

Name \_\_\_\_\_

Date \_\_\_\_\_



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



# *Exit Questionnaires*

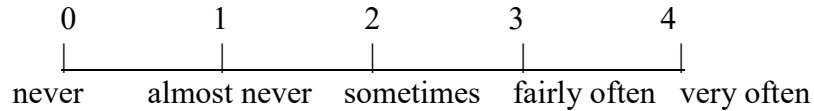
We greatly appreciate you taking part in the Stress-Busting Program for Family Caregivers.™

Name \_\_\_\_\_

Date \_\_\_\_\_

### 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:



- \_\_\_\_\_ 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?

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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.                       |

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- 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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### 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<br/>none of<br/>the time</b> | <b>Some or<br/>a little of<br/>the time</b> | <b>Occasionally or<br/>a moderate<br/>amount of time</b> | <b>All of the<br/>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-SBP2**