healthcare Property (A17)

Caregiver to AV: Yes No (A18)

Caregiver for other(s): Yes No (A19) If yes, how many (adults and children)? #: _____ (A20)

If caregiver, paid? Yes No (A21)

If paid, Aging Network Employee? Yes No (A22)

AA interviewed about allegations during investigation: Yes No (A23) If no, why not? → (A23a)

- AV did not give permission to interview AA about allegations at any time during the assessment period.
- Alleged abuser refused
- Judged to be too dangerous for investigator
- Judged to be too dangerous for alleged victim
- Alleged abuser not available or unable to locate

Additional alleged abuser information: (A24)

CLIENT, COLLATERAL, AND OBSERVATION:

Ask these questions during the client interview **only** if the client is comfortable and feels safe. **The use of “you” or “your” refers to the alleged victim.** If the interview is conducted with anyone other than the AV, please reword the questions as needed using the alleged victim’s name instead of “you” or “yours”.

Also interview other persons, with client consent. Information can also be obtained from investigator observation.

Directions: Please check a box after each question. AV refers to the alleged victim.		Yes (2)	Some Indication (1)	No (0)	D/K or Refused(.)
For each item that is answered “Yes” or “Some Indication”, provide details in the notes section.					
The blank refers to the alleged abuser.					
(A25)	Does ____ have a history of trouble with the law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A26)	Does ____ have a history of violence, such as domestic violence, property damage, fighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A27)	Does ____ have a history of previous abuse of elder, spouse, child or pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A28)	Does ____ have trouble keeping a job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A29)	Does ____ lack knowledge of your (the AV’s) needs, such as for medicine, exercise, diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A30)	Is ____ unreliable in providing you with care and assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A31)	Does ____ seem too stressed to help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A32)	Does your relationship with ____ drain you emotionally or wear you out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A33)	Does ____ ignore you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A34)	Does ____ seem irresponsible, such as not paying bills, not contributing to household upkeep and expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A35)	Is ____ dependent on you for money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A36)	Does ____ have a drinking/alcohol problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A37)	Does ____ abuse drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A38)	Does ____ have a problem with gambling that affects you or the household in a bad way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A39)	Does ____ have problems with mental illness, such as depression, being very anxious, suicidal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A40)	Does ____ have physical limitations that prevent him/her from helping you (the AV)?,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A41)	Is ____ always a little slower than others (for example mental challenges, learning disabilities)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A42)	Does ____ have a hearing or vision problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A43)	Does ____ have problems controlling his/her temper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A44)	Is ____ too pushy and demanding of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A45)	Does ____ have a habit of telling lies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 10. Alleged Abuser Information

Directions: Please check a box after each question. AV refers to the alleged victim. For each item that is answered “Yes” or “Some Indication”, provide details in the notes section. The blank refers to the alleged abuser.		Yes (2)	Some Indication (1)	No (0)	D/K or Refused (.)
(A46)	Does ____ sometimes seem out of control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A47)	Does ____ try to control your decisions too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A48)	Does ____ complain about caring for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A49)	Does ____ ever punish you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A50)	Does ____ expect too much of you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A51)	Does ____ live beyond his/her means?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A52)	In the past year, have you been abusive (such as hit or yell) to ____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A53)	Has anyone else ever been abusive to ____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A54)	Has ____ experienced any significant life changes in the past 12 months (such as lost a job, lost a spouse or child, lost home or filed bankruptcy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALLEGED ABUSER STRENGTHS

Directions: Please check a box after each question (all questions refer to past 12 months, including the present). These questions are here to help understand the positive aspects of the relationship, which can be used in building on the strengths of the AA in the design of the care plan. The investigator should use the Notes section of each item to provide more detailed information about these general areas.		Yes (2)	Some Indication	No (0)	N/A (.)
(A55)	Does ____ provide financial support for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A56)	Does ____ take care of your personal needs well enough (such as cooking, feeding, doctor’s appointments, errands)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A57)	Does ____ provide emotional support for you (such as encouraging you, listening to your problems, talking to you)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A58)	Does ____ help you maintain activities outside the home (meeting friends, going to a senior center)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A59)	Does ____ do things that contribute to the well-being of your household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A60)	Does ____ think some of the things we’ve been talking about are a problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(A61)	Do you believe ____ is willing to work on the problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIORS OF ALLEGED ABUSER

Note: Alleged abuser (AA) should be interviewed alone while avoiding confrontation in the information gathering phase.

Directions: Staff person should complete this section. Please check a box after each question (all questions refer to past 12 months, including the present).		Yes (2)	No (1)
(A62)	AA will not leave AV alone with worker.	<input type="checkbox"/>	<input type="checkbox"/>
(A62)	AA will not let AV answer questions.	<input type="checkbox"/>	<input type="checkbox"/>
(A64)	AA insists on providing information for the AV.	<input type="checkbox"/>	<input type="checkbox"/>

ADMINISTRATION OF ASSESSMENT (SECTION A)

WHO PROVIDED THE PRINCIPAL SOURCE OF INFORMATION? (A65)

AA CLIENT STAFF OBSERVATION COLLATERAL OTHER (DESCRIBE) _____

Indicate how this assessment was filled out: Paper and Pencil Electronic device (A66)

Indicate where most of this assessment was filled out: (A67)

At AV's home At the Office Elsewhere _____

Supervisor Signature: _____ Date: _____

OAMA Alleged Abuser Interview

Name of AA: _____ AQ1. _____

The purpose of the AA Interview is to engage with the alleged abuser(s) to help to understand their strengths, as well as factors that may contribute to the alleged abuse. This information should be especially helpful when devising a care plan.

Alleged abuser (AA) should be interviewed alone to avoid confrontation in the information gathering phase.

Directions: Read the following text.		Yes/All of time (2)	Occasionally /Sometimes (1)	No /never(0)	DK or Refused(.)
AQ2.	Do you do things that show you care for _____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ3.	Do you provide any personal care for _____ (such as cooking, feeding, doctor’s appointments, errands)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ4.	Do you provide financial support for _____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ5.	Do you provide non-monetary resources that contribute to the well-being of _____’s household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ6.	Do you help _____ maintain activities outside the home (like meeting friends, going to a senior center)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ7.	Have you had any major life events in the past 12 months (for example, death of a person, job loss, divorce, arrests, major illness)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ8.	Do you feel that _____ expects too much from you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ9.	Do you feel that you’re being asked to do more than you can possibly do to care for _____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ10.	Do you feel resentful of having to take care of _____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ11.	Do you feel that _____ criticizes you unfairly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ12.	Do you feel annoyed with _____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ13.	Do you feel that because of the time you spend with _____ you don’t have enough time to do things you would like to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ14.	Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ15.	Are you fed up with taking care of _____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ16.	Do you feel that siblings or other family members criticize or attack you because you are _____’s caregiver or POA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AQ17.	Has ____ been abusive to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ18.	Do you feel that ____ is to blame for many of the bad things that happen to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ19.	Do you feel resentful of things ____ has done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ20.	Do you feel that ____ is overly sensitive when you try to correct his/her behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ21.	Do you criticize ____ a lot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ22.	Are you angry with ____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ23.	Do you feel bad about things you have said or done to ____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ24.	Do you feel like just leaving ____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ25.	Do you feel you have a right to ____'s money and other resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AQ26.	Have you felt like physically hurting ____?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any negative behaviors of the alleged abuser during the interview:	
AQ27.	AA was evasive regarding AV's situation. <input type="checkbox"/>
AQ28.	AA refused to discuss AV's situation. <input type="checkbox"/>
AQ29.	AA participated but was uncooperative <input type="checkbox"/>
AQ30.	AA appeared untruthful <input type="checkbox"/>

<p>Additional information or notes about the interview:</p> <p>AQ31.</p>
--

Intake Report

Name	Marie Johnson	Intake Date	November 11, 2010
Client ID	2010-9999	Intake Time	11:30 AM
Address	2525 25 th St. Chicago, IL 60606	Agency	CJE
Phone	(312) 555-5555 (home)	Agency Type	800U
Best Time to Contact	Before 3 PM	Report Taker	Micki Iris
		Phone	(773) 888-1234

Eligibility Criteria

The alleged victim meets all eligibility criteria for an ANE report. Proceed with investigation with **LEVEL II** priority.

Description of Alleged Victim

Age	60; (estimate)
Gender	Female
Knowledge of English	AV is limited English speaking.
Primary Language	Spanish
Physical Impairment	The AV may be physically impaired. AV's physical impairment: she is slow and has limited mobility.
Sensory Impairment	No
Cognitive Status	No
Mental Health Status	Yes (AV's mental illness: "Depressed, takes meds")
Substance Abuse	No
AV Aware of Report	No
AA Aware of Report	No

Evidence of Abuse or Neglect

Evidence of Physical Abuse

No evidence of physical abuse reported.

Evidence of Neglect

*Reporter 1 responded **Definitely Yes** to the following questions:*

- Does the older adult appear to have any **unmet need** for medical, mental health and/or dental care; or nutrition, assistive devices, medications, assistance with care, or supervision?

Evidence of Emotional Abuse

*Reporter 1 responded **Definitely Yes** to the following questions:*

- Has the older adult been deliberately **confused, ignored, or treated** like a child by someone they know?
- Has the older adult been **insulted, blamed, shamed, yelled at, or sworn** at by someone they know?

Reporter 1 responded **Suspected** when answering the following questions:

- Has the older adult been **harassed, stalked, or intimidated** by someone they know, such as threats of maltreatment, nursing home placement, pet abuse, or destruction of property?

Evidence of **Financial Exploitation**

Reporter 1 responded **Definitely Yes** to the following questions:

- Has **someone borrowed or taken money** from the older adult and not paid it back, lied about spending the older adult's money, or refused to give an accounting of how the money was spent?
- Has someone taken money, property, or financial resources from the older adult through overcharging for goods/services, coercion, manipulation, cheating, or force?

Reporter 1 indicated that abuse is **Suspected** on the following questions:

- Even with adequate income, does the older adult have **unpaid rent/utilities bills, utilities cut off, unmet basic needs, or an eviction/foreclosure notice?**

Evidence of **Sexual Abuse**

No evidence of sexual abuse reported.

Summary of Findings

Provided by report taker. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Phasellus pulvinar dolor a diam tincidunt cursus nec id purus. Aenean commodo risus sed lectus tempor sagittis fringilla est accumsan. In hac habitasse platea dictumst. Nulla id augue quis purus viverra luctus.

Alleged Abuser(s)

Reporter 1 identified one abuser:

Name	Larry Johnson
Relationship to Alleged Victim	Son
Age	42
Aware of Report	No
Address	Same as alleged victim
Physical Condition	No
Sensory Impairment	No
Cognitive Impairment	No
Mental Illness	No
Substance Abuse	Yes; Alcohol.
Notes	Verbally abusive; violent

Potential Dangers

Type	Status
Dangerous situation	Yes
Dangerous neighborhood	No
Danger due to animals	Yes
Danger due to weapons	Yes
Danger due to mental illness	No
Danger due to substance abuse	Yes
Other	No
Details:	Son owns a gun. Large pitbull, but is collared and leashed in backyard.

Description of Reporter(s)

Reporter 1

Name	Jessica Johnson
Relationship to Alleged Victim	Child
Can Contact	Yes
Phone	(312) 206-4242 (cell)
Address	1811 Townree Place Chicago IL 60604
Notes	Reporter is willing to provide more information.

Recommendations and Summary

Case assigned priority level II. Translator is required (Spanish).

Supervisor signature: _____ Date: _____

Caseworker signature: _____ Date: _____

Client ID: 00000-1234

Caseworker: J. Jones

Supervisor: Holly Smith

Agency: Downtown Help

Date: 1/14/11

Time: 7:15 AM

OVERALL SUBSTANTIATED ABUSE, NEGLECT, OR EXPLOITATION:
Emotional Abuse & Financial Exploitation were substantiated.

Substantiation of Emotional Abuse (Section E)

Score on 0-100 Scale: 75

Yes: 12

Some Indication: 0

No: 5

Unknown: 0

Responses:

Yes:

- The AA has **manipulated or tried to control** the AV. (E1)
- The AV **seems uncomfortable** with the AA. (E2)
- The AA **frightened or intimidated** the AV. (E3)
- The AA **called AV unkind names** or put them down. (E4)
- The AA **kept things from AV or lied**. (E5)
- The AA **taken things away or threatened take things away** from AV. (E6)
- The AA **used nonverbal behavior** (like shaking a fist or other gesture). (E7)
- The AV has **been afraid** of the AA. (E8)
- The AA **failed to support, or back-up, the AV**. (E9)
- The AA **made the AV seem small**. (E10)
- The AA **deliberately confused** the AV. (E12)
- The AA **abandoned or threatened to abandon** the AV. (E14)

No:

- The AA has not talked about AV as if they were not there. (E11)
- The AA lets the AV speak for themselves. (E13)
- The AA has threatened nursing home placement when it was not appropriate. (E15)
- The AA has not treated older adult in an undignified or inappropriate manner when assisting AV with activities of daily living. (E16)
- The AA has not prevented AV from contact with outside world. (E17)

Notes: As per AV, the AA has become increasingly verbally aggressive since he has been laid off from work. AV states that she often cries when he leaves the house and is frightened sometimes.

Summary:

Emotional abuse was verified.

AA#1 was responsible for the abuse.

It is suggested that interventions for emotional abuse be put into place within 30 days.

The validity of some of these responses are questioned because the AA was present during parts of the investigation.

Service Recommendations for Emotional Abuse (Section E)

Based on the information obtained from the investigation (low severity, currently not receiving services), the following are some service recommendations:

Service Recommendations for Client:

- Discuss current emotional, behavioral, or cognitive problems with any involved mental health professionals and with [NAME].
- Review the need for future mental health services, barriers to accessing them, and any accommodations needed to participate in services (such as interference from alleged abuser, transportation, cost, etc.).
- Discuss how current emotional, behavioral, cognitive problems & elder abuse problems may be related.
- Develop or review plan of access to services and safety with [NAME] or what to do if these emotional, behavioral or cognitive problems continue to occur.
- Monitor for change in emotional, behavioral, or cognitive problems, linkage to services, and services compliance.
- Coordinate care with mental health care provider.
- Obtain signed Release of Information (ROI) form from past providers and request any mental health records and service histories.
- Review [NAME]'s compliance with past services, and the extent to which the emotional, behavioral or cognitive problems may pose challenges for effectiveness of elder abuse services.
- Discuss the consequences with [NAME] of AA's behavioral control problems, plan to change, and possible referrals to help.
- Consider assertiveness training for [NAME].
- **[Prompt: Additional caseworker service recommendations]**

Service Recommendations for AA:

- Coordinate AA services with any current AA service providers, such as probation officer, mental health professionals, substance abuse counselors, school/work officials.
- Discuss readiness to change with AA and any barriers to services.
- Discuss with AA what they need to improve their relationship with [Name].
- Ask the AA: "How ready are you right now to get help for the problems in your relationship with [Name]? 0%, 20%, 40%, 80%, 100%."
- Refer to Client Status Form [Alleged Abuser information], e.g. caregiver training, substance abuse treatment, anger management, respite care for older adult, adult daycare for the older adult.
- **[Prompt: Additional caseworker service recommendations]**

Based on the specific responses to emotional abuse questions (E1, E2, E3, E4, E5, E6, E7, E8 E9, E10, E12, E14), the following are some additional service recommendations:

- | |
|--|
| <ul style="list-style-type: none">• Arrange for counseling for abuser• Remove abuser from the home if at all possible• Provide victim with empowerment/assertiveness training• Arrange for another person to be present in the home as much as possible• Conduct a family meeting to address the problems• [Prompt: Additional caseworker service recommendations] |
|--|

Substantiation of Financial Exploitation (Section F)

Score on 0-100 Scale: 50

Yes: 10
Some Indication: 1
No: 13
Unknown: 1

Responses:

Definitely Yes:

The AA **borrowed money** but did not pay it back. (F1)
The AA **felt entitled** to use the AV's money. (F2)
The AA has **used the AV's money on their own behalf** instead of for AV. (F3)
There have **been unexplained disappearances** of funds or possessions. (F4)
The AA **lied about spending** the AV's money. (F5)
The AA **given unreasonable explanations** for spending the AV's money. (F8)
The AA **taken the AV's money to do something** but never did it. (F10)
The AA **bought something for AV** but it was really **for their own use**. (F12)
The AA **persuaded the AV to sign documents not in AV's best interest**. (F16)
The AA **pressured the AV to modify [his/her] will**. (F24)

Some Indication:

It is suspected that the AA has demanded money from the AV. (F6)

No:

The AA has not taken advantage of AV to get resources. (F7)
The AA has not refused to give AV accounting of how the AV's money was spent. (F9)
There have not been unusual activities in the AV's bank account. (F11)
The AA has not handled the AV's money irresponsibly. (F13)
The AA has not taken advantage of cultural or family expectations to get resources from the AV. (F15)
The AA has not persuaded the AV to sign documents not in AV's best interest. (F16)
The AA has not manipulated the AV to give large gifts. (F17)
The AA has not prevented spending to maximize their inheritance. (F18)
The AA has not promised care but did not provide it. (F19)
The AA has not tricked or pressured AV into buying something AV now regrets. (F20)
The AV's legal/financial documents have not been frequently changed. (F21)
The AA has not become payee on the AV's benefits and is using money for themselves. (F22)
The AA has not convinced the AV to turn the title of their home over. (F23)
The AA has not changed the AV's direct deposit destination to benefit themselves. (F25)

Unknown:

It is unknown if there has been unauthorized withdrawals from AV's bank account. (F14)

Notes: AA took AV's money for medication and spent it on alcohol. Per AV, she is afraid to let AA run errands because the AA spends the money on alcohol. AV stated that AA spends her money on alcohol. AA lives with AV but doesn't pay rent. AA refuses to use SSI income to contribute to the home. AA is also coercing AV to sign legal documents that she does not know about.

Summary:

Financial exploitation was verified.

AA#1 was responsible for the financial exploitation.

It is suggested that interventions for financial exploitation be put into place within 30 days.

The validity of some of these responses are questioned because the AA was present during parts of the investigation.

Service Options for Financial Exploitation (Section F)

Based on the information obtained from the investigation (high severity, currently not receiving services), consider the following options:

[Prompt: Edit options as appropriate.]

Service Recommendations for Client:

- Report obvious incidents to law enforcement.
- Help client take immediate protective action on accounts by placing holds or restraints, e.g. stop or cancel all credit card transactions, bank withdrawals, change PIN.
- Report fraud to financial institution(s) immediately.
- Request changes of account holder, if appropriate.
- Obtain legal assistance.
- Refer client to representative payee services or legal guardian, as appropriate.
- Identify and contact family members, helpers, and other social support providers to identify appropriate money manager.
- **[Prompt: Additional caseworker service recommendations]**

Service Recommendations for AA:

- Coordinate AA services with any current AA service providers, such as probation officer, mental health professionals, substance abuse counselors, school/work officials.
Discuss readiness to change with AA and any barriers to services.
- Discuss with AA what they need to improve their relationship with [NAME] .
- Ask the AA: "How ready are you right now to get help for the problems in your relationship with [Name]? 0%, 20%, 40%, 80%, 100%."
- Refer to Client Status Form [Alleged Abuser information], e.g. caregiver training, substance abuse treatment, anger management, respite care for older adult, adult daycare for the older adult.
Refer AA to any money management services.
- Refer AA to employment counseling, if appropriate.
- **[Prompt: Additional caseworker service recommendations]**

Based on the specific responses to financial exploitation questions, the following are some additional service recommendations:

- | |
|--|
| <ul style="list-style-type: none">• Ensure the abuser does not have access to accounts• Educate victim about their legal rights• Provide education on money management or secure money management assistance• Consult with an attorney about options for restitution• Schedule counseling for the victim to address need for self-empowerment• Set up a system whereby the victim keeps a log of money that is loaned to others
Involve other family members in a family meeting and include abuser• Advise victim to make written agreements in the future• Stop payment on check if possible• Determine why something was never done (meet with abuser)• Contact police to report theft |
|--|

- Determine who prepared the modified will and find out details related to circumstances related to the changes
- If there is a responsible family member, enlist help in intervening to alter the will
- Consult with attorney to determine the legitimacy of the will
- [Prompt: Additional caseworker service recommendations]

NOTE:

In all cases, determine if the victim has capacity to make decisions/manage their personal and financial affairs.

If not, determine if guardianship is needed; if Powers of Attorney for Finance and/or Health Care can be put in place; if payee is possible.

CLOSING STATUS/SUBSTANTIATION DECISION (SECTION D)

The client was interviewed about allegations. These were judged to be reliable responses.

Abuse was substantiated.

No physical abuse was substantiated.

No neglect was substantiated.

Emotional abuse was substantiated.

Financial exploitation was substantiated.

No sexual abuse was substantiated.

The case was substantiated, and the victim consents to services.

Supervisor signature: _____ Date: _____

Intake Form Variables & Reporting Statements						
Name	Name Descriptor	Type	Label	Measure	Values	Report Statement
V1	V1ID	Numeric	Client ID	Nominal	None	None - tabular.
I1	I1Rptcr	String	Report taker	Nominal	None	None - tabular.
I2	I2RptPhon	Numeric	Report taker phone	Nominal	None	None - tabular.
I3	I3AgencyType	Group	Agency receiving call	Nominal	1=800U	None - tabular.
I4	I4AgencyType	Group	Agency receiving call	Nominal	2=RAA	None - tabular.
I5	I5AgencyType	Group	Agency receiving call	Nominal	3=agency	None - tabular.
I6	I6AgencyName	String	Name of agency taking call	Nominal	None	None - tabular.
I7	I7DateIntk	Date	Date of intake	Nominal	None	None - tabular.
I8	I8TimeIntk	Numeric	Time of intake	Nominal	None	None - tabular.
SECTION A. Eligibility						
A1a	A1aAge60	Numeric	Alleged victim is 60+	Nominal	1=yes	"The alleged victim is 60+."
A1a	A1aAge60	Numeric	Alleged victim is 60+	Nominal	0=no	"The alleged victim is not 60+, refer to more appropriate service."
A1b	A1bANE	Numeric	Allegations constitute ANE	Nominal	1=yes	"The allegations constitute ANE."
A1b	A1bANE	Numeric	Allegations constitute ANE	Nominal	0=no	"The allegations do not constitute ANE, refer to more appropriate service."
A1c	A1cDom	Numeric	Abuse happening in a domestic setting	Nominal	1=yes	"The abuse is happening in a domestic setting."
A1c	A1cDom	Numeric	Abuse happening in a domestic setting	Nominal	0=no	<small>"The abuse is happening in not happening in a domestic setting, refer to more appropriate service (like the ombudsman for nursing home abuse)"</small>
A1d	A1dAbsrExists	Numeric	Alleged abuser exists	Nominal	1=yes	"An alleged abuser exists."
A1d	A1dAbsrExists	Numeric	Alleged abuser exists	Nominal	0=no	"An alleged abuser does not exist, refer to more appropriate service."
A2a	A2aSelfNeglect	Numeric	Self-Neglect/VulnerableOA	Nominal	1=yes	"Case is self-neglect/VOA. Refer to appropriate service."
A2a	A2aSelfNeglect	Numeric	Self-Neglect/VulnerableOA	Nominal	0=no	None
A2b	A2bTenant	Numeric	Tenant/Property	Nominal	1=yes	"Case is tenant/property issue. Refer to appropriate service."
A2b	A2bTenant	Numeric	Tenant/Property	Nominal	0=no	None
A2c	A2cScam	Numeric	Phone/Internet Scam	Nominal	1=yes	"Case is phone/internet scam. Refer to police."
A2c	A2cScam	Numeric	Phone/Internet Scam	Nominal	0=no	None
A2d	A2dOneTime	Numeric	One-time crime	Nominal	1=yes	"Case is a one-time crime. Refer to police."
A2d	A2dOneTime	Numeric	One-time crime	Nominal	0=no	None
A2e	A2eOtherCase	Numeric	Other non-eligible case	Nominal	1=yes	"Case does not constitute ANE. Refer to appropriate service."
A2e	A2eOtherCase	Numeric	Other non-eligible case	Nominal	0=no	None
A2e1	A2e1OtherCase	String	Other non-eligible case string	Nominal	None	"The case was {text string}."
SECTION B. Alleged Victim Information						
B1	B1Name	String	Name of alleged victim	Nominal	None	None - tabular on top of report.
B2	B2Age	Numeric	Age of alleged victim	Nominal	None	Tabular
B3	B3DOB	Numeric	DOB of alleged victim	Nominal	None	Tabular
B4	B4AgeEst	Numeric	Age estimate	Nominal	1=yes	"(estimate)"
B4	B4AgeEst	Numeric	Age estimate	Nominal	0=no	None
B5	B5Sex	Numeric	Sex of alleged victim	Nominal	0=male	"The AV is a male."
B5	B5Sex	Numeric	Sex of alleged victim	Nominal	1=female	"The AV is a female."
B5	B5Sex	Numeric	Sex of alleged victim	Nominal	2=other	None
B5a	B5aSex	String	Other sex of alleged victim	Nominal	None	"The AV is a {text string}."
B6	B6Addr	String	Alleged victim address	Nominal	None	None - tabular on top of report.
B7	B7Phone	String	Alleged victim phone number	Nominal	None	None - tabular on top of report.
B7a	B7aPhoneType	Numeric	Type of Phone	Nominal	1=home	None - tabular on top of report (next to phone number).
B7a	B7aPhoneType	Numeric	Type of Phone	Nominal	2=cell	None - tabular on top of report (next to phone number).

B7a	B7aPhoneType	Numeric	Type of Phone	Nominal	3=work	None - tabular on top of report (next to phone number).
B7a	B7aPhoneType	Numeric	Type of Phone	Nominal	4=other	None - tabular on top of report.
B7b	B7bNoPhone	Numeric	No phone	Nominal	1=yes	"There is no phone number available."
B8	B8Directions	String	Directions to AV's home	Nominal	None	None - tabular on top of report.
B9	B9LimEng	Numeric	Limited English Speaking	Nominal	1=yes	"AV is limited english speaking."
B9a	B9aLimEngSpoke	String	Language spoken	Nominal	None	"{text string}"
B9b	B9bLimEngTrans	Numeric	Translator Required	Nominal	1=yes	"A translator is required."
B10	B10Danger	Numeric	Dangerous situation	Nominal	1=yes	"The AV's residence is a dangerous situation. Use caution."
B10	B10Danger	Numeric	Dangerous situation	Nominal	0=no	None
B10	B10Danger	Numeric	Dangerous situation	Nominal	.=suspected	"The AV's residence may pose a dangerous situation. Use caution."
B10a	B10aDangSpec	String	Dangerous situations details	Nominal	None	String
B11	B11DgrHood	Numeric	Dangerous neighborhood	Nominal	1=yes	"The neighborhood may be dangerous."
B11	B11DgrHood	Numeric	Dangerous neighborhood	Nominal	0=no	None
B12	B12DgrAnml	Numeric	Dangerous animals	Nominal	1=yes	"There is danger due to animals."
B12	B12DgrAnml	Numeric	Dangerous animals	Nominal	0=no	None
B13	B13DgrMI	Numeric	Danger due to mental illness	Nominal	1=yes	"There is danger due to mental illness of the AV or AA."
B13	B13DgrMI	Numeric	Danger due to mental illness	Nominal	0=no	None
B14	B14DgrSubAb	Numeric	Danger due to substance abuse	Nominal	1=yes	"There is danger due to substance use and/or drug dealing."
B14	B14DgrSubAb	Numeric	Danger due to substance abuse	Nominal	0=no	None
B15	B15Gang	Numeric	Danger due to gang activity	Nominal	1=yes	"There is danger due to gang activity on location."
B15	B15Gang	Numeric	Danger due to gang activity	Nominal	0=no	None
B16	B16DgrWpn	Numeric	Danger due to weapons	Nominal	1=yes	"There is danger due to weapons."
B16	B16DgrWpn	Numeric	Danger due to weapons	Nominal	0=no	None
B17	B17Health	Numeric	Health/Safety Hazards	Nominal	1=yes	"There is danger due to health and safety hazards (anything that may endanger the worker)."
B17	B17Health	Numeric	Health/Safety Hazards	Nominal	0=no	None
B18	B18DgrOthr	Numeric	Other type of danger	Nominal	1=yes	"There is other danger present."
B18	B18DgrOthr	Numeric	Other type of danger	Nominal	None	"Other danger may include {text string}."
B19	B19AVAware	Numeric	AV aware of report	Nominal	1=yes	"The AV is aware of the report."
B19	B19AVAware	Numeric	AV aware of report	Nominal	0=no	"The AV is not aware of the report."
B20	B20TimeBst	String	Best time to visit alleged victim	Nominal	None	"The best time to visit the AV is {text string}."
B21	B21Condition	String	Client's physical/mental condition	Nominal	None	"{Text string}"
B22	B22PhysImp	Numeric	Alleged victim has physical impairment	Nominal	1=yes	"The AV is physically impaired."
B22	B22PhysImp	Numeric	Alleged victim has physical impairment	Nominal	0=no	None
B22	B22PhysImp	Numeric	Alleged victim has physical impairment	Nominal	.=Unknown	"The AV may be physically impaired."
B22a	B22aPhysImpSpec	Numeric	Alleged victim has physical impairment - Specify	Nominal	None	"AV's physical impairment: {Text string}."
B23	B23SensImp	Numeric	Alleged victim has sensory impairment	Nominal	1=yes	"The AV is sensory impaired."
B23	B23SensImp	Numeric	Alleged victim has sensory impairment	Nominal	0=no	None
B23	B23SensImp	Numeric	Alleged victim has sensory impairment	Nominal	.=Unknown	"The AV may be sensory impaired."
B23a	B23aSensImpSpec	Numeric	Alleged victim has sensory impairment - Specify	Nominal	None	"AV's physical impairment: {Text string}."
B24	B24CogImp	Numeric	Alleged victim has cognitive impairment	Nominal	1=yes	"The AV is cognitively impaired."
B24	B24CogImp	Numeric	Alleged victim has cognitive impairment	Nominal	0=no	None
B24	B24CogImp	Numeric	Alleged victim has cognitive impairment	Nominal	.=Unknown	"The AV may be cognitively impaired."
B24a	B24aCogImpSpec	Numeric	Alleged victim has cognitive impairment - Specify	Nominal	None	"AV's cognitive impairment: {Text string}."
B25	B25MI	Numeric	Alleged victim has mental illness	Nominal	1=yes	"The AV has a mental illness."
B25	B25MI	Numeric	Alleged victim has mental illness	Nominal	0=no	None
B25	B25MI	Numeric	Alleged victim has mental illness	Nominal	.=Unknown	"The AV may have a mental illness."

B25a	B25aMISpec	Numeric	Alleged victim has mental illness - Specify	Nominal	None	"AV's mental illness: {Text string}."
B26	B26SubsAbu	Numeric	Alleged victim has substance abuse issues	Nominal	1=yes	"The AV has substance abuse issues."
B26	B26SubsAbu	Numeric	Alleged victim has substance abuse issues	Nominal	0=no	None
B26	B26SubsAbu	Numeric	Alleged victim has substance abuse issues	Nominal	.=Unknown	"The AV may have substance abuse issues."
B26a	B26aSubsAbuSpec	Numeric	Alleged victim has substance abuse issues - Specify	Nominal	None	"AV's substance abuse issues: {Text string}."
B27	B27OtherCondition	Numeric	Alleged victim has other condition	Nominal	1=yes	"AV has other physical/mental condition."
B27a	B27aOtherConditionSpec	Numeric	Alleged victim has other condition - Specify	Nominal	None	"AV's other physical/mental condition: {Text string}."
SECTION C. Short Screener						
C1a	C1aPhysAbs	Numeric	Is there a suspicion that older person is being abused physically?	Nominal	1=yes	"There is a suspicion of physical abuse."
C1a	C1aPhysAbs	Numeric	Is there a suspicion that older person is being abused physically?	Nominal	0=no	"There was no reported suspicion of physical abuse."
C1a1	C1a1MjrInj	Numeric	Does the older adult have any major physical injuries that are of a serious nature?	Nominal	1=yes	"There is suspicion that AV has major physical injuries."
C1a1	C1a1MjrInj	Numeric	Does the older adult have any major physical injuries that are of a serious nature?	Nominal	0=no	"The AV was not reported to have major physical injuries."
C1a1	C1a1MjrInj	Numeric	Does the older adult have any major physical injuries that are of a serious nature?	Nominal	.=DK	"It is unknown if the AV has major physical injuries."
C1a2	C1a2ModInj	Numeric	Does the older adult have any moderate physical injuries?	Nominal	1=yes	There is suspicion that AV has been overmedicated, poisoned, chemically restrained or confined."
C1a2	C1a2ModInj	Numeric	Does the older adult have any moderate physical injuries?	Nominal	0=no	The AV was not reported to have been overmedicated, poisoned, chemically restrained or confined."
C1a2	C1a2ModInj	Numeric	Does the older adult have any moderate physical injuries?	Nominal	.=DK	It is unknown if the AV has been overmedicated, poisoned, chemically restrained or confined."
C1a3	C1a3MedPoison	Numeric	Has the older adult been overmedicated, poisoned or chemically restrained?	Nominal	1=yes	There is suspicion that AV has been overmedicated, poisoned or chemically restrained."
C1a3	C1a3MedPoison	Numeric	Has the older adult been overmedicated, poisoned or chemically restrained?	Nominal	0=no	The AV was not reported to have been overmedicated, poisoned or chemically restrained."
C1a3	C1a3MedPoison	Numeric	Has the older adult been overmedicated, poisoned or chemically restrained?	Nominal	.=DK	It is unknown if the AV has been overmedicated, poisoned or chemically restrained."
C1a4	C1a4SerAttack	Numeric	Has the older adult been a victim of a serious attempted or completed physical attack?	Nominal	1=yes	There is suspicion that AV has been a victim of a serious attempted or completed physical attack."
C1a4	C1a4SerAttack	Numeric	Has the older adult been a victim of a serious attempted or completed physical attack?	Nominal	0=no	The AV was not reported to have been a victim of a serious attempted or completed physical attack."
C1a4	C1a4SerAttack	Numeric	Has the older adult been a victim of a serious attempted or completed physical attack?	Nominal	.=DK	It is unknown if the AV has been a victim of a serious attempted or completed physical attack."
C1a5	C1a5Attack	Numeric	Has the older adult been a victim of an attempted or completed physical attack?	Nominal	1=yes	There is suspicion that AV has been a victim of an attempted or completed physical attack."
C1a5	C1a5Attack	Numeric	Has the older adult been a victim of an attempted or completed physical attack?	Nominal	0=no	The AV was not reported to have been a victim of an attempted or completed physical attack."
C1a5	C1a5Attack	Numeric	Has the older adult been a victim of an attempted or completed physical attack?	Nominal	.=DK	It is unknown if the AV has been a victim of an attempted or completed physical attack."
C1a6	C1a6Restrained	Numeric	Has the older adult been restrained without medical/legal orders?	Nominal	1=yes	"There is suspicion that AV has been restrained."
C1a6	C1a6Restrained	Numeric	Has the older adult been restrained without medical/legal orders?	Nominal	0=no	"The AV was not reported to have been restrained."
C1a6	C1a6Restrained	Numeric	Has the older adult been restrained without medical/legal orders?	Nominal	.=DK	"It is unknown if the AV has been restrained."
C1a7	C1a7Details	String	Other Physical Abuse Evidence	Nominal	None	"Other evidence of physical abuse: {text string}."
C2a	C2aNeglect	Numeric	Is there a suspicion that the older person is being neglected by someone?	Nominal	1=yes	"There is a suspicion of neglect."
C2a	C2aNeglect	Numeric	Is there a suspicion that the older person is being neglected by someone?	Nominal	0=no	"There is no suspicion of neglect."
C2a1	C2a1LackPhys	Numeric	<small>Does the older adult lack basic physical necessities: were enough meals delivered, services heat, vision, services, maintenance or alterations, if there is need for immediate medical attention to treat conditions that could result in emergencies, services respiratory distress, water, pain, or water past?</small>	Nominal	1=yes	"There is suspicion that the AV lacks basic physical necessities."
C2a1	C2a1LackPhys	Numeric	<small>Does the older adult lack basic physical necessities: were enough meals delivered, services heat, vision, services, maintenance or alterations, if there is need for immediate medical attention to treat conditions that could result in emergencies, services respiratory distress, water, pain, or water past?</small>	Nominal	0=no	"The AV was not reported to lack basic physical necessities."
C2a1	C2a1LackPhys	Numeric	<small>Does the older adult lack basic physical necessities: were enough meals delivered, services heat, vision, services, maintenance or alterations, if there is need for immediate medical attention to treat conditions that could result in emergencies, services respiratory distress, water, pain, or water past?</small>	Nominal	.=DK	"It is unknown if the AV lacks basic physical necessities."
C2a2	C2a2PersHyg	Numeric	<small>Does the older adult exhibit poor or inappropriate personal hygiene, as evidenced by a noticeable odor, dirty or soiled fingernails or toenails, dirty clothes, inadequate clothing, clothes not appropriate for the weather, presence of lice or nits on clothes, bedding or body?</small>	Nominal	1=yes	"There is suspicion that the AV exhibits poor/inappropriate hygiene."
C2a2	C2a2PersHyg	Numeric	<small>Does the older adult exhibit poor or inappropriate personal hygiene, as evidenced by a noticeable odor, dirty or soiled fingernails or toenails, dirty clothes, inadequate clothing, clothes not appropriate for the weather, presence of lice or nits on clothes, bedding or body?</small>	Nominal	0=no	"The AV was not reported to exhibit poor/inappropriate hygiene."
C2a2	C2a2PersHyg	Numeric	<small>Does the older adult exhibit poor or inappropriate personal hygiene, as evidenced by a noticeable odor, dirty or soiled fingernails or toenails, dirty clothes, inadequate clothing, clothes not appropriate for the weather, presence of lice or nits on clothes, bedding or body?</small>	Nominal	.=DK	"It is unknown if the AV exhibits poor/inappropriate hygiene."
C2a3	C2a3Abandoned	Numeric	Has the older adult been abandoned or left with inadequate supervision?	Nominal	1=yes	"There is suspicion that the AV has been abandoned or is left with inadequate supervision."
C2a3	C2a3Abandoned	Numeric	Has the older adult been abandoned or left with inadequate supervision?	Nominal	0=no	"The AV was not reported to have been abandoned or is left with inadequate supervision."
C2a3	C2a3Abandoned	Numeric	Has the older adult been abandoned or left with inadequate supervision?	Nominal	.=DK	"It is unknown if the AV has been abandoned or is left with inadequate supervision."
C2a4	C2a4PhysProbs	Numeric	Does the older adult have any visible physical problems such as rashes, sores, lice, bedbugs, or other parasites; or foot/leg problems?	Nominal	1=yes	"There is suspicion that the AV has visible physical problems."
C2a4	C2a4PhysProbs	Numeric	Does the older adult have any visible physical problems such as rashes, sores, lice, bedbugs, or other parasites; or foot/leg problems?	Nominal	0=no	"The AV was not reported to have visible physical problems."
C2a4	C2a4PhysProbs	Numeric	Does the older adult have any visible physical problems such as rashes, sores, lice, bedbugs, or other parasites; or foot/leg problems?	Nominal	.=DK	"It is unknown if the AV has visible physical problems."
C2a5	C2a5UnmtNeed	Numeric	Does the older adult appear to have any unmet need for medical, mental health and/or dental care; or nutrition, assistive devices, medications, assistance with care, or supervision?	Nominal	1=yes	"There is suspicion that the AV has unmet needs."
C2a5	C2a5UnmtNeed	Numeric	Does the older adult appear to have any unmet need for medical, mental health and/or dental care; or nutrition, assistive devices, medications, assistance with care, or supervision?	Nominal	0=no	"The AV was not reported to have unmet needs."
C2a5	C2a5UnmtNeed	Numeric	Does the older adult appear to have any unmet need for medical, mental health and/or dental care; or nutrition, assistive devices, medications, assistance with care, or supervision?	Nominal	.=DK	"It is unknown if the AV has unmet needs."

C2a6	C2a6HomeUnsafe	Numeric	Is the older adult's home unsafe or unlivable due to disrepair, foul odors, accumulated garbage or clutter, nonworking utilities or appliances, or vermin/insect infestation?	Nominal	1=yes	"There is suspicion that the AV has a home that is unsafe or unlivable."
C2a6	C2a6HomeUnsafe	Numeric	Is the older adult's home unsafe or unlivable due to disrepair, foul odors, accumulated garbage or clutter, nonworking utilities or appliances, or vermin/insect infestation?	Nominal	0=no	"The AV was not reported to have a home that is unsafe or unlivable."
C2a6	C2a6HomeUnsafe	Numeric	Is the older adult's home unsafe or unlivable due to disrepair, foul odors, accumulated garbage or clutter, nonworking utilities or appliances, or vermin/insect infestation?	Nominal	.=DK	"It is unknown if the AV has a home that is unsafe or unlivable."
C2a7	C2a7Details	String	Other Neglect Evidence	Nominal	None	"Other evidence of neglect: {text string}."
C3a	C3aEmo	Numeric	Is there a suspicion that the older person is being emotionally abused?	Nominal	1=yes	"There is a suspicion of emotional abuse."
C3a	C3aEmo	Numeric	Is there a suspicion that the older person is being emotionally abused?	Nominal	0=no	"There is no suspicion of emotional abuse."
C3a1	C3a1Threat	Numeric	Has the older adult been threatened with serious, imminent harm, such as threats of serious injury or death, threats of sexual abuse with ongoing access, or are they being stalked?	Nominal	1=yes	"There is suspicion that the AV has been threatened with serious harm."
C3a1	C3a1Threat	Numeric	Has the older adult been threatened with serious, imminent harm, such as threats of serious injury or death, threats of sexual abuse with ongoing access, or are they being stalked?	Nominal	0=no	"The AV was not reported to have been threatened with serious harm."
C3a1	C3a1Threat	Numeric	Has the older adult been threatened with serious, imminent harm, such as threats of serious injury or death, threats of sexual abuse with ongoing access, or are they being stalked?	Nominal	.=DK	"It is unknown if the AV has been threatened with serious harm."
C3a2	C3a2Isolated	Numeric	Has the older adult been isolated or prevented from contact with friends, family, community resources or the outside world (via telephone, newspaper, television, radio, etc.)?	Nominal	1=yes	"There is suspicion that the AV has been isolated."
C3a2	C3a2Isolated	Numeric	Has the older adult been isolated or prevented from contact with friends, family, community resources or the outside world (via telephone, newspaper, television, radio, etc.)?	Nominal	0=no	"The AV was not reported to have been isolated."
C3a2	C3a2Isolated	Numeric	Has the older adult been isolated or prevented from contact with friends, family, community resources or the outside world (via telephone, newspaper, television, radio, etc.)?	Nominal	.=DK	"It is unknown if the AV has been isolated."
C3a3	C3a3Harass	Numeric	Has the older adult been harassed, stalked, or intimidated by someone they know, such as threats of maltreatment, nursing home placement, pet abuse, or destruction of property?	Nominal	1=yes	"There is suspicion that the AV has been harassed, stalked, or intimidated."
C3a3	C3a3Harass	Numeric	Has the older adult been harassed, stalked, or intimidated by someone they know, such as threats of maltreatment, nursing home placement, pet abuse, or destruction of property?	Nominal	0=no	"The AV was not reported to have been harassed, stalked, or intimidated."
C3a3	C3a3Harass	Numeric	Has the older adult been harassed, stalked, or intimidated by someone they know, such as threats of maltreatment, nursing home placement, pet abuse, or destruction of property?	Nominal	.=DK	"It is unknown if the AV has been harassed, stalked, or intimidated."
C3a4	C3a4Confused	Numeric	Has the older adult been deliberately confused, ignored, or treated like a child by someone they know?	Nominal	1=yes	"There is suspicion that the AV has been confused, ignored, or treated like a child."
C3a4	C3a4Confused	Numeric	Has the older adult been deliberately confused, ignored, or treated like a child by someone they know?	Nominal	0=no	"The AV was not reported to have been confused, ignored, or treated like a child."
C3a4	C3a4Confused	Numeric	Has the older adult been deliberately confused, ignored, or treated like a child by someone they know?	Nominal	.=DK	"It is unknown if the AV has been confused, ignored, or treated like a child."
C3a5	C3a5Insulted	Numeric	Has the older adult been insulted, shamed, yelled at, or sworn at by someone they know?	Nominal	1=yes	"There is suspicion that the AV has been insulted, shamed, yelled at, or sworn at by someone they know."
C3a5	C3a5Insulted	Numeric	Has the older adult been insulted, shamed, yelled at, or sworn at by someone they know?	Nominal	0=no	"The AV was not reported to have been insulted, shamed, yelled at, or sworn at by someone they know."
C3a5	C3a5Insulted	Numeric	Has the older adult been insulted, shamed, yelled at, or sworn at by someone they know?	Nominal	.=DK	"It is unknown if the AV has been insulted, shamed, yelled at, or sworn at by someone they know."
C3a6	C3a6Details	String	Other Emotional Abuse Evidence	Nominal	None	"Other evidence of emotional abuse: {text string}."
C4a	C4aFinExp	String	Is there a suspicion that the older person is being financially exploited?	Nominal	1=yes	"There is a suspicion of financial exploitation."
C4a	C4aFinExp	Numeric	Is there a suspicion that the older person is being financially exploited?	Nominal	0=no	"There is no suspicion of financial exploitation."
C4a1	C4a1UnpdBill	Numeric	Even with adequate income, does the older adult have unpaid bills, utilities cut off, unmet basic needs, or an eviction notice?	Nominal	1=yes	"There is suspicion that the AV has unpaid bills, utilities cut off, unmet basic needs, or an eviction notice."
C4a1	C4a1UnpdBill	Numeric	Even with adequate income, does the older adult have unpaid bills, utilities cut off, unmet basic needs, or an eviction notice?	Nominal	0=no	"The AV was not reported to have unpaid bills, utilities cut off, unmet basic needs, or an eviction notice."
C4a1	C4a1UnpdBill	Numeric	Even with adequate income, does the older adult have unpaid bills, utilities cut off, unmet basic needs, or an eviction notice?	Nominal	.=DK	"It is unknown if the AV has unpaid bills, utilities cut off, unmet basic needs, or an eviction notice."
C4a2	C4a2TakenMoney	Numeric	Has someone borrowed or taken money from the older adult and not paid it back, lied about spending the older adult's money, or refused to give an accounting of how the money was spent?	Nominal	1=yes	"There is suspicion that someone borrowed or took money from the older adult and did not pay it back."
C4a2	C4a2TakenMoney	Numeric	Has someone borrowed or taken money from the older adult and not paid it back, lied about spending the older adult's money, or refused to give an accounting of how the money was spent?	Nominal	0=no	"It was not reported that someone borrowed or took money from the older adult and did not pay it back."
C4a2	C4a2TakenMoney	Numeric	Has someone borrowed or taken money from the older adult and not paid it back, lied about spending the older adult's money, or refused to give an accounting of how the money was spent?	Nominal	.=DK	"It is unknown if someone borrowed or took money from the older adult and did not pay it back."
C4a3	C4a3FinDeal	Numeric	Are there suspicious financial dealings, such as comingling of funds, ATM/credit card misuse,	Nominal	1=yes	"There is suspicion that the AV has suspicious financial dealings."
C4a3	C4a3FinDeal	Numeric	Are there suspicious financial dealings, such as comingling of funds, ATM/credit card misuse,	Nominal	0=no	"The AV was not reported to have suspicious financial dealings."
C4a3	C4a3FinDeal	Numeric	Are there suspicious financial dealings, such as comingling of funds, ATM/credit card misuse,	Nominal	.=DK	"It is unknown if the AV has had suspicious financial dealings."
C4a4	C4a4ForceSign	Numeric	Has the older adult been forced to sign financial or legal documents against their will, without their understanding, or is forgery suspected?	Nominal	1=yes	"There is suspicion that the AV has been forced to sign financial or legal documents."
C4a4	C4a4ForceSign	Numeric	Has the older adult been forced to sign financial or legal documents against their will, without their understanding, or is forgery suspected?	Nominal	0=no	"The AV was not reported to have been forced to sign financial or legal documents."
C4a4	C4a4ForceSign	Numeric	Has the older adult been forced to sign financial or legal documents against their will, without their understanding, or is forgery suspected?	Nominal	.=DK	"It is unknown if the AV has been forced to sign financial or legal documents."
C4a5	C4a5Coerce	Numeric	Has someone obtained money, property, or financial resources from the older adult through overcharging for goods/services, coercion, manipulation, cheating or force?	Nominal	1=yes	"There is suspicion that someone obtained money, property, or financial resources from the AV."
C4a5	C4a5Coerce	Numeric	Has someone obtained money, property, or financial resources from the older adult through overcharging for goods/services, coercion, manipulation, cheating or force?	Nominal	0=no	"It was not reported that someone obtained money, property, or financial resources from the AV."
C4a5	C4a5Coerce	Numeric	Has someone obtained money, property, or financial resources from the older adult through overcharging for goods/services, coercion, manipulation, cheating or force?	Nominal	.=DK	"It is unknown if someone obtained money, property, or financial resources from the AV."
C4a6	C4a6Details	String	Other Financial Exploitation Evidence	Nominal	None	"Other evidence of financial exploitation: {text string}."
C5a	C5aSex	Numeric	Is there a suspicion that the older person is being abused sexually?	Nominal	1=yes	"There is a suspicion of sexual abuse."
C5a	C5aSex	Numeric	Is there a suspicion that the older person is being abused sexually?	Nominal	0=no	"There is no suspicion of sexual abuse."
C5a1	C5a1NonConsent	Numeric	Has the older adult engaged in any sexual activities without the ability to understand and give consent?	Nominal	1=yes	"There is suspicion that the AV has engaged in any sexual activities without the ability to understand and give consent."
C5a1	C5a1NonConsent	Numeric	Has the older adult engaged in any sexual activities without the ability to understand and give consent?	Nominal	0=no	"The AV was not reported to have engaged in any sexual activities without the ability to understand and give consent."
C5a1	C5a1NonConsent	Numeric	Has the older adult engaged in any sexual activities without the ability to understand and give consent?	Nominal	.=DK	"It is unknown if the AV has engaged in any sexual activities without the ability to understand and give consent."
C5a2	C5a2SexAct	Numeric	Has the older adult been forced into any sexual activities involving: observing sexual activities, touching, fondling, or oral/anal/vaginal sex?	Nominal	1=yes	"There is suspicion that the AV has been forced into sexual activities."

