

Name \_\_\_\_\_

Date \_\_\_\_\_



**Stress-Busting Program for Family Caregivers™  
of People with Dementia**



# *Baseline Questionnaires*

We greatly appreciate you taking part in the Stress-Busting Program for Family Caregivers.™

Name \_\_\_\_\_

Date \_\_\_\_\_

## Participant Information

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

2. Contact Information

Home Phone \_\_\_\_\_

Cell or Work Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

3. Gender  Male  Female

4. Marital Status

- Single (never married)  Divorced  
 Married  Widowed  
 Separated

5. Ethnicity

- Hispanic  
 Not Hispanic or Latino

6. Race

- American Indian or Alaska Native  
 Asian  
 Black or African Americans  
 Native Hawaiian or Other Pacific Islander  
 White  
 Do not wish to provide some or all of this information \_\_\_\_\_

7. What is your relationship to the care recipient?

- Spouse  
 Child  
 Other (explain) \_\_\_\_\_

8. How long have you been a caregiver to this person? \_\_\_\_\_

Name \_\_\_\_\_

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### PERCEIVED STRESS SCALE

**INSTRUCTIONS:** The questions in this scale ask you about your feeling and thoughts during the last month. For each question, choose from the following alternatives:

0                      1                      2                      3                      4  
|-----|-----|-----|-----|  
never      almost never      sometimes      fairly often      very often

- \_\_\_\_\_ 1. In the last month, how often have you been upset because of something that happened unexpectedly?
- \_\_\_\_\_ 2. In the last month, how often have you felt that you were unable to control the important things in your life?
- \_\_\_\_\_ 3. In the last month, how often have you felt nervous and "stressed"?
- \_\_\_\_\_ 4. In the last month, how often have you dealt successfully with irritating life hassles?
- \_\_\_\_\_ 5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?
- \_\_\_\_\_ 6. In the last month, how often have you felt confident about your ability to handle your personal problems?
- \_\_\_\_\_ 7. In the last month, how often have you felt that things were going your way?
- \_\_\_\_\_ 8. In the last month, how often have you found that you could not cope with all the things that you had to do?
- \_\_\_\_\_ 9. In the last month, how often have you been able to control irritations in your life?
- \_\_\_\_\_ 10. In the last month, how often have you felt that you were on top of things?
- \_\_\_\_\_ 11. In the last month, how often have you been angered because of things that happened that were outside of your control?
- \_\_\_\_\_ 12. In the last month, how often have you found yourself thinking about things that you have to accomplish?
- \_\_\_\_\_ 13. In the last month, how often have you been able to control the way you spend your time?
- \_\_\_\_\_ 14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Name \_\_\_\_\_

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### SCREEN FOR CAREGIVER BURDEN

**INSTRUCTIONS:** For each of the following statements, please check the box which indicates the degree to which you believe the experience/event has caused you distress (such as, being upset or nervous) during the past two weeks. If the event has not occurred, please check “did not occur”.

**Distress Ratings:**

- 0 = did not occur
- 1 = occurred, but caused no distress
- 2 = occurred and caused mild distress
- 3 = occurred and caused moderate distress
- 4 = occurred and caused severe distress

**Distress Rating**

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 1. My relative continues to drive when he/she should not.                       |
| 0 | 1 | 2 | 3 | 4 | 2. I have little control over my relative’s illness.                            |
| 0 | 1 | 2 | 3 | 4 | 3. I have little control over my relative’s behavior.                           |
| 0 | 1 | 2 | 3 | 4 | 4. My relative is constantly asking the same questions over and over.           |
| 0 | 1 | 2 | 3 | 4 | 5. I have too many jobs/chores (feeding, shopping) that my relative used to do. |
| 0 | 1 | 2 | 3 | 4 | 6. I am upset that I cannot communicate with my relative.                       |
| 0 | 1 | 2 | 3 | 4 | 7. I am totally responsible for keeping our household in order.                 |
| 0 | 1 | 2 | 3 | 4 | 8. My relative does not cooperate with the rest of our family.                  |
| 0 | 1 | 2 | 3 | 4 | 9. I had to seek public assistance to pay for my relative’s medical bills.      |
| 0 | 1 | 2 | 3 | 4 | 10. Seeking public assistance is demeaning and degrading.                       |
| 0 | 1 | 2 | 3 | 4 | 11. My relative does not recognize me all the time.                             |
| 0 | 1 | 2 | 3 | 4 | 12. My relative has struck me on various occasions.                             |
| 0 | 1 | 2 | 3 | 4 | 13. My relative has gotten lost in the grocery store.                           |
| 0 | 1 | 2 | 3 | 4 | 14. My relative has been wetting the bed.                                       |
| 0 | 1 | 2 | 3 | 4 | 15. My relative throws fits and has threatened me.                              |
| 0 | 1 | 2 | 3 | 4 | 16. I have to constantly clean up after my relative eats.                       |

**D-SBP1**

Name \_\_\_\_\_

Date \_\_\_\_\_

**Distress Ratings:**

- 0 = did not occur
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- 3 = occurred and caused moderate distress
- 4 = occurred and caused severe distress

- 0 1 2 3 4      17. I have to cover up for my relative's mistakes.
- 0 1 2 3 4      18. I am fearful when my relative gets angry.
- 0 1 2 3 4      19. It is exhausting having to groom and dress my relative everyday.
- 0 1 2 3 4      20. I try so hard to help my relative, but he/she is ungrateful.
- 0 1 2 3 4      21. It is frustrating to find things that my relative hides.
- 0 1 2 3 4      22. I worry that my relative will leave the house and get lost.
- 0 1 2 3 4      23. My relative has assaulted others in addition to me.
- 0 1 2 3 4      24. I feel so alone – as if I have the world on my shoulders.
- 0 1 2 3 4      25. I am embarrassed to take my relative out for fear he/she will do something bad.

**Please write below which of the above experiences causes the most distress for you:**

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Name \_\_\_\_\_

Date \_\_\_\_\_

### CES - DEPRESSION

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the **past week**. (*Circle one number on each line*)

<b>During the past week...</b>	<b>Rarely or none of the time</b>	<b>Some or a little of the time</b>	<b>Occasionally or a moderate amount of time</b>	<b>All of the time</b>
1. I was bothered by things that usually don't bother me	0	1	2	3
2. I did not feel like eating; my appetite was poor	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family	0	1	2	3
4. I felt I was just as good as other people	0	1	2	3
5. I had trouble keeping my mind on what I was doing	0	1	2	3
6. I felt depressed	0	1	2	3
7. I felt that everything I did was an effort	0	1	2	3
8. I felt hopeful about the future	0	1	2	3
9. I thought my life had been a failure	0	1	2	3
10. I felt fearful	0	1	2	3
11. My sleep was restless	0	1	2	3
12. I was happy	0	1	2	3
13. I talked less than usual	0	1	2	3
14. I felt lonely	0	1	2	3
15. People were unfriendly	0	1	2	3
16. I enjoyed life	0	1	2	3
17. I had crying spells	0	1	2	3
18. I felt sad	0	1	2	3
19. I felt that people disliked me	0	1	2	3
20. I could not "get going"	0	1	2	3

**D-SBP1**