

Emotional Abuse in Nursing Homes – Form/Questionnaire

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail address: _____ Home Phone: _____

Business Phone: _____ Additional: _____

Name of party at nursing home (if different than above): _____

Relationship to party at nursing home (if applicable): _____

Name of Nursing Home: _____

Address of Nursing Home: _____

City: _____ State: _____ Zip: _____

Please complete the following to the best of your ability:

Approximately how many reside at this facility?

- 10 or fewer
- 10 – 50
- 50 – 100
- greater than 100

What is the approximate number of staff?

- 10 or fewer
- 10 – 50
- 50 – 100
- greater than 100

To the best of your knowledge, did the facility perform an initial comprehensive assessment of the resident’s health upon the resident’s admission to the facility?

- Yes
- No
- Not sure

Have you reviewed the facility’s “plan of care” for the resident?

- Yes
- No

Have you, or the resident, made an official complaint with the facility's administration regarding emotional abuse?

- Yes
- No
- Not sure

Please place an "X" next to any of the following behaviors if you have noticed them in a resident

- Nervousness
- Lack of interest in activities that the resident used to be interested in
- Expressed fear of certain individuals
- Unusual physical or verbal behaviors

Additional comments or concerns:
