

# Family or Close Friend Questionnaire

*To be completed by family member or close friend  
who is most involved in providing care for patient (if applicable)*

**Date:** \_\_\_\_\_ **Patient's Name** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Please rate the amount of time you spend assisting your family member or friend with each of the topics on a scale of 0 = no time and 5 = great amount of time.

Please rate how difficult this is for you on scale of 0 = not difficult and 5 = extremely difficult

## **1. Medical or nursing treatments (giving medications skin care, dressings. etc.)**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
          0                    1                    3                    4                    5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
                  0                    1                    3                    4                    5

## **2. Personal care (bathing, toileting, getting dressed, feeding, etc.)**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
          0                    1                    3                    4                    5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
                  0                    1                    3                    4                    5

## **3. Assistance with walking, getting in and out of bed, exercises, etc.**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
          0                    1                    3                    4                    5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
                  0                    1                    3                    4                    5

## **4. Emotional support, 'being there' for the patient.**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
          0                    1                    3                    4                    5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
                  0                    1                    3                    4                    5

**5. Watching for and reporting the patient's symptoms; watching how the patient is doing; monitoring the patient's progress**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**6. Providing transportation or 'company' (driving, riding along with patient, going to appointments, driving patient around for errands, etc.)**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**7. Managing finances, bills, and forms related to the patient's illness.**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**8. Additional household tasks for the patient (laundry, cooking, cleaning, yard work, home repairs, etc.)**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**9. Additional tasks outside the home for the patient (shopping for food and clothes, going to the bank, running errands, etc.)**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**10. Structuring/planning activities for the patient (recreation, rest, meals, things for the patient to do, etc.)**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**11. Managing behaviour problems (moodiness, irritability, confusion, memory loss, etc.)**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**12. Finding and arranging someone to care for the patient while you are away.**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**13. Communication (helping the patient with the phone, writing or reading, explaining things, trying to understand what the patient is trying to say, etc.)**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**14. Coordinating arranging and managing services and resources for the patient (scheduling appointments, arranging transportation, locating equipment and services and finding outside help)**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**15. Seeking information and talking with doctors, nurses and other professional health care workers about the patient's condition and treatment plans**

**Time:** No time      small amt      moderate amt      large amt      great amt of time  
0                      1                      3                      4                      5

**Difficulty:** Not difficult      slightly      moderately      Very      extremely difficult  
0                      1                      3                      4                      5

**Comments (if desired):**

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Adapted from Oberst, M.T. (1990). *Caregiving Burden Scale*. Unpublished manuscript, University of Wisconsin-Madison.