C5a2	C5a2SexAct	Numeric	Has the older adult been forced into any sexual activities involving: observing sexual activities, touching, fondling, or oral/anal/vaginal sex?	Nominal	0=no	The AV was not reported to have engaged in any sexual activities without the ability to understand and give consent."
C5a2	C5a2SexAct	Numeric	Has the older adult been forced into any sexual activities involving: observing sexual activities, touching, fondling, or oral/anal/vaginal sex?	Nominal	.=DK	"It is unknown if the AV has been forced into sexual activities."
C5a3	C5a3SexHarass	Numeric	Has the older adult experienced persistent low language, forced to look at pornography, sexual harassment, inappropriate flirting, indecent exposure, or unwanted advances from someone?	Nominal	1=yes	The AV reported that the AV has experienced persistent low language, forced to look at pornography, sexual harassment, inappropriate flirting, indecent exposure, or unwanted advances from someone."
C5a3	C5a3SexHarass	Numeric	Has the older adult experienced persistent low language, forced to look at pornography, sexual harassment, inappropriate flirting, indecent exposure, or unwanted advances from someone?	Nominal	0=no	The AV was not reported to have experienced persistent low language, forced to look at pornography, sexual harassment, inappropriate flirting, indecent exposure, or unwanted advances from someone."
C5a3	C5a3SexHarass	Numeric	Has the older adult experienced persistent low language, forced to look at pornography, sexual harassment, inappropriate flirting, indecent exposure, or unwanted advances from someone?	Nominal	.=DK	The AV was not reported to have experienced persistent low language, forced to look at pornography, sexual harassment, inappropriate flirting, indecent exposure, or unwanted advances from someone."
C5a4	C5a4Details	String	Other Sexual Abuse Evidence	Nominal	None	"Other evidence of sexual abuse: {text string}."
I9	I9Priority	Numeric	Priority Code	Nominal	1=Priority I	None - tabular.
I9	I9Priority	Numeric	Priority Code	Nominal	1=Priority II	None - tabular.
I9	I9Priority	Numeric	Priority Code	Nominal	1=Priority III	None - tabular.
SECTION D. Alleged Abuser (AA) Information						
D1	D1Name	String	Name of alleged abuser	Nominal	None	None - tabular on top of report.
D2	D2Age	Numeric	Age of alleged abuser	Nominal	None	Tabular
D3	D3DOB	Numeric	DOB of alleged abuser	Nominal	None	Tabular
D4	D4AgeEst	Numeric	Age estimate	Nominal	1=yes	"(estimate)"
D4	D4AgeEst	Numeric	Age estimate	Nominal	0=no	None
D5	D5Sex	Numeric	Sex of alleged abuser	Nominal	0=male	"The AA is a male."
D5	D5Sex	Numeric	Sex of alleged abuser	Nominal	1=female	"The AA is a female."
D5	D5Sex	Numeric	Sex of alleged abuser	Nominal	2=other	None
D5a	D5aSex	String	Other sex of alleged abuser	Nominal	None	"The AA is a {text string}."
D6	D6Addr	String	Alleged abuser address	Nominal	None	None - tabular on top of report.
D7	D7Phone	String	Alleged abuser phone number	Nominal	None	None - tabular on top of report.
D7a	D7aPhoneType	Numeric	Type of Phone	Nominal	1=home	None - tabular on top of report (next to phone number).
D7a	D7aPhoneType	Numeric	Type of Phone	Nominal	2=cell	None - tabular on top of report (next to phone number).
D7a	D7aPhoneType	Numeric	Type of Phone	Nominal	3=work	None - tabular on top of report (next to phone number).
D7a	D7aPhoneType	Numeric	Type of Phone	Nominal	4=other	None - tabular on top of report.
D7b	D7bNoPhone	Numeric	No phone	Nominal	1=yes	"There is no phone number available."
D8	D8Relationship	String	Relationship to AV	Nominal	None	None - tabular on top of report.
D9	D9LimEng	Numeric	Limited English Speaking	Nominal	1=yes	"AA is limited english speaking."
D9a	D9aLimEngSpoke	String	Language spoken	Nominal	None	"{text string}"
D9b	D9bLimEngTrans	Numeric	Translator Required	Nominal	1=yes	"A translator is required."
D10	D10PhysImp	Numeric	Alleged abuser has physical impairment	Nominal	1=yes	"The AA is physically impaired."
D10	D10PhysImp	Numeric	Alleged abuser has physical impairment	Nominal	0=no	None
D10	D10PhysImp	Numeric	Alleged abuser has physical impairment	Nominal	.=Unknown	"The AA may be physically impaired."
D10a	D10aPhysImpSpec	String	Alleged abuser has physical impairment - Specify	Nominal	None	"AA's physical impairment: {Text string}."
D11	D11SensImp	Numeric	Alleged abuser has sensory impairment	Nominal	1=yes	"The AA is sensory impaired."
D11	D11SensImp	Numeric	Alleged abuser has sensory impairment	Nominal	0=no	None
D11	D11SensImp	Numeric	Alleged abuser has sensory impairment	Nominal	.=Unknown	"The AA may be sensory impaired."
D11a	D11aSensImpSpec	String	Alleged abuser has sensory impairment - Specify	Nominal	None	"AA's physical impairment: {Text string}."
D12	D12CogImp	Numeric	Alleged abuser has cognitive impairment	Nominal	1=yes	"The AA is cognitively impaired."
D12	D12CogImp	Numeric	Alleged abuser has cognitive impairment	Nominal	0=no	None
D12	D12CogImp	Numeric	Alleged abuser has cognitive impairment	Nominal	.=Unknown	"The AA may be cognitively impaired."
D12a	D12aCogImpSpec	String	Alleged abuser has cognitive impairment - Specify	Nominal	None	"AA's cognitive impairment: {Text string}."
D13	D13MI	Numeric	Alleged abuser has mental illness	Nominal	1=yes	"The AA has a mental illness."
D13	D13MI	Numeric	Alleged abuser has mental illness	Nominal	0=no	None
D13	D13MI	Numeric	Alleged abuser has mental illness	Nominal	.=Unknown	"The AA may have a mental illness."
D13a	D13aMISpec	String	Alleged abuser has mental illness - Specify	Nominal	None	"AA's mental illness: {Text string}."

D14	D14SubsAbu	Numeric	Alleged abuser has substance abuse issues	Nominal	1=yes	"The AA has substance abuse issues."
D14	D14SubsAbu	Numeric	Alleged abuser has substance abuse issues	Nominal	0=no	None
D14	D14SubsAbu	Numeric	Alleged abuser has substance abuse issues	Nominal	.=Unknown	"The AA may have substance abuse issues."
D14a	D14aSubsAbuSpec	String	Alleged abuser has substance abuse issues - Specify	Nominal	None	"AA's substance abuse issues: {Text string}."
D15	D15Gamble	Numeric	Alleged abuser has gambling problem	Nominal	1=yes	"The AA has gambling issues."
D15	D15Gamble	Numeric	Alleged abuser has gambling problem	Nominal	0=no	None
D15	D15Gamble	Numeric	Alleged abuser has gambling problem	Nominal	.=Unknown	"The AA may have gambling issues."
D15a	D15aGambleSpec	Numeric	Alleged abuser has gambling problem - Specify	Nominal	None	"AA's gambling issues: {Text string}."
D16	D16OtherCondition	Numeric	Alleged abuser has other condition	Nominal		
D16	D16OtherConditionSpec	Numeric	Alleged abuser has other condition - specify	Nominal		
D17	D17NotesAA	String	Notes about AA	Nominal	None	"AA has other physical/mental condition."
D18	D18AAAware	Numeric	AA aware of report	Nominal	1=yes	"The AA is aware of the report."
D18	D18AAAware	Numeric	AA aware of report	Nominal	0=no	"The AA is not aware of the report."
SECTION E. Reporter Information						
E1	E1Name	String	Reporter's Name	Nominal	None	None - tabular.
E2	E2Anon	Numeric	Reporter is anonymous	Nominal	1=yes	"Reporter wished to remain anonymous."
E3	E3PhoneRept	Numeric	Alleged abuser phone number	Nominal	None	None - tabular.
E3a	E3aPhoneTypeRept	Numeric	Type of Phone	Nominal	1=home	None - tabular.
E3a	E3aPhoneTypeRept	Numeric	Type of Phone	Nominal	2=cell	None - tabular.
E3a	E3aPhoneTypeRept	Numeric	Type of Phone	Nominal	3=work	None - tabular.
E3a	E3aPhoneTypeRept	Numeric	Type of Phone	Nominal	4=other	None - tabular.
E3b	E3bNoPhone	Numeric	No phone	Nominal	1=yes	"There is no phone number available."
E4	E4AddrRept	String	Reporter address	Nominal	None	None - tabular.
E5	E5MoreInfo	Numeric	Reporter will provide more information	Nominal	1=yes	"Reporter is willing to provide more information."
E5	E5MoreInfo	Numeric	Reporter will provide more information	Nominal	0=no	"Reporter is not willing to provide more information."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	1=self/alleged victim	"Reporter is alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	2=spouse	"Reporter is spouse of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	3=child	"Reporter is child of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	4=sibling	"Reporter is sibling of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	5=grandchild	"Reporter is grandchild of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	law	"Reporter is son/daughter-in-law of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	7=other relative	"Reporter is other relative of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	8=neighbor	"Reporter is neighbor of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	9=friend	"Reporter is friend of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	10=alleged abuser	"Reporter is alleged abuser."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	11=physician	"Reporter is a physician of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	12=nurse	"Reporter is a nurse of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	personnel	"Reporter is a medical personnel."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	14=social worker	"Reporter is a social worker."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	15=Legal Guardian/P	"Reporter is guardian or legal power of attorney."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	16=attorney	"Reporter is attorney of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	17=law enforcement	"Reporter is a member of law enforcement."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	18=bank/financial en	"Reporter is bank/financial employee."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	19=case manager/EA	"Reporter is case manager of alleged victim."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	20=CCP employee	"Reporter is CCP employee."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	21=Title III employe	"Reporter is Title III employee (paid or volunteer)."

E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	22=other in-home care	"Reporter is an in-home care worker."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	23=other state employee	"Reporter is a state employee."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	24=other aging network	"Reporter is a member of an aging network."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	25=other mandated reporter	"Reporter is a mandated reporter."
E6	E6RelVic	Numeric	Relationship of other to alleged victim	Nominal	26=other non-mandated reporter	"Reporter is some other non-mandated reporter."
SECTION F. Narrative Summary of the Report						
F1	F1Narrative	String	Narrative Summary of Report	Nominal	None	{Text}
SECTION G. Agency Referral						
G1	G1ReferralDate	Date	Referral Date	Nominal	None	Tabular
G2	G2ReferralTime	Numeric	Referral time	Nominal	None	Tabular
G3	G3AgencyName	String	Agency Name	Nominal	None	Tabular
G4	G4AgencyPhone	Numeric	Agency phone	Nominal	None	Tabular
G5	G5AgencyCode	Numeric	Agency code	Nominal	None	Tabular
G6	G6Worker	String	Worker receiving referral	Nominal	None	Tabular
G7	G7Notes	String	Additional notes	Nominal	None	Tabular
G8	G8ReportType	Numeric	Report Type	Nominal	1=Initial	Tabular
G8	G8ReportType	Numeric	Report Type	Nominal	2=Related Information	Tabular
G8	G8ReportType	Numeric	Report Type	Nominal	3=Subsequent	Tabular

Client Assessment Form Variables & Reporting Statements						
Name	Name Full Descriptor	Type	Label	Measure	Value	Report Statement
V1	V1ID	Numeric	Client ID	Nominal	None	
P. PHYSICAL ABUSE						
P1	P1MjrInj	Numeric	injuries that are of a serious nature?	Nominal	2 = yes	The older adult definitely has major physical injuries that are of a serious nature.
P1	P1MjrInj	Numeric	injuries that are of a serious nature?	Nominal	1 = some indication	It is suspected that the AV has major physical injuries that are of a serious nature.
P1	P1MjrInj	Numeric	injuries that are of a serious nature?	Nominal	0 = no	The AV does not have any major physical injuries that are of a serious nature.
P1	P1MjrInj	Numeric	injuries that are of a serious nature?	Nominal	. = unknown or N/A	It is unknown if the AV has any major physical injuries that are of a serious nature.
P1a	P1aBrkBone	Numeric	Broken bones or spiral fractures	Nominal	2 = yes	The AV definitely has broken bones or spiral fractures.
P1a	P1aBrkBone	Numeric	Broken bones or spiral fractures	Nominal	1 = some indication	It is suspected that the AV has broken bones or spiral fractures.
P1a	P1aBrkBone	Numeric	Broken bones or spiral fractures	Nominal	0 = no	The AV does not have any broken bones or spiral fractures.
P1a	P1aBrkBone	Numeric	Broken bones or spiral fractures	Nominal	. = unknown or N/A	It is unknown if the AV has any broken bones or spiral fractures.
P1b	P1bMjrBurn	Numeric	Burns (Major)	Nominal	2 = yes	The AV definitely has major burns.
P1b	P1bMjrBurn	Numeric	Burns (Major)	Nominal	1 = some indication	It is suspected that the AV has major burns.
P1b	P1bMjrBurn	Numeric	Burns (Major)	Nominal	0 = no	The AV does not have any major burns.
P1b	P1bMjrBurn	Numeric	Burns (Major)	Nominal	. = unknown or N/A	It is unknown if the AV has any minor burns.
P1c	P1cDisloc	Numeric	Dislocations	Nominal	2 = yes	The AV definitely has dislocations
P1c	P1cDisloc	Numeric	Dislocations	Nominal	1 = some indication	It is suspected that the AV has locations.
P1c	P1cDisloc	Numeric	Dislocations	Nominal	0 = no	The AV does not have any dislocations.
P1c	P1cDisloc	Numeric	Dislocations	Nominal	. = unknown or N/A	It is unknown if the AV has dislocations.
P1d	P1dIntInj	Numeric	Internal Injuries	Nominal	2 = yes	The AV definitely has internal injuries.
P1d	P1dIntInj	Numeric	Internal Injuries	Nominal	1 = some indication	It is suspected that the AV has internal injuries.
P1d	P1dIntInj	Numeric	Internal Injuries	Nominal	0 = no	The AV does not have any internal injuries.
P1d	P1dIntInj	Numeric	Internal Injuries	Nominal	. = unknown or N/A	It is unknown if the AV has any internal injuries.
P1e	P1eMjrScald	Numeric	Scalding Major	Nominal	2 = yes	The AV definitely has major scalding.
P1e	P1eMjrScald	Numeric	Scalding Major	Nominal	1 = some indication	It is suspected that the AV has major scalding.
P1e	P1eMjrScald	Numeric	Scalding Major	Nominal	0 = no	The AV does not have any major scalding.
P1e	P1eMjrScald	Numeric	Scalding Major	Nominal	. = unknown or N/A	It is unknown if the AV has any major scalding.
P1f	P1fOther	Numeric	Other Major Injury	Nominal	2 = yes	The AV definitely has a major injury (other).
P1f	P1fOther	Numeric	Other Major Injury	Nominal	1 = some indication	It is suspected that the AV has a major injury (other).
P1f	P1fOther	Numeric	Other Major Injury	Nominal	0 = no	The AV does not have any major injury (other).
P1f	P1fOther	Numeric	Other Major Injury	Nominal	. = unknown or N/A	It is unknown if the AV has any major injury (other).
P1f1	P1f1OthSpec	String	Other Major Injury - Describe	Nominal	None	"The other major injury was: {text string}."
P2	P2ModInj	Numeric	physical injuries?	Nominal	2 = yes	The older adult definitely has moderate physical injuries.
P2	P2ModInj	Numeric	physical injuries?	Nominal	1 = some indication	It is suspected that the AV has moderate physical injuries.
P2	P2ModInj	Numeric	physical injuries?	Nominal	0 = no	The AV does not have any moderate physical injuries.
P2	P2ModInj	Numeric	physical injuries?	Nominal	. = unknown or N/A	It is unknown if the AV has any moderate physical injuries.
P2a	P2aBleed	Numeric	Bleeding	Nominal	2 = yes	The older adult definitely has bleeding.
P2a	P2aBleed	Numeric	Bleeding	Nominal	1 = some indication	It is suspected that the AV has bleeding
P2a	P2aBleed	Numeric	Bleeding	Nominal	0 = no	The AV does not have any bleeding.
P2a	P2aBleed	Numeric	Bleeding	Nominal	. = unknown or N/A	It is unknown if the AV has any bleeding.
P2b	P2bBites	Numeric	Bites	Nominal	2 = yes	The older adult definitely has bites.
P2b	P2bBites	Numeric	Bites	Nominal	1 = some indication	It is suspected that the AV has bites.
P2b	P2bBites	Numeric	Bites	Nominal	0 = no	The AV does not have any bites.
P2b	P2bBites	Numeric	Bites	Nominal	. = unknown or N/A	It is unknown if the AV has any bites.
P2c	P2cMinBurn	Numeric	Burns (Minor)	Nominal	2 = yes	The AV definitely has minor burns.
P2c	P2cMinBurn	Numeric	Burns (Minor)	Nominal	1 = some indication	It is suspected that the AV has minor burns.

P2c	P2cMinBurn	Numeric	Burns (Minor)	Nominal	0 = no	The AV does not have any minor burns.
P2c	P2cMinBurn	Numeric	Burns (Minor)	Nominal	. = unknown or N/A	It is unknown if the AV has any minor burns.
P2d	P2dBruise	Numeric	Bruises	Nominal	2 = yes	The older adult definitely has bruises.
P2d	P2dBruise	Numeric	Bruises	Nominal	1 = some indication	It is suspected that the AV has bruises.
P2d	P2dBruise	Numeric	Bruises	Nominal	0 = no	The AV does not have any bruises.
P2d	P2dBruise	Numeric	Bruises	Nominal	. = unknown or N/A	It is unknown if the AV has any bruises.
P2e	P2eCuts	Numeric	Cuts	Nominal	2 = yes	The AV definitely has cuts.
P2e	P2eCuts	Numeric	Cuts	Nominal	1 = some indication	It is suspected that the AV has cuts.
P2e	P2eCuts	Numeric	Cuts	Nominal	0 = no	The AV does not have any cuts.
P2e	P2eCuts	Numeric	Cuts	Nominal	. = unknown or N/A	It is unknown if the AV has any cuts.
P2f	P2fPunct	Numeric	Punctures	Nominal	2 = yes	The older adult definitely has punctures.
P2f	P2fPunct	Numeric	Punctures	Nominal	1 = some indication	It is suspected that the AV has punctures.
P2f	P2fPunct	Numeric	Punctures	Nominal	0 = no	The AV does not have any punctures.
P2f	P2fPunct	Numeric	Punctures	Nominal	. = unknown or N/A	It is unknown if the AV has any punctures.
P2g	P2gMinScald	Numeric	Scalding (Minor)	Nominal	2 = yes	The AV definitely has minor scalding.
P2g	P2gMinScald	Numeric	Scalding (Minor)	Nominal	1 = some indication	It is suspected that the AV has minor scalding.
P2g	P2gMinScald	Numeric	Scalding (Minor)	Nominal	0 = no	The AV does not have any minor scalding.
P2g	P2gMinScald	Numeric	Scalding (Minor)	Nominal	. = unknown or N/A	It is unknown if the AV has any minor scalding.
P2h	P2hSprains	Numeric	Sprains	Nominal	2 = yes	The older adult definitely has sprains.
P2h	P2hSprains	Numeric	Sprains	Nominal	1 = some indication	It is suspected that the AV has sprains.
P2h	P2hSprains	Numeric	Sprains	Nominal	0 = no	The AV does not have any sprains.
P2h	P2hSprains	Numeric	Sprains	Nominal	. = unknown or N/A	It is unknown if the AV has any sprains.
P2i	P2iWelts	Numeric	Welts	Nominal	2 = yes	The AV definitely has welts.
P2i	P2iWelts	Numeric	Welts	Nominal	1 = some indication	It is suspected that the AV has welts.
P2i	P2iWelts	Numeric	Welts	Nominal	0 = no	The AV does not have any welts.
P2i	P2iWelts	Numeric	Welts	Nominal	. = unknown or N/A	It is unknown if the AV has any welts.
P2j	P2jWounds	Numeric	Wounds	Nominal	2 = yes	The older adult definitely has wounds.
P2j	P2jWounds	Numeric	Wounds	Nominal	1 = some indication	It is suspected that the AV has wounds.
P2j	P2jWounds	Numeric	Wounds	Nominal	0 = no	The AV does not have any wounds.
P2j	P2jWounds	Numeric	Wounds	Nominal	. = unknown or N/A	It is unknown if the AV has any wounds.
P2k	P2kOther	Numeric	Other Moderate Injuries	Nominal	2 = yes	The AV definitely has a moderate injury (other).
P2k	P2kOther	Numeric	Other Moderate Injuries	Nominal	1 = some indication	It is suspected that the AV has a moderate injury (other).
P2k	P2kOther	Numeric	Other Moderate Injuries	Nominal	0 = no	The AV does not have any moderate injury (other).
P2k	P2kOther	Numeric	Other Moderate Injuries	Nominal	. = unknown or N/A	It is unknown if the AV has any moderate injury (other).
P2k2	P2k2OthSpec	String	Other Moderate Injury - Describe	Nominal	None	"The other moderate injury was: {text string}."
P3	P3MedPoison	Numeric	poisoned, or chemically restrained?	Nominal	2 = yes	The older adult definitely has been overmedicated, poisoned, or chemically restrained.
P3	P3MedPoison	Numeric	poisoned, or chemically restrained?	Nominal	1 = some indication	It is suspected that the AV has been overmedicated, poisoned, or chemically restrained.
P3	P3MedPoison	Numeric	poisoned, or chemically restrained?	Nominal	0 = no	The AV has not been overmedicated, poisoned, or chemically restrained.
P3	P3MedPoison	Numeric	poisoned, or chemically restrained?	Nominal	. = unknown or N/A	It is unknown if the AV has been overmedicated, poisoned, or chemically restrained.
P3a	P3aChemRest	Numeric	Inappropriate Use of Chemical Restraints	Nominal	2 = yes	The AV definitely has been inappropriately chemically restrained.
P3a	P3aChemRest	Numeric	Inappropriate Use of Chemical Restraints	Nominal	1 = some indication	It is suspected that the AV has been inappropriately chemically restrained.
P3a	P3aChemRest	Numeric	Inappropriate Use of Chemical Restraints	Nominal	0 = no	The AV has not been inappropriately chemically restrained.
P3a	P3aChemRest	Numeric	Inappropriate Use of Chemical Restraints	Nominal	. = unknown or N/A	It is unknown if the AV has been inappropriately chemically restrained.
P3b	P3bOverMed	Numeric	Overmedicated	Nominal	2 = yes	The older adult definitely has been overmedicated.
P3b	P3bOverMed	Numeric	Overmedicated	Nominal	1 = some indication	It is suspected that the AV has been overmedicated.
P3b	P3bOverMed	Numeric	Overmedicated	Nominal	0 = no	The AV has not been overmedicated.
P3b	P3bOverMed	Numeric	Overmedicated	Nominal	. = unknown or N/A	It is unknown if the AV has been overmedicated.
P3c	P3cPoison	Numeric	Poisoned	Nominal	2 = yes	The AV definitely has been poisoned.

P3c	P3cPoison	Numeric	Poisoned	Nominal	1 = some indication	It is suspected that the AV has been poisoned.
P3c	P3cPoison	Numeric	Poisoned	Nominal	0 = no	The AV has not been poisoned.
P3c	P3cPoison	Numeric	Poisoned	Nominal	. = unknown or N/A	It is unknown if the AV has been poisoned.
P3d	P3dOther	Numeric	Other Chemical Abuse	Nominal	2 = yes	The older adult definitely has been otherwise chemically abused.
P3d	P3dOther	Numeric	Other Chemical Abuse	Nominal	1 = some indication	It is suspected that the AV has been otherwise chemically abused.
P3d	P3dOther	Numeric	Other Chemical Abuse	Nominal	0 = no	The AV has not been otherwise chemically abused.
P3d	P3dOther	Numeric	Other Chemical Abuse	Nominal	. = unknown or N/A	It is unknown if the AV has been otherwise chemically abused.
P3d2	P3d2OthSpec	String	Other Chemical Abuse- Specify	Nominal	None	"The other chemical abuse was: {text string}."
P4	P4SerAttack	Numeric	attempted or completed physical attack?	Nominal	2 = yes	The AV definitely has been the victim of a serious attempted or completed physical attack.
P4	P4SerAttack	Numeric	attempted or completed physical attack?	Nominal	1 = some indication	It is suspected that the AV has been the victim of a serious attempted or completed physical attack.
P4	P4SerAttack	Numeric	attempted or completed physical attack?	Nominal	0 = no	The AV has not been the victim of a serious attempted or completed physical attack.
P4	P4SerAttack	Numeric	attempted or completed physical attack?	Nominal	. = unknown or N/A	It is unknown if the AV has been the victim of a serious attempted or completed physical attack.
P4a	P4aHit	Numeric	Hit	Nominal	2 = yes	The AV definitely has been hit.
P4a	P4aHit	Numeric	Hit	Nominal	1 = some indication	It is suspected that the AV has been hit.
P4a	P4aHit	Numeric	Hit	Nominal	0 = no	The AV has not been hit.
P4a	P4aHit	Numeric	Hit	Nominal	. = unknown or N/A	It is unknown if the AV has been hit.
P4b	P4bWeapon	Numeric	Injured with Weapon	Nominal	2 = yes	The AV definitely has been injured with a weapon.
P4b	P4bWeapon	Numeric	Injured with Weapon	Nominal	1 = some indication	It is suspected that the AV has been injured with a weapon.
P4b	P4bWeapon	Numeric	Injured with Weapon	Nominal	0 = no	The AV has not been injured with a weapon.
P4b	P4bWeapon	Numeric	Injured with Weapon	Nominal	. = unknown or N/A	It is unknown if the AV has been injured with a weapon.
P4c	P4cInstrmnt	Numeric	Injured with Instrument	Nominal	2 = yes	The AV definitely has been injured with an instrument.
P4c	P4cInstrmnt	Numeric	Injured with Instrument	Nominal	1 = some indication	It is suspected that the AV has been injured with an instrument.
P4c	P4cInstrmnt	Numeric	Injured with Instrument	Nominal	0 = no	The AV has not been injured with an instrument.
P4c	P4cInstrmnt	Numeric	Injured with Instrument	Nominal	. = unknown or N/A	It is unknown if the AV has been injured with an instrument.
P4d	P4dKick	Numeric	Kicked	Nominal	2 = yes	The AV definitely has been kicked.
P4d	P4dKick	Numeric	Kicked	Nominal	1 = some indication	It is suspected that the AV has been kicked.
P4d	P4dKick	Numeric	Kicked	Nominal	0 = no	The AV has not been kicked.
P4d	P4dKick	Numeric	Kicked	Nominal	. = unknown or N/A	It is unknown if the AV has been kicked.
P4e	P4ePunch	Numeric	Punched	Nominal	2 = yes	The AV definitely has been punched.
P4e	P4ePunch	Numeric	Punched	Nominal	1 = some indication	It is suspected that the AV has been punched.
P4e	P4ePunch	Numeric	Punched	Nominal	0 = no	The AV has not been punched.
P4e	P4ePunch	Numeric	Punched	Nominal	. = unknown or N/A	It is unknown if the AV has been punched.
P4f	P4fShot	Numeric	Shot	Nominal	2 = yes	The AV definitely has been shot.
P4f	P4fShot	Numeric	Shot	Nominal	1 = some indication	It is suspected that the AV has been shot.
P4f	P4fShot	Numeric	Shot	Nominal	0 = no	The AV has not been shot.
P4f	P4fShot	Numeric	Shot	Nominal	. = unknown or N/A	It is unknown if the AV has been shot.
P4g	P4gSlap	Numeric	Slapped	Nominal	2 = yes	The AV definitely has been slapped.
P4g	P4gSlap	Numeric	Slapped	Nominal	1 = some indication	It is suspected that the AV has been slapped.
P4g	P4gSlap	Numeric	Slapped	Nominal	0 = no	The AV has not been slapped.
P4g	P4gSlap	Numeric	Slapped	Nominal	. = unknown or N/A	It is unknown if the AV has been slapped.
P4h	P4hStrangle	Numeric	Strangled/suffocated/choked	Nominal	2 = yes	The AV definitely has been strangled.
P4h	P4hStrangle	Numeric	Strangled/suffocated/choked	Nominal	1=some indication	It is suspected that the AV has been strangled.
P4h	P4hStrangle	Numeric	Strangled/suffocated/choked	Nominal	0 = no	The AV has not been strangled.
P4h	P4hStrangle	Numeric	Strangled/suffocated/choked	Nominal	. = unknown or N/A	It is unknown if the AV has been strangled.
P4i	P4iOther	Numeric	Other Physical Attack	Nominal	2 = yes	The AV definitely has experienced a physical attack (other).
P4i	P4iOther	Numeric	Other Physical Attack	Nominal	1 = some indication	It is suspected that the AV has experienced a physical attack (other).
P4i	P4iOther	Numeric	Other Physical Attack	Nominal	0 = no	The AV has not experienced a physical attack (other).
P4i	P4iOther	Numeric	Other Physical Attack	Nominal	. = unknown or N/A	It is unknown if the AV has experienced a physical attack (other).

P4i2	P4i2OthSpec	String	Other Physical Attack - Specify	Nominal	None	"The other physical attack was: {text string}."
P5	P5PhysAggr	Numeric	other physically aggressive acts?	Nominal	2 = yes	The AV definitely has been a victim of a physically aggressive act (other).
P5	P5PhysAggr	Numeric	other physically aggressive acts?	Nominal	1 = some indication	It is suspected that the AV has been a victim of a physically aggressive act (other).
P5	P5PhysAggr	Numeric	other physically aggressive acts?	Nominal	0 = no	The AV has not been a victim of a physically aggressive act (other).
P5	P5PhysAggr	Numeric	other physically aggressive acts?	Nominal	. = unknown or N/A	It is unknown if the AV has been a victim of a physically aggressive act (other).
P5a	P5aGrab	Numeric	Grabbed	Nominal	2 = yes	The AV definitely has been grabbed.
P5a	P5aGrab	Numeric	Grabbed	Nominal	1 = some indication	It is suspected that the AV has not been grabbed.
P5a	P5aGrab	Numeric	Grabbed	Nominal	0 = no	The AV has not been grabbed.
P5a	P5aGrab	Numeric	Grabbed	Nominal	. = unknown or N/A	It is unknown if the AV has been grabbed.
P5b	P5bHandRough	Numeric	Handled roughly	Nominal	2 = yes	The AV definitely has been handled roughly.
P5b	P5bHandRough	Numeric	Handled roughly	Nominal	1 = some indication	It is suspected that the AV has been handled roughly.
P5b	P5bHandRough	Numeric	Handled roughly	Nominal	0 = no	The AV has not been handled roughly.
P5b	P5bHandRough	Numeric	Handled roughly	Nominal	. = unknown or N/A	It is unknown if the AV has been handled roughly.
P5c	P5cPinch	Numeric	Pinched	Nominal	2 = yes	The AV definitely has been pinched.
P5c	P5cPinch	Numeric	Pinched	Nominal	1 = some indication	It is suspected that the AV has not been pinched.
P5c	P5cPinch	Numeric	Pinched	Nominal	0 = no	The AV has not been pinched.
P5c	P5cPinch	Numeric	Pinched	Nominal	. = unknown or N/A	It is unknown if the AV has been pinched.
P5d	P5dPoke	Numeric	Poked	Nominal	2 = yes	The AV definitely has been poked.
P5d	P5dPoke	Numeric	Poked	Nominal	1 = some indication	It is suspected that the AV has been poked.
P5d	P5dPoke	Numeric	Poked	Nominal	0 = no	The AV has not been poked.
P5d	P5dPoke	Numeric	Poked	Nominal	. = unknown or N/A	It is unknown if the AV has been handled poked.
P5e	P5ePush	Numeric	Pushed, Shoved	Nominal	2 = yes	The AV definitely has been pushed/shoved.
P5e	P5ePush	Numeric	Pushed, Shoved	Nominal	1 = some indication	It is suspected that the AV has not been pushed/shoved.
P5e	P5ePush	Numeric	Pushed, Shoved	Nominal	0 = no	The AV has not been pushed/shoved.
P5e	P5ePush	Numeric	Pushed, Shoved	Nominal	. = unknown or N/A	It is unknown if the AV has been pushed/shoved.
P5f	P5fScratch	Numeric	Scratched	Nominal	2 = yes	The AV definitely has been scratched.
P5f	P5fScratch	Numeric	Scratched	Nominal	1 = some indication	It is suspected that the AV has been scratched.
P5f	P5fScratch	Numeric	Scratched	Nominal	0 = no	The AV has not been scratched.
P5f	P5fScratch	Numeric	Scratched	Nominal	. = unknown or N/A	It is unknown if the AV has been handled scratched.
P5g	P5gShake	Numeric	Shaken	Nominal	2 = yes	The AV definitely has been shaken.
P5g	P5gShake	Numeric	Shaken	Nominal	1 = some indication	It is suspected that the AV has not been shaken.
P5g	P5gShake	Numeric	Shaken	Nominal	0 = no	The AV has not been shaken.
P5g	P5gShake	Numeric	Shaken	Nominal	. = unknown or N/A	It is unknown if the AV has been shaken.
P5h	P5hOther	Numeric	Other Physically Aggressive Act	Nominal	2 = yes	The AV definitely has been the victim of a physically aggressive act (other).
P5h	P5hOther	Numeric	Other Physically Aggressive Act	Nominal	1 = some indication	It is suspected that the AV has been the victim of a physically aggressive act (other).
P5h	P5hOther	Numeric	Other Physically Aggressive Act	Nominal	0 = no	The AV has not been the victim of a physically aggressive act (other).
P5h	P5hOther	Numeric	Other Physically Aggressive Act	Nominal	. = unknown or N/A	It is unknown if the AV has been the victim of a physically aggressive act (other).
P5h2	P5h2OthSpec	String	Other Physically Aggressive Act - Specify	Nominal	None	The other physically aggressive act was: {text string}.
P6	P6Confine	Numeric	or confined against their will.	Nominal	2 = yes	The AV definitely has been confined.
P6	P6Confine	Numeric	or confined against their will.	Nominal	1 = some indication	It is suspected that the AV has been confined.
P6	P6Confine	Numeric	or confined against their will.	Nominal	0 = no	The AV has not been confined.
P6	P6Confine	Numeric	or confined against their will.	Nominal	. = unknown or N/A	It is unknown if the AV has been confined.
P6a	P6aKeptLocation	Numeric	Kept in location unable to leave	Nominal	2 = yes	The AV definitely has been kept in a location they were unable to leave.
P6a	P6aKeptLocation	Numeric	Kept in location unable to leave	Nominal	1 = some indication	It is suspected that the AV has been kept in a location they were unable to leave.
P6a	P6aKeptLocation	Numeric	Kept in location unable to leave	Nominal	0 = no	The AV has not been kept in a location they were unable to leave.
P6a	P6aKeptLocation	Numeric	Kept in location unable to leave	Nominal	. = unknown or N/A	It is unknown if the AV has been kept in a location they were unable to leave.
P6b	P6bGetPhone	Numeric	impairments	Nominal	2 = yes	The AV definitely cannot get to the phone.
P6b	P6bGetPhone	Numeric	impairments	Nominal	1 = some indication	It is suspected that the AV cannot get to the phone.

P6b	P6bGetPhone	Numeric	impairments	Nominal	0 = no	The AV his able to get to the phone.
P6b	P6bGetPhone	Numeric	impairments	Nominal	. = unknown or N/A	It is unknown if the AV cannot get to the phone.
P6c	P6cGag	Numeric	Gagged	Nominal	2 = yes	The AV definitely has been gagged.
P6c	P6cGag	Numeric	Gagged	Nominal	1 = some indication	It is suspected that the AV has been gagged.
P6c	P6cGag	Numeric	Gagged	Nominal	0 = no	The AV has not been gagged.
P6c	P6cGag	Numeric	Gagged	Nominal	. = unknown or N/A	It is unknown if the AV has been gagged.
P6d	P6dNotChecked	Numeric	Not Periodically Checked	Nominal	2 = yes	The AV definitely has not been periodically checked.
P6d	P6dNotChecked	Numeric	Not Periodically Checked	Nominal	1 = some indication	It is suspected that the AV has not been periodically checked.
P6d	P6dNotChecked	Numeric	Not Periodically Checked	Nominal	0 = no	The AV has been periodically checked.
P6d	P6dNotChecked	Numeric	Not Periodically Checked	Nominal	. = unknown or N/A	It is unknown if the AV has been not periodically checked.
P6e	P6eNoVisitors	Numeric	Not Allowed to Have Visitors	Nominal	2 = yes	The AV has not been allowed to have visitors.
P6e	P6eNoVisitors	Numeric	Not Allowed to Have Visitors	Nominal	1 = some indication	It is suspected that the AV has not been allowed to have visitors.
P6e	P6eNoVisitors	Numeric	Not Allowed to Have Visitors	Nominal	0 = no	The AV has been allowed to have visitors.
P6e	P6eNoVisitors	Numeric	Not Allowed to Have Visitors	Nominal	. = unknown or N/A	It is unknown if the AV has been not allowed to have visitors.
P6f	P6fNoLeave	Numeric	Not Permitted to Leave Home	Nominal	2 = yes	The AV definitely has not been permitted to leave home.
P6f	P6fNoLeave	Numeric	Not Permitted to Leave Home	Nominal	1 = some indication	It is suspected that the AV has not been permitted to leave home.
P6f	P6fNoLeave	Numeric	Not Permitted to Leave Home	Nominal	0 = no	The AV has been permitted to leave home.
P6f	P6fNoLeave	Numeric	Not Permitted to Leave Home	Nominal	. = unknown or N/A	It is unknown if the AV has not been permitted to leave home.
P6g	P6gOvermedicated	Numeric	Overmedicated for Purpose of Confinement	Nominal	2 = yes	The AV has been overmedicated for the purpose of confinement.
P6g	P6gOvermedicated	Numeric	Overmedicated for Purpose of Confinement	Nominal	1 = some indication	It is suspected that the AV has been overmedicated for the purpose of confinement.
P6g	P6gOvermedicated	Numeric	Overmedicated for Purpose of Confinement	Nominal	0 = no	The AV has not been overmedicated for the purpose of confinement.
P6g	P6gOvermedicated	Numeric	Overmedicated for Purpose of Confinement	Nominal	. = unknown or N/A	It is unknown if the AV has been overmedicated for the purpose of confinement.
P6h	P6hRstrnWOMedOrd	Numeric	Restrained without Medical Orders	Nominal	2 = yes	The AV definitely has been restrained without medical orders.
P6h	P6hRstrnWOMedOrd	Numeric	Restrained without Medical Orders	Nominal	1 = some indication	It is suspected that the AV has been restrained without medical orders.
P6h	P6hRstrnWOMedOrd	Numeric	Restrained without Medical Orders	Nominal	0 = no	The AV has not been restrained without medical orders.
P6h	P6hRstrnWOMedOrd	Numeric	Restrained without Medical Orders	Nominal	. = unknown or N/A	It is unknown if the AV has been restrained without medical orders.
P6i	P6iRstrnWOTryAlt	Numeric	Restrained without Trying Alternatives	Nominal	2 = yes	The AV has been restrained without trying alternatives.
P6i	P6iRstrnWOTryAlt	Numeric	Restrained without Trying Alternatives	Nominal	1 = some indication	It is suspected that the AV has been restrained without trying alternatives.
P6i	P6iRstrnWOTryAlt	Numeric	Restrained without Trying Alternatives	Nominal	0 = no	The AV has not been restrained without trying alternatives.
P6i	P6iRstrnWOTryAlt	Numeric	Restrained without Trying Alternatives	Nominal	. = unknown or N/A	It is unknown if the AV has been restrained without trying alternatives.
P7	P7Other	Nstring	Other Physical Abuse	Nominal	None	None
P8	P8TextBox	String	Text box to enter detail.	Nominal	None	{Text}
P9	P9Allegations	String	Allegations of physical abuse	Nominal	None	{Text}
P10	P10Refuting	String	Refuting facts for physical abuse	Nominal	None	{Text}
P11	P11Supporting	String	Supporting facts for physical abuse	Nominal	None	{Text}
P12	P12Photos	Numeric	Photos of injuries?	Nominal	2=yes	There are photos.
P12	P12Photos	Numeric	Photos of injuries?	Nominal	0=no	There are no photos.
P12a	P12aPhotoDate	Date	Date of photo	Nominal	None	The photos were taken/collected on {date}.
P12b	P12bPhotoROI	Numeric	ROI for photo	Nominal	2=yes	There was an ROI obtained for the photos.
P12b	P12bPhotoROI	Numeric	ROI for photos	Nominal	0=no	No ROI was obtained for the photos.
P12c	P12cROICon	Numeric	Type of consent to ROI	Nominal	1=Specal	It was a Specal ROI.
P12c	P12cROICon	Numeric	Type of consent to ROI	Nominal	2=Written	It was a written ROI.
P13	P13InjChrt	Numeric	Injury Location Chart	Nominal	2=yes	There is a physical injury location chart.
P13	P13InjChrt	Numeric	Injury Location Chart	Nominal	0=no	There is no physical injury location chart.
P13a	P13aInjChrtDate	Date	Date of injury location chart	Nominal	None	The injury location chart is from {date}.
P14	P14PhysFreq	Numeric	Frequency of physical abuse	Nominal	1=daily	Physical abuse is/was occurring daily.
P14	P14PhysFreq	Numeric	Frequency of physical abuse	Nominal	2=weekly	Physical abuse is/was occurring weekly.
P14	P14PhysFreq	Numeric	Frequency of physical abuse	Nominal	3=A few times	Physical abuse has happened a few times.

P14	P14PhysFreq	Numeric	Frequency of physical abuse	Nominal	4=Once or twice	Physical abuse has happened once or twice.
P14	P14PhysFreq	Numeric	Frequency of physical abuse	Nominal	5=Unsure	It is uncertain how often physical abuse is/was occurring.
P15	P15PhysRec	Numeric	Recency of physical abuse	Nominal	1=past week/current	Physical abuse has occurred in the past week/is currently going on.
P15	P15PhysRec	Numeric	Recency of physical abuse	Nominal	2=past month	Physical abuse has occurred in the past month.
P15	P15PhysRec	Numeric	Recency of physical abuse	Nominal	3=past 90 days	Physical abuse has occurred in the past 90 days.
P15	P15PhysRec	Numeric	Recency of physical abuse	Nominal	4=past year	Physical abuse has occurred in the past year.
P16	P16PhysLong	Numeric	Did any physical abuse happen more than a year ago	Nominal	1=yes	Physical abuse happened more than a year ago.
P16	P16PhysLong	Numeric	Did any physical abuse happen more than a year ago	Nominal	0=no	Physical abuse did not happen more than a year ago.
P16	P16PhysLong	Numeric	Did any physical abuse happen more than a year ago	Nominal	=unknown	It is unknown if physical abuse happened more than a year ago.
P17	P17VldtyChk	Numeric	Validity Check (Physical Abuse)	Nominal	1= AA Present	The validity of these responses are questioned because the AA was present.
P17	P17VldtyChk	Numeric	Validity Check (Physical Abuse)	Nominal	2=AV Cognitive Status	The validity of these responses are questioned because of the AV's cognitive status.
P17	P17VldtyChk	Numeric	Validity Check (Physical Abuse)	Nominal	3=AV's emotional/psychological status	The validity of these responses are questioned because of the AV's emotional/psychological status.
P17	P17VldtyChk	Numeric	Validity Check (Physical Abuse)	Nominal	4=motivation questionable	The validity of these responses are questioned because of questionable motives.
P17	P17VldtyChk	Numeric	Validity Check (Physical Abuse)	Nominal	5=Other	The validity of these responses are questioned because: (other, below).
P17a	P17aValdyChkOth	String	Validity Check Other (Physical Abuse)	Nominal	None	{enter response}
P18	P18Source	Numeric	Source of Information	Nominal	1=client	The principal source of information was the client.
P18	P18Source	Numeric	Source of Information	Nominal	2=staff	The principal source of information was the staff.
P18	P18Source	Numeric	Source of Information	Nominal	3=collateral	The principal source of information was a collateral.
P18	P18Source	Numeric	Source of Information	Nominal	4=other	The principal source of information was: (other, below).
P18a	P18aSourceOther	Numeric	Source of Information	Nominal	None	{enter response}
P19	P19PhysSub	Numeric	Physical Abuse Substantiation	Nominal	2=verified	Physical abuse was verified.
P19	P19PhysSub	Numeric	Physical Abuse Substantiation	Nominal	1=some indication	There was some indication of physical abuse.
P19	P19PhysSub	Numeric	Physical Abuse Substantiation	Nominal	0=No indication	There was no indication of physical abuse.
P19	P19PhysSub	Numeric	Physical Abuse Substantiation	Nominal	=Unable to verify	Physical abuse was unable to be verified.
P19a	P19aUnableSub	String	Reason Unable to Substantiate	Nominal	None	Physical abuse was not able to be verified because: {enter response}.
P20	P20AbsrResp	Numeric	Abuser Responsible for Physical Abuse	Nominal	1=AA1	AA #1 is responsible for the physical abuse.
P20	P20AbsrResp	Numeric	Abuser Responsible for Physical Abuse	Nominal	2=AA2	AA #2 is responsible for the physical abuse.
P20	P20AbsrResp	Numeric	Abuser Responsible for Physical Abuse	Nominal	3=AA3	AA #3 is responsible for the physical abuse.
P20	P20AbsrResp	Numeric	Abuser Responsible for Physical Abuse	Nominal	4=AA4	AA #4 is responsible for the physical abuse.
P20	P20AbsrResp	Numeric	Abuser Responsible for Physical Abuse	Nominal	5=AA5	AA #5 is responsible for the physical abuse.
P20a	P20aSubsLev	Numeric	Level of Substantiation for P(Absr)	Nominal	2=verified	For this abuser, physical abuse was verified.
P20a	P20aSubsLev	Numeric	Level of Substantiation for P(Absr)	Nominal	1=some indication	For this abuser, there was some indication of physical abuse.
P20a	P20aSubsLev	Numeric	Level of Substantiation for P(Absr)	Nominal	0=No indication	For this abuser, there was no indication of physical abuse.
P20a	P20aSubsLev	Numeric	Level of Substantiation for P(Absr)	Nominal	=Unable to verify	For this abuser, physical abuse was unable to be verified.
P21	P21PhysUrg	Numeric	Abuse)	Nominal	3=immediate	It is suggested that interventions for physical abuse be put into place immediately.
P21	P21PhysUrg	Numeric	Abuse)	Nominal	2=within 30 days	It is suggested that interventions for physical abuse be put into within 30 days.
P21	P21PhysUrg	Numeric	Abuse)	Nominal	1= 30 days-3 months	It is suggested that interventions for physical abuse be put into place between 30 days and 3 months.
N. NEGLECT						
N1	N1PoorHyg	Numeric	Does the older adult have poor personal hygiene	Nominal	2 = yes	The AV definitely has poor personal hygiene.
N1	N1PoorHyg	Numeric	Does the older adult have poor personal hygiene	Nominal	1 = some indication	It is suspected that the AV has poor personal hygiene.
N1	N1PoorHyg	Numeric	Does the older adult have poor personal hygiene	Nominal	0 = no	The AV does not have poor personal hygiene.
N1	N1PoorHyg	Numeric	Does the older adult have poor personal hygiene	Nominal	= unknown or N/A	It is unknown if the AV has poor personal hygiene.
N2	N2Lice	Numeric	Does the older adult have lice or other parasites	Nominal	2 = yes	The AV definitely has lice or other parasites.
N2	N2Lice	Numeric	Does the older adult have lice or other parasites	Nominal	1 = some indication	It is suspected that the AV has lice or other parasites.
N2	N2Lice	Numeric	Does the older adult have lice or other parasites	Nominal	0 = no	The AV does not have lice or other parasites.
N2	N2Lice	Numeric	Does the older adult have lice or other parasites	Nominal	= unknown or N/A	It is unknown if the AV has lice or other parasites.
N3	N3IgnoreSX	Numeric	Does the AA ignore signs and symptoms of disease in the AA.	Nominal	2 = yes	The AA definitely ignores signs and symptoms of disease in the AA.
N3	N3IgnoreSX	Numeric	Does the AA ignore signs and symptoms of disease in the AA.	Nominal	1 = some indication	It is suspected that the AA ignores signs and symptoms of disease in the AA.

N3	N3IgnoreSX	Numeric	Does the AA ignore signs and symptoms of disease in the AA.	Nominal	0 = no	The AA does not ignore signs and symptoms of disease in the AA.
N3	N3IgnoreSX	Numeric	Does the AA ignore signs and symptoms of disease in the AA.	Nominal	. = unknown or N/A	It is unknown if the AA ignores signs and symptoms of disease in the AA.
N4	N4NoDXTest	Numeric	Does the AA fail to follow-through with preventative or diagnostic testing.	Nominal	2 = yes	The AA definitely fails to follow through with preventative or diagnostic testing.
N4	N4NoDXTest	Numeric	Does the AA fail to follow-through with preventative or diagnostic testing.	Nominal	1 = some indication	It is suspected that the AA fails to follow through with preventative or diagnostic testing.
N4	N4NoDXTest	Numeric	Does the AA fail to follow-through with preventative or diagnostic testing.	Nominal	0 = no	The AA does not fail to follow through with preventative or diagnostic testing.
N4	N4NoDXTest	Numeric	Does the AA fail to follow-through with preventative or diagnostic testing.	Nominal	. = unknown or N/A	It is unknown if the AA fails to follow through with preventative or diagnostic testing.
N5	N5LackMeds	Numeric	Does the older adult lack needed medications or medical equipment.	Nominal	2 = yes	The AV definitely lacks needed medication or medical equipment.
N5	N5LackMeds	Numeric	Does the older adult lack needed medications or medical equipment.	Nominal	1 = some indication	It is suspected that the AV lacks needed medication or medical equipment.
N5	N5LackMeds	Numeric	Does the older adult lack needed medications or medical equipment.	Nominal	0 = no	The AV does not lack needed medication or medical equipment.
N5	N5LackMeds	Numeric	Does the older adult lack needed medications or medical equipment.	Nominal	. = unknown or N/A	It is unknown if the AV lacks needed medication or medical equipment.
N6	N6BathUnsafe	Numeric	Are bathroom facilities unsafe, unsanitary, or inoperable.	Nominal	2 = yes	Bathroom facilities are definitely unsafe, unsanitary, or inoperable.
N6	N6BathUnsafe	Numeric	Are bathroom facilities unsafe, unsanitary, or inoperable.	Nominal	1 = some indication	It is suspected that bathroom facilities are unsafe, unsanitary, or inoperable.
N6	N6BathUnsafe	Numeric	Are bathroom facilities unsafe, unsanitary, or inoperable.	Nominal	0 = no	Bathroom facilities are safe, sanitary, and operable.
N6	N6BathUnsafe	Numeric	Are bathroom facilities unsafe, unsanitary, or inoperable.	Nominal	. = unknown or N/A	It is unknown if bathroom facilities are unsafe, unsanitary, or inoperable.
N7	N7KitchUnsafe	Numeric	Are major kitchen appliances (including sink) unsafe, unsanitary, or inoperable.	Nominal	2 = yes	Kitchen appliances are definitely unsafe, unsanitary, or inoperable.
N7	N7KitchUnsafe	Numeric	Are major kitchen appliances (including sink) unsafe, unsanitary, or inoperable.	Nominal	1 = some indication	It is suspected that kitchen appliances are unsafe, unsanitary, or inoperable.
N7	N7KitchUnsafe	Numeric	Are major kitchen appliances (including sink) unsafe, unsanitary, or inoperable.	Nominal	0 = no	Kitchen appliances are safe, sanitary, and operable.
N7	N7KitchUnsafe	Numeric	Are major kitchen appliances (including sink) unsafe, unsanitary, or inoperable.	Nominal	. = unknown or N/A	It is unknown if kitchen appliances are unsafe, unsanitary, or inoperable.
N8	N8HomeUnsafe	Numeric	Does the older adult's house, apartment, or yard appear unsafe or unsanitary.	Nominal	2 = yes	The house is definitely unsafe or unsanitary.
N8	N8HomeUnsafe	Numeric	Does the older adult's house, apartment, or yard appear unsafe or unsanitary.	Nominal	1 = some indication	It is suspected that the house is unsafe or unsanitary.
N8	N8HomeUnsafe	Numeric	Does the older adult's house, apartment, or yard appear unsafe or unsanitary.	Nominal	0 = no	The house is safe and sanitary.
N8	N8HomeUnsafe	Numeric	Does the older adult's house, apartment, or yard appear unsafe or unsanitary.	Nominal	. = unknown or N/A	It is unknown if the house is unsafe or unsanitary.
N9	N9SpoilFood	Numeric	Is there evidence that the adult is eating spoiled food.	Nominal	2 = yes	The AV is definitely eating spoiled food.
N9	N9SpoilFood	Numeric	Is there evidence that the adult is eating spoiled food.	Nominal	1 = some indication	It is suspected that the AV has been eating spoiled food.
N9	N9SpoilFood	Numeric	Is there evidence that the adult is eating spoiled food.	Nominal	0 = no	The AV has not been eating spoiled food.
N9	N9SpoilFood	Numeric	Is there evidence that the adult is eating spoiled food.	Nominal	. = unknown or N/A	It is unknown if the AV has been eating spoiled food.
N10	N10Odors	Numeric	Are there odors in older adult's home that raise concerns about health or safety.	Nominal	2 = yes	There are definitely odors in the AV's home.
N10	N10Odors	Numeric	Are there odors in older adult's home that raise concerns about health or safety.	Nominal	1 = some indication	It is suspected that there are odors in the AV's home.
N10	N10Odors	Numeric	Are there odors in older adult's home that raise concerns about health or safety.	Nominal	0 = no	There are no odors in the AV's home.
N10	N10Odors	Numeric	Are there odors in older adult's home that raise concerns about health or safety.	Nominal	. = unknown or N/A	It is unknown if there are odors in the AV's home.
N11	N11Garbage	Numeric	Are there piles of garbage in the older adult's home that raise concerns about health or safety.	Nominal	2 = yes	There are definitely piles of garbage in the AV's home.
N11	N11Garbage	Numeric	Are there piles of garbage in the older adult's home that raise concerns about health or safety.	Nominal	1 = some indication	It is suspected that there are piles of garbage in the AV's home.
N11	N11Garbage	Numeric	Are there piles of garbage in the older adult's home that raise concerns about health or safety.	Nominal	0 = no	There are no piles of garbage in the AV's home.
N11	N11Garbage	Numeric	Are there piles of garbage in the older adult's home that raise concerns about health or safety.	Nominal	. = unknown or N/A	It is unknown if there are piles of garbage in the AV's home.
N12	N12LackAccess	Numeric	Does the older adult lack access to needed areas of home.	Nominal	2 = yes	The AV definitely lacks access to needed areas of home.
N12	N12LackAccess	Numeric	Does the older adult lack access to needed areas of home.	Nominal	1 = some indication	It is suspected that the AV lacks access to needed areas of home.
N12	N12LackAccess	Numeric	Does the older adult lack access to needed areas of home.	Nominal	0 = no	The AV has access to needed areas of home.
N12	N12LackAccess	Numeric	Does the older adult lack access to needed areas of home.	Nominal	. = unknown or N/A	It is unknown if the AV lacks access to needed areas of home.
N13	N13BadTemp	Numeric	Is the temperature in the older adult's home not appropriate.	Nominal	2 = yes	The temperature in the home is definitely not appropriate.
N13	N13BadTemp	Numeric	Is the temperature in the older adult's home not appropriate.	Nominal	1 = some indication	It is suspected that the temperature in the home is not appropriate.
N13	N13BadTemp	Numeric	Is the temperature in the older adult's home not appropriate.	Nominal	0 = no	The temperature in the home is appropriate.
N13	N13BadTemp	Numeric	Is the temperature in the older adult's home not appropriate.	Nominal	. = unknown or N/A	It is unknown if the temperature in the home is appropriate.
N14	N14Malnour	Numeric	Does the older adult show signs of malnourishment.	Nominal	2 = yes	The AV definitely shows signs of malnourishment.
N14	N14Malnour	Numeric	Does the older adult show signs of malnourishment.	Nominal	1 = some indication	It is suspected that the AV shows signs of malnourishment.
N14	N14Malnour	Numeric	Does the older adult show signs of malnourishment.	Nominal	0 = no	The AV does not show signs of malnourishment.
N14	N14Malnour	Numeric	Does the older adult show signs of malnourishment.	Nominal	. = unknown or N/A	It is unknown if the AV shows signs of malnourishment.
N15	N15LackCare	Numeric	Does the older adult lack sufficient care to meet needs.	Nominal	2 = yes	The AV definitely lacks sufficient care.
N15	N15LackCare	Numeric	Does the older adult lack sufficient care to meet needs.	Nominal	1 = some indication	It is suspected that the AV lacks sufficient care.

N15	N15LackCare	Numeric	Does the older adult lack sufficient care to m	Nominal	0 = no	The AV has sufficient care.
N15	N15LackCare	Numeric	Does the older adult lack sufficient care to m	Nominal	. = unknown or N/A	It is unknown if the AV lacks sufficient care.
N16	N16UntreatedCondtns	Numeric	Does the older adult have any untreated sores	Nominal	2 = yes	The AV definitely has untreated sores, wounds, rashes, or health conditions.
N16	N16UntreatedCondtns	Numeric	Does the older adult have any untreated sores	Nominal	1 = some indication	It is suspected that the AV has untreated sores, wounds, rashes, or health conditions.
N16	N16UntreatedCondtns	Numeric	Does the older adult have any untreated sores	Nominal	0 = no	The AV does not have untreated sores, wounds, rashes, or health conditions.
N16	N16UntreatedCondtns	Numeric	Does the older adult have any untreated sores	Nominal	. = unknown or N/A	It is unknown if the AV has untreated sores, wounds, rashes, or health conditions.
N17	N17NegOther	String	Other Neglect	Nominal	None	{Everything written here should go in the report. }
N18	N18TextBox	String	Text box to enter detail.	Nominal	None	{Text}
N19	N19Allegations	String	Allegations of neglect	Nominal	None	{Text}
N20	N20Refuting	String	Refuting facts for neglect	Nominal	None	{Text}
N21	N21Supporting	String	Supporting facts for neglect	Nominal	None	{Text}
N22	N22NeglFreq	Numeric	Frequency of neglect	Nominal	1=daily	Neglect is/was occurring daily.
N22	N22NeglFreq	Numeric	Frequency of neglect	Nominal	2=weekly	Neglect is/was occurring weekly.
N22	N22NeglFreq	Numeric	Frequency of neglect	Nominal	3=A few times	Neglect has happened a few times.
N22	N22NeglFreq	Numeric	Frequency of neglect	Nominal	4=Once or twice	Neglect has happened once or twice.
N22	N22NeglFreq	Numeric	Frequency of neglect	Nominal	5=Unsure	It is uncertain how often neglect is/was occurring.
N23	N23NeglRec	Numeric	Recency of neglect	Nominal	1=past week/current	Neglect has occurred in the past week/is currently going on.
N23	N23NeglRec	Numeric	Recency of neglect	Nominal	2=past month	Neglect has occurred in the past month.
N23	N23NeglRec	Numeric	Recency of neglect	Nominal	3=past 90 days	Neglect has occurred in the past 90 days.
N23	N23NeglRec	Numeric	Recency of neglect	Nominal	4=past year	Neglect has occurred in the past year.
N24	N24NeglLong	Numeric	Did any neglect happen more than a year ago	Nominal	1=yes	Neglect happened more than a year ago.
N24	N24NeglLong	Numeric	Did any neglect happen more than a year ago	Nominal	0=no	Neglect did not happen more than a year ago.
N24	N24NeglLong	Numeric	Did any neglect happen more than a year ago	Nominal	.=unknown	It is unknown if neglect happened more than a year ago.
N25	N25VldtyChk	Numeric	Validity Check (neglect)	Nominal	1= AA Present	The validity of these responses are questioned because the AA was present.
N25	N25VldtyChk	Numeric	Validity Check (neglect)	Nominal	2=AV Cognitive Status	The validity of these responses are questioned because of the AV's cognitive status.
N25	N25VldtyChk	Numeric	Validity Check (neglect)	Nominal	3=AV's emotional/psychological status	The validity of these responses are questioned because of the AV's emotional/psychological status.
N25	N25VldtyChk	Numeric	Validity Check (neglect)	Nominal	4=motivation questionable	The validity of these responses are questioned because of questionable motives.
N25	N25VldtyChk	Numeric	Validity Check (neglect)	Nominal	5=Other	The validity of these responses are questioned because: (other, below).
N25a	N25aValdyChkOth	String	Validity Check Other (neglect)	Nominal	None	{enter response}
N26	N26Source	Numeric	Source of Information	Nominal	1=client	The principal source of information was the client.
N26	N26Source	Numeric	Source of Information	Nominal	2=staff	The principal source of information was the staff.
N26	N26Source	Numeric	Source of Information	Nominal	3=collateral	The principal source of information was a collateral.
N26	N26Source	Numeric	Source of Information	Nominal	4=other	The principal source of information was: (other, below).
N26a	N26aSourceOther	Numeric	Source of Information	Nominal	None	{enter response}
N27	N27NeglSub	Numeric	Neglect Substantiation	Nominal	2=verified	neglect was verified.
N27	N27NeglSub	Numeric	Neglect Substantiation	Nominal	1=some indication	There was some indication of neglect.
N27	N27NeglSub	Numeric	Neglect Substantiation	Nominal	0=No indication	There was no indication of neglect.
N27	N27NeglSub	Numeric	Neglect Substantiation	Nominal	.=Unable to verify	neglect was unable to be verified.
N27a	N27aUnableSub	String	Reason Unable to Substantiate	Nominal	None	neglect was not able to be verified because: {enter response}.
N28	N28AbsrResp	Numeric	Abuser Responsible for neglect	Nominal	1=AA1	AA #1 is responsible for the neglect.
N28	N28AbsrResp	Numeric	Abuser Responsible for neglect	Nominal	2=AA2	AA #2 is responsible for the neglect.
N28	N28AbsrResp	Numeric	Abuser Responsible for neglect	Nominal	3=AA3	AA #3 is responsible for the neglect.
N28	N28AbsrResp	Numeric	Abuser Responsible for neglect	Nominal	4=AA4	AA #4 is responsible for the neglect.
N28	N28AbsrResp	Numeric	Abuser Responsible for neglect	Nominal	5=AA5	AA #5 is responsible for the neglect.
N20a	N20aSubsLev	Numeric	Level of Substantiation for N(Absr)	Nominal	2=verified	For this abuser, neglect was verified.
N20a	N20aSubsLev	Numeric	Level of Substantiation for N(Absr)	Nominal	1=some indication	For this abuser, there was some indication of neglect.
N20a	N20aSubsLev	Numeric	Level of Substantiation for N(Absr)	Nominal	0=No indication	For this abuser, there was no indication of neglect.
N20a	N20aSubsLev	Numeric	Level of Substantiation for N(Absr)	Nominal	.=Unable to verify	For this abuser, neglect was unable to be verified.

