



Screener Assessment

1. When did you first begin caring for your Wife ? (year)

2. How would you rate your current overall health?

- Very Good
- Good
- Fair
- Poor
- Very Poor

3. How many dependent adults do you care for on a regular basis? (including the care receiver)

4. How many dependent children do you care for on a regular basis? (under age 18)

5. This section includes common thoughts and feelings of caregivers just like yourself. On a scale of 1-6, 1 being STRONGLY AGREE and 6 being STRONGLY DISAGREE, how much do you agree or disagree with the following:

Strongly Disagree Disagree Disagree a Little Agree a Little Agree Strongly Agree

- a) You are not sure you can take on any more responsibilities than what you have right now.
- b) You are not always able to be the person you want to be when you are with your Wife.
- c) It is difficult to accept all the responsibility for your Wife.

6. Given your Wife's CURRENT CONDITION, would you consider placing them in a different type of care setting, such as a nursing home or intermediate care facility for long-term placement?

- Definitely not
- Probably not
- Probably would
- Definitely would
- Does not apply – they are currently in a care facility

7. Have your caregiving responsibilities....

Strongly Disagree Disagree Disagree a Little Agree a Little Agree Strongly Agree

- a) Have your caregiving responsibilities caused conflicts with your Wife ?
- b) Have your caregiving responsibilities created a feeling of hopelessness?
- c) Have your caregiving responsibilities given your life more meaning?
- d) Have your caregiving responsibilities increased the number of unreasonable requests made by your Wife ?
- e) Have your caregiving responsibilities made you more satisfied with your relationship with your Wife ?
- f) Have your caregiving responsibilities caused you to feel that your Wife makes demands over and above their needs?
- g) Have your caregiving responsibilities given you a sense of fulfillment?

h) Have your caregiving responsibilities changed your routine?

i) Have your caregiving responsibilities caused you to worry?

j) Have your caregiving responsibilities left you with almost no time to relax?

8. Now this section includes a list of statements. For each statement, please respond with how many days you have felt this way in the past week.

	Rarely or None of the Time (<1 Day)	Some or a little of the time (1-2 Days)	Occasionally or a moderate amount of time (3-4 Days)	All of the Time (5 or More Days)
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a) You had trouble keeping your mind on what you were doing.

b) You felt depressed.

c) You felt hopeful about the future.

d) You had restless sleep.

9. Has your Wife been diagnosed with any of the following diseases, or another diagnosis not listed? (select all that apply)

- | | | |
|-----------------------------------------|---------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Prader - Willi Syndrome |
| <input type="checkbox"/> None | <input type="checkbox"/> Other | |

10. Which of the following best describes your Wife ? (presence of memory issues)

- No memory problem
- Memory or cognitive problems suspected
- Probable Alzheimer's disease or other dementia is suspected, but is not medically diagnosed
- Yes, Alzheimers disease or other dementia has been medically diagnosed