

# Vulnerability to Abuse Screening Scale (VASS)

Please complete the survey below.

Thank you!

---

Are you afraid of anyone in your family?

- Yes  
 No

---

Has anyone close to you tried to hurt you or harm you recently?

- Yes  
 No

---

Has anyone close to you called you names or put you down or made you feel bad recently?

- Yes  
 No

---

Do you have enough privacy at home?

- Yes  
 No

---

Do you trust most of the people in your family?

- Yes  
 No

---

Can you take your own medication and get around by yourself?

- Yes  
 No

---

Are you sad or lonely often?

- Yes  
 No

---

Do you feel that nobody wants you around?

- Yes  
 No

---

Do you feel uncomfortable with anyone in your family?

- Yes  
 No

---

Does someone in your family make you stay in bed or tell you you're sick when you know you're not?

- Yes  
 No

---

Has anyone forced you to do things you didn't want to do?

- Yes
- No

---

Has anyone taken things that belong to you without your OK?

- Yes
- No