N21	N21NeglUrg	Numeric	Intervention Urgency Rating (neglect)	Nominal	3=immediate	It is suggested that interventions for neglect be put into place immediately.
N21	N21NeglUrg	Numeric	Intervention Urgency Rating (neglect)	Nominal	2=within 30 days	It is suggested that interventions for neglect be put into within 30 days.
N21	N21NeglUrg	Numeric	Intervention Urgency Rating (neglect)	Nominal	1= 30 days-3 months	It is suggested that interventions for neglect be put into place between 30 days and 3 months.
EMOTIONAL ABUSE						
E1	E1Manipulated	Numeric	Has the AA manipulated or tried to control th	Nominal	2 = yes	The AA has definitely manipulated or tried to control the AV.
E1	E1Manipulated	Numeric	Has the AA manipulated or tried to control th	Nominal	1 = some indication	It is suspected that the AA has definitely manipulated or tried to control the AV.
E1	E1Manipulated	Numeric	Has the AA manipulated or tried to control th	Nominal	0 = no	The AA has not manipulated or tried to control the AV.
E1	E1Manipulated	Numeric	Has the AA manipulated or tried to control th	Nominal	. = unknown or N/A	It is unknown if the AA has definitely manipulated or tried to control the AV.
E2	E2UncomfrtblW/AA	Numeric	Has the older adult seemed uncomfortable wi	Nominal	2 = yes	The AV definitely seems uncomfortable with the AA.
E2	E2UncomfrtblW/AA	Numeric	Has the older adult seemed uncomfortable wi	Nominal	1 = some indication	It is suspected that the AV seems uncomfortable with the AA.
E2	E2UncomfrtblW/AA	Numeric	Has the older adult seemed uncomfortable wi	Nominal	0 = no	The AV does not seem uncomfortable with the AA.
E2	E2UncomfrtblW/AA	Numeric	Has the older adult seemed uncomfortable wi	Nominal	. = unknown or N/A	It is unknown if the AV seems uncomfortable with the AA.
E3	E3FrightenIntimid	Numeric	Has the AA behaved in ways that frighten or	Nominal	2 = yes	The AA has definitely frightened or intimidated the AV.
E3	E3FrightenIntimid	Numeric	Has the AA behaved in ways that frighten or	Nominal	1 = some indication	It is suspected that the AA has frightened or intimidated the AV.
E3	E3FrightenIntimid	Numeric	Has the AA behaved in ways that frighten or	Nominal	0 = no	The AA has not frightened or intimidated the AV.
E3	E3FrightenIntimid	Numeric	Has the AA behaved in ways that frighten or	Nominal	. = unknown or N/A	It is unknown if the AA has frightened or intimidated the AV.
E4	E4CallUnkindNam	Numeric	Has the AA called the older adult unkind nam	Nominal	2 = yes	The AA has definitely called AV unkind names or put them down.
E4	E4CallUnkindNam	Numeric	Has the AA called the older adult unkind nam	Nominal	1 = some indication	It is suspected that the AA has called AV unkind names or put them down.
E4	E4CallUnkindNam	Numeric	Has the AA called the older adult unkind nam	Nominal	0 = no	The AA has not called AV unkind names or put them down.
E4	E4CallUnkindNam	Numeric	Has the AA called the older adult unkind nam	Nominal	. = unknown or N/A	It is unknown if the AA has called AV unkind names or put them down.
E5	E5KeptThingsOrLied	Numeric	Has the AA kept things from the older adult c	Nominal	2 = yes	The AA has definitely kept things from AV or lied.
E5	E5KeptThingsOrLied	Numeric	Has the AA kept things from the older adult c	Nominal	1 = some indication	It is suspected that the AA has kept things from AV or lied.
E5	E5KeptThingsOrLied	Numeric	Has the AA kept things from the older adult c	Nominal	0 = no	The AA has not kept things from AV or lied.
E5	E5KeptThingsOrLied	Numeric	Has the AA kept things from the older adult c	Nominal	. = unknown or N/A	It is unknown if the AA has kept things from AV or lied.
E6	E6TakeThingsAway	Numeric	Has the AA taken things away or threatened t	Nominal	2 = yes	The AA has definitely taken things away or threatened take things away from AV.
E6	E6TakeThingsAway	Numeric	Has the AA taken things away or threatened t	Nominal	1 = some indication	It is suspected that the AA has taken things away or threatened take things away from AV.
E6	E6TakeThingsAway	Numeric	Has the AA taken things away or threatened t	Nominal	0 = no	The AA has not taken things away or threatened take things away from AV.
E6	E6TakeThingsAway	Numeric	Has the AA taken things away or threatened t	Nominal	. = unknown or N/A	It is unknown if the AA hastaken things away or threatened take things away from AV.
E7	E7NonSpecGest	Numeric	Has the AA used nonSpecal behavior such as	Nominal	2 = yes	The AA has definitely used nonSpecal behavior (like shaking a fist or other gesture).
E7	E7NonSpecGest	Numeric	Has the AA used nonSpecal behavior such as	Nominal	1 = some indication	It is suspected that the AA has used nonSpecal behavior (like shaking a fist or other gesture).
E7	E7NonSpecGest	Numeric	Has the AA used nonSpecal behavior such as	Nominal	0 = no	The AA has not used nonSpecal behavior (like shaking a fist or other gesture).
E7	E7NonSpecGest	Numeric	Has the AA used nonSpecal behavior such as	Nominal	. = unknown or N/A	It is unknown if the AA has used nonSpecal behavior (like shaking a fist or other gesture).
E8	E8AfraidOfAA	Numeric	Has the older adult seemed afraid of the AA?	Nominal	2 = yes	The AV definitely seems afraid of the AA.
E8	E8AfraidOfAA	Numeric	Has the older adult seemed afraid of the AA?	Nominal	1 = some indication	It is suspected that the AV seems afraid of the AA.
E8	E8AfraidOfAA	Numeric	Has the older adult seemed afraid of the AA?	Nominal	0 = no	The AV does not seem afraid of the AA.
E8	E8AfraidOfAA	Numeric	Has the older adult seemed afraid of the AA?	Nominal	. = unknown or N/A	It is unknown if the AV seems afraid of the AA.
E9	E9Failed2Support	Numeric	Has the AA failed to support or back up the o	Nominal	2 = yes	The AA has definitely failed to support, or back-up, the AV.
E9	E9Failed2Support	Numeric	Has the AA failed to support or back up the o	Nominal	1 = some indication	It is suspected that the AA has failed to support, or back-up, the AV.
E9	E9Failed2Support	Numeric	Has the AA failed to support or back up the o	Nominal	0 = no	The AA has not failed to support, or back-up, the AV.
E9	E9Failed2Support	Numeric	Has the AA failed to support or back up the o	Nominal	. = unknown or N/A	It is unknown if the AA has failed to support, or back-up, the AV.
E10	E10MadeFeelSmall	Numeric	Has the AA made the older adult feel small, s	Nominal	2 = yes	The AA has definitely made the AV seem small.
E10	E10MadeFeelSmall	Numeric	Has the AA made the older adult feel small, s	Nominal	1 = some indication	It is suspected that the AA has made the AV seem small.
E10	E10MadeFeelSmall	Numeric	Has the AA made the older adult feel small, s	Nominal	0 = no	The AA has not made the AV seem small.
E10	E10MadeFeelSmall	Numeric	Has the AA made the older adult feel small, s	Nominal	. = unknown or N/A	It is unknown if the AA has made the AV seem small.
E11	E11TalkAsNotTher	Numeric	Has the AA talked about the older adult as if	Nominal	2 = yes	The AA has definitely talked about AV as if they were not there.
E11	E11TalkAsNotTher	Numeric	Has the AA talked about the older adult as if	Nominal	1 = some indication	It is suspected that the AA has talked about AV as if they were not there.
E11	E11TalkAsNotTher	Numeric	Has the AA talked about the older adult as if	Nominal	0 = no	The AA has not talked about AV as if they were not there.
E11	E11TalkAsNotTher	Numeric	Has the AA talked about the older adult as if	Nominal	. = unknown or N/A	It is unknown if the AA has talked about AV as if they were not there.

E12	E12DelibConfused	Numeric	Has the AA deliberately confused the older adult	Nominal	2 = yes	The AA has definitely deliberately confused the AV.
E12	E12DelibConfused	Numeric	Has the AA deliberately confused the older adult	Nominal	1 = some indication	It is suspected that the AA has deliberately confused the AV.
E12	E12DelibConfused	Numeric	Has the AA deliberately confused the older adult	Nominal	0 = no	The AA has not deliberately confused the AV.
E12	E12DelibConfused	Numeric	Has the AA deliberately confused the older adult	Nominal	. = unknown or N/A	It is unknown if the AA has deliberately confused the AV.
E13	E13NotLetSpeak	Numeric	Has the AA not let the older adult speak for themselves	Nominal	2 = yes	The AA definitely does not let the AV speak for themselves.
E13	E13NotLetSpeak	Numeric	Has the AA not let the older adult speak for themselves	Nominal	1 = some indication	It is suspected that the AA does not let the AV speak for themselves.
E13	E13NotLetSpeak	Numeric	Has the AA not let the older adult speak for themselves	Nominal	0 = no	The AA lets the AV speak for themselves.
E13	E13NotLetSpeak	Numeric	Has the AA not let the older adult speak for themselves	Nominal	. = unknown or N/A	It is unknown if the AA does not let the AV speak for themselves.
E14	E14Abandoned	Numeric	Has the AA abandoned or threatened to abandon the older adult.	Nominal	2 = yes	The AA definitely has abandoned or threatened to abandon the older adult.
E14	E14Abandoned	Numeric	Has the AA abandoned or threatened to abandon the older adult.	Nominal	1 = some indication	It is suspected that the AA has abandoned or threatened to abandon the older adult.
E14	E14Abandoned	Numeric	Has the AA abandoned or threatened to abandon the older adult.	Nominal	0 = no	The AA has not abandoned or threatened to abandon the older adult.
E14	E14Abandoned	Numeric	Has the AA abandoned or threatened to abandon the older adult.	Nominal	. = unknown or N/A	It is unknown if the AA has abandoned or threatened to abandon the older adult.
E15	E15ThreatNursHme	Numeric	Has the AA threatened nursing home placement	Nominal	2 = yes	The AA definitely has threatened nursing home placement.
E15	E15ThreatNursHme	Numeric	Has the AA threatened nursing home placement	Nominal	1 = some indication	It is suspected that the AA has threatened nursing home placement.
E15	E15ThreatNursHme	Numeric	Has the AA threatened nursing home placement	Nominal	0 = no	The AA has threatened nursing home placement.
E15	E15ThreatNursHme	Numeric	Has the AA threatened nursing home placement	Nominal	. = unknown or N/A	It is unknown if the AA has threatened nursing home placement.
E16	E16TreatEUndign	Numeric	Has the AA treated the older adult in an undignified or inappropriate manner when assisting AV with activities of daily living.	Nominal	2 = yes	The AA definitely has treated older adult in an undignified or inappropriate manner when assisting AV with activities of daily living.
E16	E16TreatEUndign	Numeric	Has the AA treated the older adult in an undignified or inappropriate manner when assisting AV with activities of daily living.	Nominal	1 = some indication	It is suspected that the AA has treated older adult in an undignified or inappropriate manner when assisting AV with activities of daily living.
E16	E16TreatEUndign	Numeric	Has the AA treated the older adult in an undignified or inappropriate manner when assisting AV with activities of daily living.	Nominal	0 = no	The AA has not treated older adult in an undignified or inappropriate manner when assisting AV with activities of daily living.
E16	E16TreatEUndign	Numeric	Has the AA treated the older adult in an undignified or inappropriate manner when assisting AV with activities of daily living.	Nominal	. = unknown or N/A	It is unknown if the AA has treated older adult in an undignified or inappropriate manner when assisting AV with activities of daily living.
E17	E17PreventContact	Numeric	Has the AA prevented the older adult from having contact with outside world.	Nominal	2 = yes	The AA definitely has prevented AV from contact with outside world.
E17	E17PreventContact	Numeric	Has the AA prevented the older adult from having contact with outside world.	Nominal	1 = some indication	It is suspected that the AA has prevented AV from contact with outside world.
E17	E17PreventContact	Numeric	Has the AA prevented the older adult from having contact with outside world.	Nominal	0 = no	The AA has not prevented AV from contact with outside world.
E17	E17PreventContact	Numeric	Has the AA prevented the older adult from having contact with outside world.	Nominal	. = unknown or N/A	It is unknown if the AA has abandoned or threatened to abandon the older adult.
E18	E18EmoOther	String	Other emotional abuse	Nominal	None	{Everything written here should go in the report. }
E19	E19TextBox	String	Text box to enter detail.	Nominal	None	{Text}
E20	E20Allegations	String	Allegations of emotional abuse	Nominal	None	{Text}
E21	E21Refuting	String	Refuting facts for emotional abuse	Nominal	None	{Text}
E22	E22Supporting	String	Supporting facts for emotional abuse	Nominal	None	{Text}
E23	E23EmoFreq	Numeric	Frequency of emotional abuse	Nominal	1=daily	Emotional abuse is/was occurring daily.
E23	E23EmoFreq	Numeric	Frequency of emotional abuse	Nominal	2=weekly	Emotional abuse is/was occurring weekly.
E23	E23EmoFreq	Numeric	Frequency of emotional abuse	Nominal	3=A few times	Emotional abuse has happened a few times.
E23	E23EmoFreq	Numeric	Frequency of emotional abuse	Nominal	4=Once or twice	Emotional abuse has happened once or twice.
E23	E23EmoFreq	Numeric	Frequency of emotional abuse	Nominal	5=Unsure	It is uncertain how often emotional abuse is/was occurring.
E24	E24EmoRec	Numeric	Recency of emotional abuse	Nominal	1=past week/current	Emotional abuse has occurred in the past week/is currently going on.
E24	E24EmoRec	Numeric	Recency of emotional abuse	Nominal	2=past month	Emotional abuse has occurred in the past month.
E24	E24EmoRec	Numeric	Recency of emotional abuse	Nominal	3=past 90 days	Emotional abuse has occurred in the past 90 days.
E24	E24EmoRec	Numeric	Recency of emotional abuse	Nominal	4=past year	Emotional abuse has occurred in the past year.
E25	E25EmoLong	Numeric	Did any emotional abuse happen more than a year ago.	Nominal	1=yes	Emotional abuse happened more than a year ago.
E25	E25EmoLong	Numeric	Did any emotional abuse happen more than a year ago.	Nominal	0=no	Emotional abuse did not happen more than a year ago.
E25	E25EmoLong	Numeric	Did any emotional abuse happen more than a year ago.	Nominal	. =unknown	It is unknown if emotional abuse happened more than a year ago.
E26	E26VldtyChk	Numeric	Validity Check (emotional abuse)	Nominal	1= AA Present	The validity of these responses are questioned because the AA was present.
E26	E26VldtyChk	Numeric	Validity Check (emotional abuse)	Nominal	2=AV Cognitive Status	The validity of these responses are questioned because of the AV's cognitive status.
E26	E26VldtyChk	Numeric	Validity Check (emotional abuse)	Nominal	3=AV's emotional/psychological status	The validity of these responses are questioned because of the AV's emotional/psychological status.
E26	E26VldtyChk	Numeric	Validity Check (emotional abuse)	Nominal	4=motivation questionable	The validity of these responses are questioned because of questionable motives.
E26	E26VldtyChk	Numeric	Validity Check (emotional abuse)	Nominal	5=Other	The validity of these responses are questioned because: (other, below).
E26a	E26aVldtyChkOth	String	Validity Check Other (emotional abuse)	Nominal	None	{enter response}
E27	E27Source	Numeric	Source of Information	Nominal	1=client	The principal source of information was the client.

E27	E27Source	Numeric	Source of Information	Nominal	2=staff	The principal source of information was the staff.
E27	E27Source	Numeric	Source of Information	Nominal	3=collateral	The principal source of information was a collateral.
E27	E27Source	Numeric	Source of Information	Nominal	4=other	The principal source of information was: (other, below).
E27a	E27aSourceOther	Numeric	Source of Information	Nominal	None	{enter response}
E28	E28EmoSub	Numeric	Emotional abuse Substantiation	Nominal	2=verified	Emotional abuse was verified.
E28	E28EmoSub	Numeric	Emotional abuse Substantiation	Nominal	1=some indication	There was some indication of emotional abuse.
E28	E28EmoSub	Numeric	Emotional abuse Substantiation	Nominal	0=No indication	There was no indication of emotional abuse.
E28	E28EmoSub	Numeric	Emotional abuse Substantiation	Nominal	.=Unable to verify	Emotional abuse was unable to be verified.
E28a	E28aUnableSub	String	Reason Unable to Substantiate	Nominal	None	Emotional abuse was not able to be verified because: {enter response}.
E29	E29AbsrResp	Numeric	Abuser Responsible for emotional abuse	Nominal	1=AA1	AA #1 is responsible for the emotional abuse.
E29	E29AbsrResp	Numeric	Abuser Responsible for emotional abuse	Nominal	2=AA2	AA #2 is responsible for the emotional abuse.
E29	E29AbsrResp	Numeric	Abuser Responsible for emotional abuse	Nominal	3=AA3	AA #3 is responsible for the emotional abuse.
E29	E29AbsrResp	Numeric	Abuser Responsible for emotional abuse	Nominal	4=AA4	AA #4 is responsible for the emotional abuse.
E29	E29AbsrResp	Numeric	Abuser Responsible for emotional abuse	Nominal	5=AA5	AA #5 is responsible for the emotional abuse.
E30a	E30aSubsLev	Numeric	Level of Substantiation for E(Absr)	Nominal	2=verified	For this abuser, emotional abuse was verified.
E30a	E30aSubsLev	Numeric	Level of Substantiation for E(Absr)	Nominal	1=some indication	For this abuser, there was some indication of emotional abuse.
E30a	E30aSubsLev	Numeric	Level of Substantiation for E(Absr)	Nominal	0=No indication	For this abuser, there was no indication of emotional abuse.
E30a	E30aSubsLev	Numeric	Level of Substantiation for E(Absr)	Nominal	.=Unable to verify	For this abuser, emotional abuse was unable to be verified.
E31	E31EmoUrg	Numeric	abuse)	Nominal	3=immediate	It is suggested that interventions for emotional abuse be put into place immediately.
E31	E31EmoUrg	Numeric	abuse)	Nominal	2=within 30 days	It is suggested that interventions for emotional abuse be put into within 30 days.
E31	E31EmoUrg	Numeric	abuse)	Nominal	1= 30 days-3 months	It is suggested that interventions for emotional abuse be put into place between 30 days and 3 months.
F. FINANCIAL EXPLOITATION						
F1	F1AABrrw\$NotPdBck	Numeric	Has the AA borrowed money from the older adult	Nominal	2 = yes	The AA definitely has borrowed money but did not pay it back.
F1	F1AABrrw\$NotPdBck	Numeric	Has the AA borrowed money from the older adult	Nominal	1 = some indication	It is suspected that the AA has borrowed money but did not pay it back.
F1	F1AABrrw\$NotPdBck	Numeric	Has the AA borrowed money from the older adult	Nominal	0 = no	The AA has not borrowed money and failed to pay it back.
F1	F1AABrrw\$NotPdBck	Numeric	Has the AA borrowed money from the older adult	Nominal	.= unknown or N/A	It is unknown if the AA has borrowed money but did not pay it back.
F2	F2AAFltEntitl2ES	Numeric	Has the AA felt entitled to use the older adult's money	Nominal	2 = yes	The AA definitely has felt entitled to use the AV's money.
F2	F2AAFltEntitl2ES	Numeric	Has the AA felt entitled to use the older adult's money	Nominal	1 = some indication	It is suspected that the AA has felt entitled to use the AV's money.
F2	F2AAFltEntitl2ES	Numeric	Has the AA felt entitled to use the older adult's money	Nominal	0 = no	The AA has not felt entitled to use the AV's money.
F2	F2AAFltEntitl2ES	Numeric	Has the AA felt entitled to use the older adult's money	Nominal	.= unknown or N/A	It is unknown if the AA has felt entitled to use the AV's money.
F3	F3AAUsed\$4Self	Numeric	Has the AA used the older adult's money on their own behalf instead of for AV.	Nominal	2 = yes	The AA has definitely used the AV's money on their own behalf instead of for AV.
F3	F3AAUsed\$4Self	Numeric	Has the AA used the older adult's money on their own behalf instead of for AV.	Nominal	1 = some indication	It is suspected that the AA has used the AV's money on their own behalf instead of for AV.
F3	F3AAUsed\$4Self	Numeric	Has the AA used the older adult's money on their own behalf instead of for AV.	Nominal	0 = no	The AA has not used the AV's money on their own behalf instead of for AV.
F3	F3AAUsed\$4Self	Numeric	Has the AA used the older adult's money on their own behalf instead of for AV.	Nominal	.= unknown or N/A	It is unknown if the AA has used the AV's money on their own behalf instead of for AV.
F4	F4UnexplDisappPoss	Numeric	Have there been unexplained disappearances of funds or possessions.	Nominal	2 = yes	There have definitely been unexplained disappearances of funds or possessions.
F4	F4UnexplDisappPoss	Numeric	Have there been unexplained disappearances of funds or possessions.	Nominal	1 = some indication	It is suspected that there have been unexplained disappearances of funds or possessions.
F4	F4UnexplDisappPoss	Numeric	Have there been unexplained disappearances of funds or possessions.	Nominal	0 = no	There has not been unexplained disappearances of funds or possessions.
F4	F4UnexplDisappPoss	Numeric	Have there been unexplained disappearances of funds or possessions.	Nominal	.= unknown or N/A	It is unknown if there has been unexplained disappearances of funds or possessions.
F5	F5LiedReSpending	Numeric	Has the AA lied about how they were spending the AV's money.	Nominal	2 = yes	The AA definitely has lied about spending the AV's money.
F5	F5LiedReSpending	Numeric	Has the AA lied about how they were spending the AV's money.	Nominal	1 = some indication	It is suspected that the AA has lied about spending the AV's money.
F5	F5LiedReSpending	Numeric	Has the AA lied about how they were spending the AV's money.	Nominal	0 = no	The AA has not felt lied about spending the AV's money.
F5	F5LiedReSpending	Numeric	Has the AA lied about how they were spending the AV's money.	Nominal	.= unknown or N/A	It is unknown if the AA has lied about spending the AV's money.
F6	F6AADemand\$FromE	Numeric	Has the AA demanded money from the AV.	Nominal	2 = yes	The AA definitely has demanded money from the AV.
F6	F6AADemand\$FromE	Numeric	Has the AA demanded money from the AV.	Nominal	1 = some indication	It is suspected that the AA has demanded money from the AV.
F6	F6AADemand\$FromE	Numeric	Has the AA demanded money from the AV.	Nominal	0 = no	The AA has not felt demanded money from the AV.
F6	F6AADemand\$FromE	Numeric	Has the AA demanded money from the AV.	Nominal	.= unknown or N/A	It is unknown if the AA has demanded money from the AV.
F7	F7TkAdvntE4Resors	Numeric	Did the AA take advantage of the older adult to get resources.	Nominal	2 = yes	The AA definitely has taken advantage of AV to get resources.
F7	F7TkAdvntE4Resors	Numeric	Did the AA take advantage of the older adult to get resources.	Nominal	1 = some indication	It is suspected that the AA has taken advantage of AV to get resources.

