

ELDER ABUSE SUSPICION INDEX © (EASI)			
EASI Questions			
Q.1-Q.5 asked of patient; Q.6 answered by doctor			
Within the last 12 months:			
1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	YES	NO	Did not answer
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?	YES	NO	Did not answer
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	YES	NO	Did not answer
4) Has anyone tried to force you to sign papers or to use your money against your will?	YES	NO	Did not answer
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	YES	NO	Did not answer
6) Doctor: Elder abuse <u>may</u> be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?	YES	NO	Not sure

The EASI was developed* to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern. The EASI was validated* for asking by family practitioners of cognitively intact seniors seen in ambulatory settings.

*Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI) ©. Journal of Elder Abuse and Neglect 2008; 20(3) 000-000. In Press. Haworth Press Inc: <http://www.HaworthPress.com>

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SCORING INSTRUCTIONS:

For the housing, food, transportation, and utilities questions: Underlined answers indicate a positive response for a social need for that category.

For the personal safety questions: A value greater than 10 when the numerical values are summed for answers to these questions indicates a positive response for a social need for personal safety.

HOUSING

- What is your housing situation today?¹
 - ☐ I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
 - ☐ I have housing today, but I am worried about losing housing in the future
 - ☐ I have housing
- Think about the place you live. Do you have problems with any of the following? (check all that apply)²
 - ☐ Bug infestation
 - ☐ Mold
 - ☐ Lead paint or pipes
 - ☐ Inadequate heat
 - ☐ Oven or stove not working
 - ☐ No or not working smoke detectors
 - ☐ Water leaks
 - ☐ None of the above

FOOD

- Within the past 12 months, you worried that your food would run out before you got money to buy more.³
 - ☐ Often true
 - ☐ Sometimes true
 - ☐ Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.³
 - ☐ Often true
 - ☐ Sometimes true
 - ☐ Never true

TRANSPORTATION

- In the past 12 months, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (check all that apply)¹
 - ☐ Yes, it has kept me from medical appointments or getting medications
 - ☐ Yes, it has kept me from non-medical meetings, appointments, work, or getting things that I need
 - ☐ No

UTILITIES

- In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?⁴
 - ☐ Yes
 - ☐ No
 - ☐ Already shut off

PERSONAL SAFETY

- How often does anyone, including family, physically hurt you?⁵
 - ___ Never (1)
 - ___ Rarely (2)
 - ___ Sometimes (3)
 - ___ Fairly often (4)
 - ___ Frequently (5)
- How often does anyone, including family, insult or talk down to you?⁵
 - ___ Never (1)
 - ___ Rarely (2)
 - ___ Sometimes (3)
 - ___ Fairly often (4)
 - ___ Frequently (5)
- How often does anyone, including family, threaten you with harm?⁵
 - ___ Never (1)
 - ___ Rarely (2)
 - ___ Sometimes (3)
 - ___ Fairly often (4)
 - ___ Frequently (5)

10. How often does anyone, including family, scream or curse at you?⁵

- ___ Never (1)
___ Rarely (2)
___ Sometimes (3)
___ Fairly often (4)
___ Frequently (5)

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Sum of questions 7–10: _____

Greater than 10 equals positive screen for personal safety.

ASSISTANCE

11. Would you like help with any of these needs?

- ☐ Yes
☐ No

Questions 1–10 originated from the sources listed in the references section. Those 10 questions were adapted by the National Academy of Medicine (NAM) and reprinted in this document with permission. The NAM paper can be found at:

Billioux A., Verlander K, Anthony S, Alley D. Standardized screening for health-related social needs in clinical settings. The accountable health communities screening tool. Discussion paper. National Academy of Medicine. Washington, DC. www.nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf. Accessed October 3, 2018.

REFERENCES

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3. Hager ER, Quigg AM, Black MM, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010;126(1):e26–e32.
4. Cook JT, Frank DA, Casey PH, et al. A brief indicator of household energy security: associations with food security, child health, and child development in US infants and toddlers. *Pediatrics*. 2008;122(4):e867–e875.
5. Sherin KM, Sinacore JM, Li XQ, Zitter RE, Shakil A. HITS: a short domestic violence screening tool for use in a family practice setting. *Fam Med*. 1998;30(7):508–512.

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