F7	F7TkAdvntE4Resors	Numeric	Did the AA take advantage of the older adult	Nominal	0 = no	The AA has not taken advantage of AV to get resources.
F7	F7TkAdvntE4Resors	Numeric	Did the AA take advantage of the older adult	Nominal	. = unknown or N/A	It is unknown if the AA has taken advantage of AV to get resources.
F8	F8PoorReas4SpndE\$	Numeric	Has the AA given unreasonable explanations	Nominal	2 = yes	The AA definitely has given unreasonable explanations for spending the AV's money.
F8	F8PoorReas4SpndE\$	Numeric	Has the AA given unreasonable explanations	Nominal	1 = some indication	It is suspected that the AA has given unreasonable explanations for spending the AV's money.
F8	F8PoorReas4SpndE\$	Numeric	Has the AA given unreasonable explanations	Nominal	0 = no	The AA has not given unreasonable explanations for spending the AV's money.
F8	F8PoorReas4SpndE\$	Numeric	Has the AA given unreasonable explanations	Nominal	. = unknown or N/A	It is unknown if the AA has given unreasonable explanations for spending the AV's money.
F9	F9Refus2GivAcct\$	Numeric	Has the AA refused to give the older adult an	Nominal	2 = yes	The AA definitely has refused to given AV accounting of how the AV's money was spent.
F9	F9Refus2GivAcct\$	Numeric	Has the AA refused to give the older adult an	Nominal	1 = some indication	It is suspected that the AA has refused to given AV accounting of how the AV's money was spent.
F9	F9Refus2GivAcct\$	Numeric	Has the AA refused to give the older adult an	Nominal	0 = no	The AA has not refused to given AV accounting of how the AV's money was spent.
F9	F9Refus2GivAcct\$	Numeric	Has the AA refused to give the older adult an	Nominal	. = unknown or N/A	It is unknown if the AA has refused to given AV accounting of how the AV's money was spent.
F10	F10Tk\$4SmthgNvrDid	Numeric	Has the AA taken the older adult's money to c	Nominal	2 = yes	The AA definitely has taken the AV's money to do something but never did it.
F10	F10Tk\$4SmthgNvrDid	Numeric	Has the AA taken the older adult's money to c	Nominal	1 = some indication	It is suspected that the AA has taken the AV's money to do something but never did it.
F10	F10Tk\$4SmthgNvrDid	Numeric	Has the AA taken the older adult's money to c	Nominal	0 = no	The AA has not taken the AV's money to do something but never did it.
F10	F10Tk\$4SmthgNvrDid	Numeric	Has the AA taken the older adult's money to c	Nominal	. = unknown or N/A	It is unknown if the AA has taken the AV's money to do something but never did it.
F11	F11UnusActivsInAcct	Numeric	Have their been unusual activities in the older	Nominal	2 = yes	There have definitely been unusual activities in the AV's bank account.
F11	F11UnusActivsInAcct	Numeric	Have their been unusual activities in the older	Nominal	1 = some indication	It is suspected that there have been unusual activities in the AV's bank account.
F11	F11UnusActivsInAcct	Numeric	Have their been unusual activities in the older	Nominal	0 = no	There have not been unusual activities in the AV's bank account.
F11	F11UnusActivsInAcct	Numeric	Have their been unusual activities in the older	Nominal	. = unknown or N/A	It is unknown if there has been unusual activities in the AV's bank account.
F12	F12BuySmthg4OwnUse	Numeric	Has the AA said they were buying something	Nominal	2 = yes	The AA definitely has bought something for AV but it was really for their own use.
F12	F12BuySmthg4OwnUse	Numeric	Has the AA said they were buying something	Nominal	1 = some indication	It is suspected that the AA has bought something for AV but it was really for their own use.
F12	F12BuySmthg4OwnUse	Numeric	Has the AA said they were buying something	Nominal	0 = no	The AA has not bought something for AV but it was really for their own use.
F12	F12BuySmthg4OwnUse	Numeric	Has the AA said they were buying something	Nominal	. = unknown or N/A	It is unknown if the AA has bought something for AV but it was really for their own use.
F13	F13HndIESIrrspnsbly	Numeric	Has the AA handled the older adult's money	Nominal	2 = yes	The AA definitely has handled the AV's money irresponsibly.
F13	F13HndIESIrrspnsbly	Numeric	Has the AA handled the older adult's money	Nominal	1 = some indication	It is suspected that the AA has handled the AV's money irresponsibly.
F13	F13HndIESIrrspnsbly	Numeric	Has the AA handled the older adult's money	Nominal	0 = no	The AA has not handled the AV's money irresponsibly.
F13	F13HndIESIrrspnsbly	Numeric	Has the AA handled the older adult's money	Nominal	. = unknown or N/A	It is unknown if the AA has handled the AV's money irresponsibly.
F14	F14UnauthW/dAcct	Numeric	Have there been unauthorized withdrawals fr	Nominal	2 = yes	There have definitely been unauthorized withdrawals from AV's bank account.
F14	F14UnauthW/dAcct	Numeric	Have there been unauthorized withdrawals fr	Nominal	1 = some indication	It is suspected that there have been unauthorized withdrawals from AV's bank account.
F14	F14UnauthW/dAcct	Numeric	Have there been unauthorized withdrawals fr	Nominal	0 = no	There have not been unauthorized withdrawals from AV's bank account.
F14	F14UnauthW/dAcct	Numeric	Have there been unauthorized withdrawals fr	Nominal	. = unknown or N/A	It is unknown if there has been unauthorized withdrawals from AV's bank account.
F15	F15TkAdvCultFamExp	Numeric	Has the AA taken advantage of cultural or fan	Nominal	2 = yes	The AA definitely has taken advantage of cultural or family expectations to get resources from the AV.
F15	F15TkAdvCultFamExp	Numeric	Has the AA taken advantage of cultural or fan	Nominal	1 = some indication	It is suspected that the AA has taken advantage of cultural or family expectations to get resources from the AV.
F15	F15TkAdvCultFamExp	Numeric	Has the AA taken advantage of cultural or fan	Nominal	0 = no	The AA has not taken advantage of cultural or family expectations to get resources from the AV.
F15	F15TkAdvCultFamExp	Numeric	Has the AA taken advantage of cultural or fan	Nominal	. = unknown or N/A	It is unknown if the AA has taken advantage of cultural or family expectations to get resources from the AV.
F16	F16SignDxNotBestInt	Numeric	Has the AA persuaded the older adult to sign	Nominal	2 = yes	The AA definitely has persuaded the AV to sign documents not in AV's best interest.
F16	F16SignDxNotBestInt	Numeric	Has the AA persuaded the older adult to sign	Nominal	1 = some indication	It is suspected that the AA has persuaded the AV to sign documents not in AV's best interest.
F16	F16SignDxNotBestInt	Numeric	Has the AA persuaded the older adult to sign	Nominal	0 = no	The AA has not persuaded the AV to sign documents not in AV's best interest.
F16	F16SignDxNotBestInt	Numeric	Has the AA persuaded the older adult to sign	Nominal	. = unknown or N/A	It is unknown if the AA has persuaded the AV to sign documents not in AV's best interest.
F17	F17ManipE2GivBigGft	Numeric	Has the AA manipulated the older adult to gi	Nominal	2 = yes	The AA definitely has manipulated the AV to give large gifts.
F17	F17ManipE2GivBigGft	Numeric	Has the AA manipulated the older adult to gi	Nominal	1 = some indication	It is suspected that the AA has manipulated the AV to give large gifts.
F17	F17ManipE2GivBigGft	Numeric	Has the AA manipulated the older adult to gi	Nominal	0 = no	The AA has not manipulated the AV to give large gifts.
F17	F17ManipE2GivBigGft	Numeric	Has the AA manipulated the older adult to gi	Nominal	. = unknown or N/A	It is unknown if the AA has manipulated the AV to give large gifts.
F18	F18PrvntSpnd2MaxInt	Numeric	Has the AA prevented spending by the older	Nominal	2 = yes	The AA definitely has prevented spending to maximize their inheritance.
F18	F18PrvntSpnd2MaxInt	Numeric	Has the AA prevented spending by the older	Nominal	1 = some indication	It is suspected that the AA has prevented spending to maximize their inheritance.
F18	F18PrvntSpnd2MaxInt	Numeric	Has the AA prevented spending by the older	Nominal	0 = no	The AA has not prevented spending to maximize their inheritance.
F18	F18PrvntSpnd2MaxInt	Numeric	Has the AA prevented spending by the older	Nominal	. = unknown or N/A	It is unknown if the AA has prevented spending to maximize their inheritance.
F19	F19PrmLifCarNvrPrvd	Numeric	Has the AA promised care for the older adult	Nominal	2 = yes	The AA definitely has promised care but did not provide it.
F19	F19PrmLifCarNvrPrvd	Numeric	Has the AA promised care for the older adult	Nominal	1 = some indication	It is suspected that the AA has promised care but did not provide it.

F19	F19PrmLifCarNvrPrvd	Numeric	Has the AA promised care for the older adult	Nominal	0 = no	The AA has not promised care but did not provide it.
F19	F19PrmLifCarNvrPrvd	Numeric	Has the AA promised care for the older adult	Nominal	. = unknown or N/A	It is unknown if the AA has promised care but did not provide it.
F20	F20BuyltnRgrtBuy	Numeric	Has the AA tricked or pressured the older adult	Nominal	2 = yes	The AA definitely has tricked or pressured AV into buying something AV now regrets.
F20	F20BuyltnRgrtBuy	Numeric	Has the AA tricked or pressured the older adult	Nominal	1 = some indication	It is suspected that the AA has tricked or pressured AV into buying something AV now regrets.
F20	F20BuyltnRgrtBuy	Numeric	Has the AA tricked or pressured the older adult	Nominal	0 = no	The AA has not tricked or pressured AV into buying something AV now regrets.
F20	F20BuyltnRgrtBuy	Numeric	Has the AA tricked or pressured the older adult	Nominal	. = unknown or N/A	It is unknown if the AA has tricked or pressured AV into buying something AV now regrets.
F21	F21LegSDoxFreqChng	Numeric	Have the older adult's legal or financial documents	Nominal	2 = yes	The AV's legal/financial documents have definitely been frequently changed.
F21	F21LegSDoxFreqChng	Numeric	Have the older adult's legal or financial documents	Nominal	1 = some indication	It is suspected that the AV's legal/financial documents have been frequently changed.
F21	F21LegSDoxFreqChng	Numeric	Have the older adult's legal or financial documents	Nominal	0 = no	The AV's legal/financial documents have not been frequently changed.
F21	F21LegSDoxFreqChng	Numeric	Have the older adult's legal or financial documents	Nominal	. = unknown or N/A	It is unknown if the AV's legal/financial have been frequently changed.
F22	F22UsePayeeChk4Sf	Numeric	Has the AA become the payee on the older adult's	Nominal	2 = yes	The AA definitely has become payee on the AV's benefits and is using money for themselves
F22	F22UsePayeeChk4Sf	Numeric	Has the AA become the payee on the older adult's	Nominal	1 = some indication	It is suspected that the AA has become payee on the AV's benefits and is using money for themselves.
F22	F22UsePayeeChk4Sf	Numeric	Has the AA become the payee on the older adult's	Nominal	0 = no	The AA has not become payee on the AV's benefits and is using money for themselves.
F22	F22UsePayeeChk4Sf	Numeric	Has the AA become the payee on the older adult's	Nominal	. = unknown or N/A	It is unknown if the AA has become payee on the AV's benefits and is using money for themselves.
F23	F23TmrOvrTitl	Numeric	Has the AA convinced the older adult to turn over the title of their home.	Nominal	2 = yes	The AA definitely has convinced the AV to turn over the title of their home.
F23	F23TmrOvrTitl	Numeric	Has the AA convinced the older adult to turn over the title of their home.	Nominal	1 = some indication	It is suspected that the AA has convinced the AV to turn over the title of their home.
F23	F23TmrOvrTitl	Numeric	Has the AA convinced the older adult to turn over the title of their home.	Nominal	0 = no	The AA has not convinced the AV to turn over the title of their home.
F23	F23TmrOvrTitl	Numeric	Has the AA convinced the older adult to turn over the title of their home.	Nominal	. = unknown or N/A	It is unknown if the AA has convinced the AV to turn over the title of their home.
F24	F24EPrrsr2ModWill	Numeric	Has the AA pressured the older adult to modify the will.	Nominal	2 = yes	The AA definitely has pressured the AV to modify [his/her] will.
F24	F24EPrrsr2ModWill	Numeric	Has the AA pressured the older adult to modify the will.	Nominal	1 = some indication	It is suspected that the AA has pressured the AV to modify [his/her] will.
F24	F24EPrrsr2ModWill	Numeric	Has the AA pressured the older adult to modify the will.	Nominal	0 = no	The AA has not pressured the AV to modify [his/her] will.
F24	F24EPrrsr2ModWill	Numeric	Has the AA pressured the older adult to modify the will.	Nominal	. = unknown or N/A	It is unknown if the AA has pressured the AV to modify [his/her] will.
F25	F25ChngDirDpDestin	Numeric	Has the AA changed the direct deposit destination to benefit themselves.	Nominal	2 = yes	The AA definitely has changed the AV's direct deposit destination to benefit themselves.
F25	F25ChngDirDpDestin	Numeric	Has the AA changed the direct deposit destination to benefit themselves.	Nominal	1 = some indication	It is suspected that the AA has changed the AV's direct deposit destination to benefit themselves.
F25	F25ChngDirDpDestin	Numeric	Has the AA changed the direct deposit destination to benefit themselves.	Nominal	0 = no	The AA has not changed the AV's direct deposit destination to benefit themselves.
F25	F25ChngDirDpDestin	Numeric	Has the AA changed the direct deposit destination to benefit themselves.	Nominal	. = unknown or N/A	It is unknown if the AA has changed the AV's direct deposit destination to benefit themselves.
F26	F26FinOther	String	Other financial exploitation	Nominal	None	{Everything written here should go in the report.}
F27	F27TextBox	String	Text box to enter detail.	Nominal	None	{Text}
F28	F28Allegations	String	Allegations of financial exploitation	Nominal	None	{Text}
F29	F29Refuting	String	Refuting facts for financial exploitation	Nominal	None	{Text}
F30	F30Supporting	String	Supporting facts for financial exploitation	Nominal	None	{Text}
F31	F31FinExplFreq	Numeric	Frequency of financial exploitation	Nominal	1=daily	Financial exploitation is/was occurring daily.
F31	F31FinExplFreq	Numeric	Frequency of financial exploitation	Nominal	2=weekly	Financial exploitation is/was occurring weekly.
F31	F31FinExplFreq	Numeric	Frequency of financial exploitation	Nominal	3=A few times	Financial exploitation has happened a few times.
F31	F31FinExplFreq	Numeric	Frequency of financial exploitation	Nominal	4=Once or twice	Financial exploitation has happened once or twice.
F31	F31FinExplFreq	Numeric	Frequency of financial exploitation	Nominal	5=Unsure	It is uncertain how often financial exploitation is/was occurring.
F32	F32FinExplRec	Numeric	Recency of financial exploitation	Nominal	1=past week/current	Financial exploitation has occurred in the past week/is currently going on.
F32	F32FinExplRec	Numeric	Recency of financial exploitation	Nominal	2=past month	Financial exploitation has occurred in the past month.
F32	F32FinExplRec	Numeric	Recency of financial exploitation	Nominal	3=past 90 days	Financial exploitation has occurred in the past 90 days.
F32	F32FinExplRec	Numeric	Recency of financial exploitation	Nominal	4=past year	Financial exploitation has occurred in the past year.
F33	F33FinExplLong	Numeric	Did any financial exploitation happen more than a year ago.	Nominal	1=yes	Financial exploitation happened more than a year ago.
F33	F33FinExplLong	Numeric	Did any financial exploitation happen more than a year ago.	Nominal	0=no	Financial exploitation did not happen more than a year ago.
F33	F33FinExplLong	Numeric	Did any financial exploitation happen more than a year ago.	Nominal	. = unknown	It is unknown if financial exploitation happened more than a year ago.
F34	F34VldtyChk	Numeric	Validity Check (financial exploitation)	Nominal	1= AA Present	The validity of these responses are questioned because the AA was present.
F34	F34VldtyChk	Numeric	Validity Check (financial exploitation)	Nominal	2=AV Cognitive Status	The validity of these responses are questioned because of the AV's cognitive status.
F34	F34VldtyChk	Numeric	Validity Check (financial exploitation)	Nominal	3=AV's emotional/psychological status	The validity of these responses are questioned because of the AV's emotional/psychological status.
F34	F34VldtyChk	Numeric	Validity Check (financial exploitation)	Nominal	4=motivation questionable	The validity of these responses are questioned because of questionable motives.
F34	F34VldtyChk	Numeric	Validity Check (financial exploitation)	Nominal	5=Other	The validity of these responses are questioned because: (other, below).

F34a	F34aValdyChkOth	String	Validity Check Other (financial exploitation)	Nominal	None	{enter response}
F35	F35Source	Numeric	Source of Information	Nominal	1=client	The principal source of information was the client.
F35	F35Source	Numeric	Source of Information	Nominal	2=staff	The principal source of information was the staff.
F35	F35Source	Numeric	Source of Information	Nominal	3=collateral	The principal source of information was a collateral.
F35	F35Source	Numeric	Source of Information	Nominal	4=other	The principal source of information was: (other, below).
F35a	F35aSourceOther	Numeric	Source of Information	Nominal	None	{enter response}
F36	F36FinExplSub	Numeric	Financial exploitation Substantiation	Nominal	2=verified	financial exploitation was verified.
F36	F36FinExplSub	Numeric	Financial exploitation Substantiation	Nominal	1=some indication	There was some indication of financial exploitation.
F36	F36FinExplSub	Numeric	Financial exploitation Substantiation	Nominal	0=No indication	There was no indication of financial exploitation.
F36	F36FinExplSub	Numeric	Financial exploitation Substantiation	Nominal	.=Unable to verify	financial exploitation was unable to be verified.
F36	F36FinExplSub	String	Reason Unable to Substantiate	Nominal	None	financial exploitation was not able to be verified because: {enter response}.
F37	F37AbsrResp	Numeric	exploitation	Nominal	1=AA1	AA #1 is responsible for the financial exploitation.
F37	F37AbsrResp	Numeric	exploitation	Nominal	2=AA2	AA #2 is responsible for the financial exploitation.
F37	F37AbsrResp	Numeric	exploitation	Nominal	3=AA3	AA #3 is responsible for the financial exploitation.
F37	F37AbsrResp	Numeric	exploitation	Nominal	4=AA4	AA #4 is responsible for the financial exploitation.
F37	F37AbsrResp	Numeric	exploitation	Nominal	5=AA5	AA #5 is responsible for the financial exploitation.
F37a	F37aSubsLev	Numeric	Level of Substantiation for F(Absr)	Nominal	2=verified	For this abuser, financial exploitation was verified.
F37a	F37aSubsLev	Numeric	Level of Substantiation for F(Absr)	Nominal	1=some indication	For this abuser, there was some indication of financial exploitation.
F37a	F37aSubsLev	Numeric	Level of Substantiation for F(Absr)	Nominal	0=No indication	For this abuser, there was no indication of financial exploitation.
F37a	F37aSubsLev	Numeric	Level of Substantiation for F(Absr)	Nominal	.=Unable to verify	For this abuser, financial exploitation was unable to be verified.
F38	F38FinExplUrg	Numeric	exploitation)	Nominal	3=immediate	It is suggested that interventions for financial exploitation be put into place immediately.
F38	F38FinExplUrg	Numeric	exploitation)	Nominal	2=within 30 days	It is suggested that interventions for financial exploitation be put into within 30 days.
F38	F38FinExplUrg	Numeric	exploitation)	Nominal	1= 30 days-3 months	It is suggested that interventions for financial exploitation be put into place between 30 days and 3 months.
S. SEXUAL ABUSE						
S1a	S1aSexAdvnc	Numeric	Unwanted sexual advances by AA	Nominal	2 = yes	The AV has definitely received unwanted sexual advances by the AA.
S1a	S1aSexAdvnc	Numeric	Unwanted sexual advances by AA	Nominal	1 = some indication	It is suspected that the AV has received unwanted sexual advances by the AA.
S1a	S1aSexAdvnc	Numeric	Unwanted sexual advances by AA	Nominal	0 = no	The AV has not received unwanted sexual advances by the AA.
S1a	S1aSexAdvnc	Numeric	Unwanted sexual advances by AA	Nominal	. = unknown or N/A	It is unknown if the AV has received unwanted sexual advances by the AA.
S1b	S1bPorn	Numeric	Forced to view pornography	Nominal	2 = yes	The AV has definitely been forced to watch pornography.
S1b	S1bPorn	Numeric	Forced to view pornography	Nominal	1 = some indication	It is suspected that the AA has been forced to watch pornography.
S1b	S1bPorn	Numeric	Forced to view pornography	Nominal	0 = no	The AV has not been forced to watch pornography.
S1b	S1bPorn	Numeric	Forced to view pornography	Nominal	. = unknown or N/A	It is unknown if the AA has been forced to watch pornography.
S1c	S1cForceObsSex	Numeric	Forced to observe sexual activity	Nominal	2 = yes	The AV has definitely been forced to observe sexual activity.
S1c	S1cForceObsSex	Numeric	Forced to observe sexual activity	Nominal	1 = some indication	It is suspected that the AA has been forced to observe sexual activity.
S1c	S1cForceObsSex	Numeric	Forced to observe sexual activity	Nominal	0 = no	The AV has not been forced to observe sexual activity.
S1c	S1cForceObsSex	Numeric	Forced to observe sexual activity	Nominal	. = unknown or N/A	It is unknown if the AA has been forced to observe sexual activity.
S1d	S1dSexLang	Numeric	Forced to use sexual language	Nominal	2 = yes	The AV has definitely been forced to use or listen to sexual language.
S1d	S1dSexLang	Numeric	Forced to use sexual language	Nominal	1 = some indication	It is suspected that the AA has been forced to use or listen to sexual language.
S1d	S1dSexLang	Numeric	Forced to use sexual language	Nominal	0 = no	The AV has not been forced to use or listen to sexual language.
S1d	S1dSexLang	Numeric	Forced to use sexual language	Nominal	. = unknown or N/A	It is unknown if the AA has been forced to use or listen to sexual language.
S1e	S1eAVExpose	Numeric	AV exposed him/herself	Nominal	2 = yes	The AA has definitely exposed him/herself to AA.
S1e	S1eAVExpose	Numeric	AV exposed him/herself	Nominal	1 = some indication	It is suspected that the AA has exposed him/herself to AA.
S1e	S1eAVExpose	Numeric	AV exposed him/herself	Nominal	0 = no	The AA has not exposed him/herself to AA.
S1e	S1eAVExpose	Numeric	AV exposed him/herself	Nominal	. = unknown or N/A	It is unknown if he AA has exposed him/herself to AA.
S1f	S1fTouched	Numeric	Been touched sexually	Nominal	2 = yes	The AV has definitely been touched sexually by the AA.
S1f	S1fTouched	Numeric	Been touched sexually	Nominal	1 = some indication	It is suspected that the AV has been touched sexually by the AA.
S1f	S1fTouched	Numeric	Been touched sexually	Nominal	0 = no	The AV has not been touched sexually by the AA.
S1f	S1fTouched	Numeric	Been touched sexually	Nominal	. = unknown or N/A	It is unknown if the AV has been touched sexually by the AA.

S1g	S1gForceFondle	Numeric	Forced to fondle or touch AA	Nominal	2 = yes	The AV has definitely been forced to fondle or touch the AA.
S1g	S1gForceFondle	Numeric	Forced to fondle or touch AA	Nominal	1 = some indication	It is suspected that the AA has been forced to fondle or touch the AA.
S1g	S1gForceFondle	Numeric	Forced to fondle or touch AA	Nominal	0 = no	The AV has not been forced to fondle or touch the AA.
S1g	S1gForceFondle	Numeric	Forced to fondle or touch AA	Nominal	. = unknown or N/A	It is unknown if the AA has been forced to fondle or touch the AA.
S1h	S1hForceSex	Numeric	Forced to engage in oral, anal or vaginal sex	Nominal	2 = yes	The AV has definitely been forced to engage in oral, anal or vaginal sex.
S1h	S1hForceSex	Numeric	Forced to engage in oral, anal or vaginal sex	Nominal	1 = some indication	It is suspected that the AA has been forced to engage in oral, anal or vaginal sex.
S1h	S1hForceSex	Numeric	Forced to engage in oral, anal or vaginal sex	Nominal	0 = no	The AV has not been forced to engage in oral, anal or vaginal sex.
S1h	S1hForceSex	Numeric	Forced to engage in oral, anal or vaginal sex	Nominal	. = unknown or N/A	It is unknown if the AA has been forced to engage in oral, anal or vaginal sex.
S1i	S1iSexExploit	Numeric	Sexually exploited	Nominal	2 = yes	The AV has definitely been sexually exploited.
S1i	S1iSexExploit	Numeric	Sexually exploited	Nominal	1 = some indication	It is suspected that the AV has been sexually exploited.
S1i	S1iSexExploit	Numeric	Sexually exploited	Nominal	0 = no	The AV has not been sexually exploited.
S1i	S1iSexExploit	Numeric	Sexually exploited	Nominal	. = unknown or N/A	It is unknown if the AV has been sexually exploited.
S1g	S1gSexOther	String	Other sexual abuse	Nominal	None	{Everything written here should go in the report.}
S2	S2TextBox	String	Text box to enter detail.	Nominal	None	{Text}
S3	S3Allegations	String	Allegations of sexual abuse	Nominal	Eone	{Text}
S4	S4Refuting	String	Refuting facts for sexual abuse	Nominal	Eone	{Text}
S5	S5Supporting	String	Supporting facts for sexual abuse	Nominal	Eone	{Text}
S6	S6SexFreq	Numeric	Frequency of sexual abuse	Nominal	1=daily	Sexual abuse is/was occurring daily.
S6	S6SexFreq	Numeric	Frequency of sexual abuse	Nominal	2=weekly	Sexual abuse is/was occurring weekly.
S6	S6SexFreq	Numeric	Frequency of sexual abuse	Nominal	3=A few times	Sexual abuse has happened a few times.
S6	S6SexFreq	Numeric	Frequency of sexual abuse	Nominal	4=Once or twice	Sexual abuse has happened once or twice.
S6	S6SexFreq	Numeric	Frequency of sexual abuse	Nominal	5=Unsure	It is uncertain how often sexual abuse is/was occurring.
S7	S7SexRec	Numeric	Recency of sexual abuse	Nominal	1=past week/current	Sexual abuse has occurred in the past week/is currently going on.
S7	S7SexRec	Numeric	Recency of sexual abuse	Nominal	2=past month	Sexual abuse has occurred in the past month.
S7	S7SexRec	Numeric	Recency of sexual abuse	Nominal	3=past 90 days	Sexual abuse has occurred in the past 90 days.
S7	S7SexRec	Numeric	Recency of sexual abuse	Nominal	4=past year	Sexual abuse has occurred in the past year.
S8	S8SexLong	Numeric	Did any sexual abuse happen more than a year ago	Nominal	1=yes	Sexual abuse happened more than a year ago.
S8	S8SexLong	Numeric	Did any sexual abuse happen more than a year ago	Nominal	0=no	Sexual abuse did not happen more than a year ago.
S8	S8SexLong	Numeric	Did any sexual abuse happen more than a year ago	Nominal	. = unknown	It is unknown if sexual abuse happened more than a year ago.
S9	S9VldtyChk	Numeric	Validity Check (sexual abuse)	Nominal	1= AA Present	The validity of these responses are questioned because the AA was present.
S9	S9VldtyChk	Numeric	Validity Check (sexual abuse)	Nominal	2=AV Cognitive Status	The validity of these responses are questioned because of the AV's cognitive status.
S9	S9VldtyChk	Numeric	Validity Check (sexual abuse)	Nominal	3=AV's sexual/psychological status	The validity of these responses are questioned because of the AV's sexual/psychological status.
S9	S9VldtyChk	Numeric	Validity Check (sexual abuse)	Nominal	4=motivation questionable	The validity of these responses are questioned because of questionable motives.
S9	S9VldtyChk	Numeric	Validity Check (sexual abuse)	Nominal	5=Other	The validity of these responses are questioned because: (other, below).
S9a	S9aValdyChkOth	String	Validity Check Other (sexual abuse)	Nominal	None	{enter response}
S10	S10Source	Numeric	Source of Information	Nominal	1=client	The principal source of information was the client.
S10	S10Source	Numeric	Source of Information	Nominal	2=staff	The principal source of information was the staff.
S10	S10Source	Numeric	Source of Information	Nominal	3=collateral	The principal source of information was a collateral.
S10	S10Source	Numeric	Source of Information	Nominal	4=other	The principal source of information was: (other, below).
S10a	S10aSourceOther	Numeric	Source of Information	Nominal	None	{enter response}
S11	S11SexSub	Numeric	Sexual abuse Substantiation	Nominal	2=verified	Sexual abuse was verified.
S11	S11SexSub	Numeric	Sexual abuse Substantiation	Nominal	1=some indication	There was some indication of sexual abuse.
S11	S11SexSub	Numeric	Sexual abuse Substantiation	Nominal	0=No indication	There was no indication of sexual abuse.
S11	S11SexSub	Numeric	Sexual abuse Substantiation	Nominal	. =Unable to verify	Sexual abuse was unable to be verified.
S11a	S11aUnableSub	String	Reason Unable to Substantiate	Nominal	None	Sexual abuse was not able to be verified because: {enter response}.
S12	S12AbsrResp	Numeric	Abuser Responsible for sexual abuse	Nominal	1=AA1	AA #1 is responsible for the sexual abuse.
S12	S12AbsrResp	Numeric	Abuser Responsible for sexual abuse	Nominal	2=AA2	AA #2 is responsible for the sexual abuse.
S12	S12AbsrResp	Numeric	Abuser Responsible for sexual abuse	Nominal	3=AA3	AA #3 is responsible for the sexual abuse.

S12	S12AbsrResp	Numeric	Abuser Responsible for sexual abuse	Nominal	4=AA4	AA #4 is responsible for the sexual abuse.
S12	S12AbsrResp	Numeric	Abuser Responsible for sexual abuse	Nominal	5=AA5	AA #5 is responsible for the sexual abuse.
S12a	S12aSubsLev	Numeric	Level of Substantiation for S(Absr)	Nominal	2=verified	For this abuser, sexual abuse was verified.
S12a	S12aSubsLev	Numeric	Level of Substantiation for S(Absr)	Nominal	1=some indication	For this abuser, there was some indication of sexual abuse.
S12a	S12aSubsLev	Numeric	Level of Substantiation for S(Absr)	Nominal	0=No indication	For this abuser, there was no indication of sexual abuse.
S12a	S12aSubsLev	Numeric	Level of Substantiation for S(Absr)	Nominal	=Unable to verify	For this abuser, sexual abuse was unable to be verified.
S13	S13SexUrg	Numeric	Intervention Urgency Rating (sexual abuse)	Nominal	3=immediate	It is suggested that interventions for sexual abuse be put into place immediately.
S13	S13SexUrg	Numeric	Intervention Urgency Rating (sexual abuse)	Nominal	2=within 30 days	It is suggested that interventions for sexual abuse be put into within 30 days.
S13	S13SexUrg	Numeric	Intervention Urgency Rating (sexual abuse)	Nominal	1= 30 days-3 months	It is suggested that interventions for sexual abuse be put into place between 30 days and 3 months.
D. DECISION						
D1	D1SubDecision	Numeric	Substantiation Decision: Any	Nominal	3=abuse substantiated	Abuse was substantiated. The types of abuse that were substantiated were: [enter D2a-D2e].
D1	D1SubDecision	Numeric	Substantiation Decision: Any	Nominal	2=unable to substantiate,	Abuse was unable to be substantiated.
D1	D1SubDecision	Numeric	Substantiation Decision: Any	Nominal	1=no abuse substantiated	No abuse was substantiated.
D1a	D1aPhys	Numeric	Substantiation Decision: Physical Abuse	Nominal	1=checked, 0=not checked	Physical abuse.
D1b	D1bNegl	Numeric	Substantiation Decision: emotional abuse or	Nominal	1=checked, 0=not checked	Neglect.
D1c	D1cEmo	Numeric	Substantiation Decision:Emotional	Nominal	1=checked, 0=not checked	Emotional abuse.
D1d	D1dFinExpl	Numeric	Exploitation	Nominal	1=checked, 0=not checked	Financial exploitation.
D1e	D1eSex	Numeric	Substantiation Decision: Sexual Abuse	Nominal	1=checked, 0=not checked	Sexual abuse.
D2	D2SubAction	Numeric	Substantiated: Proceeding Action	Nominal	1 =Consents to services.	The case was substantiated, and the victim consents to services.
D2	D2SubAction	Numeric	Substantiated: Proceeding Action	Nominal	2=Declines services	The case was substantiated, and the victim declines services.
D2	D2SubAction	Numeric	Substantiated: Proceeding Action	Nominal	3=Entered LTC facility	The case was substantiated, and the victim entered LTC facility.
D2	D2SubAction	Numeric	Substantiated: Proceeding Action	Nominal	4=Moved out of area	The case was substantiated, and the victim moved out of area.
D2	D2SubAction	Numeric	Substantiated: Proceeding Action	Nominal	5=Deceased	The case was substantiated, and the victim is deceased.
D2	D2SubAction	Numeric	Substantiated: Proceeding Action	Nominal	6=Is no longer at risk	The case was substantiated, and the victim is no longer at risk.
D3	D3UnableSub	Numeric	Substantiate	Nominal	1=AV deceased	The case was not able to be substantiated because the AV is deceased.
D3	D3UnableSub	Numeric	Substantiate	Nominal	2=AV refused to cooperate	The case was not able to be substantiated because the AV refused to cooperate.
D3	D3UnableSub	Numeric	Substantiate	Nominal	3=AV entered LTC facility	The case was not able to be substantiated because the AV entered LTC facility.
D3	D3UnableSub	Numeric	Substantiate	Nominal	4=AV is out of jurisdiction	The case was not able to be substantiated because the AV is out of jurisdiction.
D3	D3UnableSub	Numeric	Substantiate	Nominal	5=Denied acces to AV	The case was not able to be substantiated because the investigators were denied access to AV.
D3	D3UnableSub	Numeric	Substantiate	Nominal	6=Case transferred prior to substantiation	The case was not able to be substantiated because the case was transferred prior to substantiation.
D3	D3UnableSub	Numeric	Substantiate	Nominal	7=Unable to locate AV	The case was not able to be substantiated because the investigators were unable to locate AV.
D4	D4NoSub	Numeric	Case was not substantiated	Nominal	1=Referred to CCU for assessment	The case was not substantiated, and the client was referred to CCU for assessment
D4	D4NoSub	Numeric	Case was not substantiated	Nominal	2=Client moved to long term care facility	The case was not substantiated, and the client moved to a long term care facility.
D4	D4NoSub	Numeric	Case was not substantiated	Nominal	3=Client deseased	The case was not substantiated, and the client is deceased.
D4	D4NoSub	Numeric	Case was not substantiated	Nominal	4=No further action required	The case was not substantiated, and no further action is required.
D4	D4NoSub	Numeric	Case was not substantiated	Nominal	5=Other	The case was not substantiated, and the client: [Other].
D4	D4NoSub	Numeric	Case was not substantiated	Nominal	Other Spec	[Text string]
D5	D5Comments	String	Comments about Decision	Nominal	None	{Everything written here should go in the report.}
A. ADMINISTRATION						
A1	A1Intw	Numeric	Client was interviewed about allegations	Nominal	1=yes	Client was interviewed about allegations.
A1	A1Intw	Numeric	Client was interviewed about allegations	Nominal	2=no	Client was not interviewed about allegations.
A2	A2Reliable	Numeric	If yes, were these judged to be reliable respor	Nominal	1=yes	These were judged not to be reliable responses.
A2	A2Reliable	Numeric	If yes, were these judged to be reliable respor	Nominal	2=no	These were judged not to be reliable responses.
A2a	A2aReliableWhy	Numeric	If no, why not?	Nominal	1=incapacity	These responses were not judged to be reliable because of incapacity.
A2a	A2aReliableWhy	Numeric	If no, why not?	Nominal	2=refusal	These responses were not judged to be reliable because of refusal.
A2a	A2aReliableWhy	Numeric	If no, why not?	Nominal	3=inaccessible	These responses were not judged to be reliable because of inaccessibility.
A2a	A2aReliableWhy	Numeric	If no, why not?	Nominal	5=lack of privacy	These responses were not judged to be reliable because of lack of privacy.
A2a	A2aReliableWhy	Numeric	If no, why not?	Nominal	6=AA present	These responses were not judged to be reliable because the AA was present.

A3	A3Form	Numeric	How the assessment was filled out	Nominal	1=pen and paper	The assessment was completed mostly using paper and pencil.
A3	A3Form	Numeric	How the assessment was filled out	Nominal	2=handheld device	The assessment was completed mostly using a handheld device.
A4	A4LocAssess	Numeric	(location)	Nominal	1=with client at home	Most of the assessment was completed with the client at home
A4	A4LocAssess	Numeric	(location)	Nominal	2=elsewhere	Most of the assessment was completed elsewhere.
A5	A5SupervisorSig	String	Supervisor Signature	Nominal	None	None
A6	A6SupervisorDate	Date	Date Supervisor Signed	Nominal	None	None

Dimension	Physical Abuse	Neglect
<p>General Service Recommendations per Type of Abuse, Neglect or Exploitation</p>	<p>General Recommendations for [NAME]:</p> <ul style="list-style-type: none"> • Contact law enforcement. • Ensure [NAME] gets needed medical attention. • Referral to medical personnel for a more detailed medical assessment and evaluation of problem and appropriateness of current services. • Review and discuss health issues and any special needs, and plan accommodations. • Review compliance with prior elder abuse service recommendations (if applicable). • Review whether prior services worked and for how long (if applicable). • Discuss barriers to services (such as interference from abuser(s), transportation, cost, etc.). • Develop or review plan of access to services and safety with [NAME] and what to do if physical abuse occurs in the future. <p>Service Options:</p> <ul style="list-style-type: none"> • Obtain an Order of Protection. • Relocate to temporary housing. • Secure in-home help. • Secure supportive or clinical counseling for [NAME] and abuser(s). • Develop a safety plan [LINK to safety plan: http://www.domesticviolence.org/personalized-safety-plan/]. • Enroll [NAME] in Adult Day Services. • Identify other mechanisms for reducing [NAME] isolation. • Remove the abuser(s) from the home. • Relocate [NAME]. <p>General Recommendations for Abuser(s):</p> <ul style="list-style-type: none"> • Coordinate abuser(s) services with any current abuser(s) service providers, such as probation officer, mental health professionals, substance abuse counselors, school/work officials. • Discuss readiness to change with abuser(s) and any barriers to services. 	<p>General Recommendations for [NAME]:</p> <ul style="list-style-type: none"> • Ensure [NAME] gets needed medical attention. • Referral to medical personnel for a more detailed medical assessment and evaluation of problems and appropriateness of current services. • Review and discuss health, hygiene, home environment issues and any special needs, and plan accommodations. • Review compliance with prior elder abuse service recommendations (if applicable). • Review whether prior services worked and for how long (if applicable). • Discuss barriers to services (such as interference from alleged abuser(s), transportation, cost, etc.). • Develop or review plan of access to services and what to do if neglect occurs in the future. • Assess caregiver's ability and willingness to provide care. • Meet with family and educate them about the [NAME]'s needs. <p>Service Options:</p> <ul style="list-style-type: none"> • Relocate to temporary housing. • Secure homemaker and/or personal care services. • Secure supportive or clinical counseling for [NAME] and abuser(s). • Enroll [NAME] in Adult Day Services. • Identify other mechanisms for reducing [NAME] isolation. • Remove the abuser(s) from the home. • Relocate [NAME]. <p>General Recommendations for Abuser(s):</p> <ul style="list-style-type: none"> • Coordinate abuser(s) services with any current abuser(s) service providers, such as probation officer, mental health professionals, substance abuse counselors, school/work officials. • Discuss readiness to change with abuser(s) and any barriers to services. • Discuss with abuser(s) what they need to improve their relationship with [NAME]. • Ask the abuser(s): "How ready are you right now to get help for the problems in your relationship with [NAME]? 0%, 20%, 40%, 80%, 100%." • Refer to [NAME] Status Form [Alleged Abuser(s) information], e.g. caregiver training, substance abuse treatment, anger management, respite care for older adult, adult daycare for the older adult.
<p>Item-Specific Recommendations</p>	<p>No item-specific recommendations.</p>	<ul style="list-style-type: none"> • Arrange for personal care provider and/or homemaker [If (N1=1) or (N2=1)] • Arrange for visits to health care specialists (podiatrist, dentist, etc.) [If N1=1] • Ensure [NAME] has personal care products needed for proper hygiene [If (N1=1) or (N2=1)] • Ensure utilities are operating properly [If (N1=1) or (N2=1)] • Arrange for fumigation of the home [If N2=1] • Arrange for home cleanup prior to fumigation [If N2=1] • Arrange for housekeeping services to prevent further infestation [If N2=1] • Assess if new furniture/bedding is needed [If N2=1] • Request that physician order home health services if possible, and ensure that education on care is provided to [NAME] and caregiver [If (N3=1) or (N4=1) or (N14=1)] • Provide [NAME] and caregiver with health care information regarding prevention and symptom recognition [If (N3=1) or (N4=1)] • Assess [NAME]'s sense of self-efficacy for health care [If N4=1] • Assess caregiver's self-efficacy to provide care [If N4=1] • Ensure [NAME] has enough money to purchase medication and medical equipment [If N5=1] • Ensure [NAME] has a way to obtain medications and equipment (i.e., transportation, delivery services, etc.) [If N5=1] • Develop a medication management plan [If N5=1] • Arrange for repairs and cleanup, including securing funding [If N6=1] • Arrange for new appliances or repairs [If N7=1] • Arrange for cleanup of property and cleaning services as needed [If N8=1] • Remove all food from the home and restock refrigerator and pantry [If N9=1] • Arrange for the [NAME] to get home delivered meals [If (N9=1) or (N14=1)]

Emotional Abuse	Financial Exploitation
<p>General Recommendations for [NAME]:</p> <ul style="list-style-type: none"> • Discuss current emotional, behavioral, or cognitive problems with any involved mental health professionals and with [NAME]. • Review the need for future mental health services, barriers to accessing them, and any accommodations needed to participate in services (such as interference from alleged abuser(s), transportation, cost, etc.). • Discuss how current emotional, behavioral, cognitive problems & elder abuse problems may be related. • Develop or review plan of access to services and safety with [NAME] or what to do if these emotional, behavioral or cognitive problems continue to occur. • Monitor for change in emotional, behavioral, or cognitive problems, linkage to services, and services compliance. • Coordinate care with mental health care provider. • Review [NAME]'s compliance with past services, and the extent to which the emotional, behavioral or cognitive problems may pose challenges for effectiveness of elder abuse services. • Discuss the consequences with [NAME] of abuser(s)'s behavioral control problems, plan to change, and possible referrals to help. • Consider assertiveness training for [NAME]. • Identify opportunities to increase [NAME]'s social support network <p>General Recommendations for Abuser(s):</p> <ul style="list-style-type: none"> • Coordinate abuser(s) services with any current abuser(s) service providers, such as probation officer, mental health professionals, substance abuse counselors, school/work officials. • Discuss readiness to change with abuser(s) and any barriers to services. • Discuss with abuser(s) what they need to improve their relationship with [NAME]. • Ask the abuser(s): "How ready are you right now to get help for the problems in your relationship with [NAME]? 0%, 20%, 40%, 80%, 100%." • Refer to [NAME] Status Form [Alleged Abuser(s) information], e.g. caregiver training, substance abuse treatment, anger management, respite care for older adult, adult daycare for the older adult. <ul style="list-style-type: none"> • Remove abuser(s) from home. • Relocate [NAME]. 	<p>General Recommendations for [NAME]:</p> <ul style="list-style-type: none"> • Report illegal incidents to law enforcement. • Help [NAME] take immediate protective action on accounts by placing holds or restraints, e.g. stop or cancel all credit card transactions, bank withdrawals, change PIN, change access to safety deposit box and direct deposit. • Report fraud to financial institution(s) immediately. • Request changes of account holder, if appropriate. • Refer [NAME] to representative payee services or pursue guardianship, as appropriate. • Identify and contact appropriate money manager (e.g. family members, friends, volunteer, and other social support providers). <p>Service Options:</p> <ul style="list-style-type: none"> • Ensure abuser(s) does not have access to accounts. • Educate [NAME] about legal rights. • Schedule counseling for [NAME] to address need for self-empowerment. • Provide education on money management or secure money management assistance. • Refer to Illinois Volunteer Money Management Program. • Consult with an attorney about options for restitution. • Schedule counseling for [NAME] to address need for self-empowerment. <p>Involve family members and involved others in a family meeting and include abuser(s).</p> <p>General Recommendations for Abuser(s):</p> <ul style="list-style-type: none"> • Coordinate abuser(s) services with any current abuser(s) service providers, such as probation officer, mental health professionals, substance abuse counselors, school/work officials. • Discuss readiness to change with abuser(s) and any barriers to services. • Discuss with abuser(s) what they need to improve their relationship with the [NAME]. • Ask the abuser(s) : "How ready are you right now to get help for the problems in your relationship with the [NAME]? 0%, 20%, 40%, 80%, 100%." • Refer to [NAME] Status Form [Abuser(s) information], e.g. caregiver training, substance abuse treatment, anger management, respite care for older adult, adult daycare for the older adult. • Refer abuser(s) to any money management services for themselves. • Refer abuser(s) to employment counseling, if appropriate.
<ul style="list-style-type: none"> • Conduct a family meeting to address the problems. [(If any E3-E17=1] • Engage mediation services to resolve issues. [(If any E7-E17=1] • Arrange for another person to be present in the home as much as possible. [(If any E2-E4=1) or (If any E7-E17=1)] • Recommend pastoral counseling. [(If any E7-E17=1] 	<ul style="list-style-type: none"> • Write a contract stating conditions to the amount being given to the abuser(s). [(If F6=1] • Contact the police to determine if charges can be brought against the abuser(s). [(If F1=1) or (If F7=1) or (If F11=1) or (If F13=1) or (If F14=1) or (If F17=1) or (If F21=1) or (If F22=1) or (If F23=1) or (If F25=1)] • Stop payment on check if possible. [(If F10=1] • Determine why something was never done (meet with abuser(s)). [(If F10=1) or (F14=1)] • Freeze accounts. [(If F14=1] • Advise [NAME] to make written agreements in the future. [(If F15=1] • Revoke POA if abuser(s) [is/are] named. [(If F18=1] • Determine [NAME]'s care needs and secure needed services. (see [NAME] Status Form) [(If F19=1] Consult with an attorney regarding need for new will. [(If F24=1]

<p>Sexual Abuse</p> <p>General Recommendations for [NAME]:</p> <ul style="list-style-type: none"> • Contact law enforcement. • Ensure [NAME] gets needed medical attention. • Referral to medical personnel for a more detailed medical assessment and evaluation of problem and appropriateness of current services. • Review and discuss health issues and any special needs, and plan accommodations. • Review compliance with prior elder abuse service recommendations (if applicable). • Review whether prior services worked and for how long (if applicable). • Discuss barriers to services (such as interference from abuser(s), transportation, cost, etc.). • Develop or review plan of access to services and safety with [NAME] and what to do if physical abuse occurs in the future. <p>Service Options:</p> <ul style="list-style-type: none"> • Obtain an Order of Protection. • Relocate to temporary housing. • Secure in-home help. • Secure supportive or clinical counseling for [NAME] and abuser(s). • Develop a safety plan [LINK to safety plan: http://www.domesticviolence.org/personalized-safety-plan/]. • Enroll [NAME] in Adult Day Services. • Identify other mechanisms for reducing [NAME]'s isolation. • Contact the police. • Secure medical treatment if necessary. • Remove the abuser(s) from the home. • Relocate [NAME]. <p>General Recommendations for Abuser(s):</p> <ul style="list-style-type: none"> • Coordinate abuser(s) services with any current abuser(s) service providers, such as probation officer, mental health professionals, substance abuse counselors, school/work officials. • Discuss readiness to change with abuser(s) and any barriers to services. • Discuss with abuser(s) what they need to improve their relationship with [NAME]. • Ask the abuser(s): "How ready are you right now to get help for the problems in your relationship with [NAME]? 0%, 20%, 40%, 80%, 100%." • Refer to [NAME] Status Form [Alleged Abuser(s) information], e.g. caregiver training, substance abuse treatment, anger management, respite care for older adult, adult daycare for <p>No item-specific recommendations.</p>
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Appendix 17. Computerized Adaptive Testing (CAT) Simulation Results

A series of computerized adaptive testing (CAT) simulations was performed using the Older Adult Mistreatment Assessment (OAMA) Financial Exploitation (FE) scale. The FE is a self-report measure of financial exploitation of older adults that consists of 82 Likert-type items. Items are scored as either 0 (No), 1 (Suspected) or 2 (Yes). A previous study (Conrad, Iris, Ridings, Langley, and Wilber, 2011) employing the Rasch measurement model revealed that the instrument is unidimensional with high person and item reliability. Whereas this study presented shorter forms (30- and 54-item versions) of the FE, we examined the use of computerized adaptive testing methods in a simulation to determine if CAT methods could further shorten the instrument with little or no loss of measurement precision.

Simulations used data obtained from the validation sample (N=199) who completed the 82-item FE instrument. CAT simulations were performed using various stopping rules for determining when sufficient information for measurement estimation has been obtained. Stopping rules were based on the maximum standard error of measurement (SEM), which ranged from 0.3 to 0.6 logits, and on the maximum number of items to be administered, which was either 82 (unconstrained CAT condition) or 20 items (constrained CAT condition). Simulation results were evaluated with respect to the number of administered items and the precision of the CAT-estimated measures relative to their full FE counterparts. Precision was assessed by computing correlations between the CAT and full FE measures and by computing root mean square error (RMSE) indicating the average unsigned difference between corresponding CAT and full FE measures.

In the unconstrained CAT simulations, the mean number of items administered ranged from 18.54 to 37.02. In these simulations, the proportion of CAT administrations in which all 82 items were administered ranged from 13 to 24 percent. In contrast, the mean number of items administered ranged from 9.14 to 18.31 items in the constrained CAT simulations. With respect to precision, CAT to full-scale correlations ranged from .95 to .99 in the unconstrained simulations and from .93 to .96 in the constrained CAT simulations. Finally, RMSE ranged from 0.29 to 0.51 in the unconstrained CAT condition and from 0.41 to 0.59 in the constrained condition.

These results generally support the finding that CAT can improve measurement efficiency without significant loss of measurement precision. Efficiency in measurement is enhanced when the maximum number of items that could be administered was constrained.