

SOCIAL WORK DEPARTMENT FIELD-BASED RESEARCH PROPOSAL FORM

Part I. Overview

A. Principal Investigator Information

Name: <u>Amber Lawson</u>	Date Submitted: <u>10/18/07</u>
Email: <u>Amber-D-Lawson@utc.edu</u>	Phone: <u>423-715-2280</u>

B. Field Agency Information

Agency:	<u>Signal Centers, Relative Caregiver Program</u>	
Address:	<u>1817 Dodds Ave</u>	
	<u>Chattanooga, TN 37404</u>	
Field Instructor Name/E-Mail Address	<u>Elizabeth Wood/ EWood@signalcenters.org</u>	
Telephone:	<u>423-648-7065</u>	Fax: <u>423-624-1365</u>
Can you receive confidential information on the fax number and E-mail address provided above? <u>yes</u>		

Part II. Information About the Study

Study Overview

Study Title:	<u>The Relationship Between Self-Reported Stress Levels and Physical Health in Caregivers of Relative Children</u>
Area of Study:	<u>Well-being of Relative Caregivers</u>
Specific Topic:	<u>Stress and Health</u>

1. Abstract—including (but not limited to) the nature and rationale of the study, its primary supporting references in the literature, its need and expected applied or theoretical value (attach annotated bibliography of references):

In the year 2000, according to the U.S. Census, approximately 6 million children in the United States lived with grandparents or other relatives other than their biological parents (Landry-Meyer & Newman, 2004). Literature on this topic indicates that most instances of relatives caring for children are grandparents raising grandchildren. In addition to the stress of taking a new child into the home, components such as aging, reduced income, and other life changes can cause high stress levels in these caregivers. High levels of stress can adversely affect physical health and well-being. A sample of 30 relative caregivers in a program designed to assist with the specific needs related to caring for relative children participated in a study to assess the correlation between their self-reported stress levels and their physical health.

2. Major hypotheses/questions to be investigated:

How do caregivers of relative children perceive their experiences in relation to stressfulness?

Is there a correlation between the self-reported stress levels of relative caregivers and their physical health?

Hypothesis: There is a direct positive correlation between the self-reported stress levels of relative caregivers and their physical health.

3. Population(s) or data desired (describe in detail):

The population of the study will include caregivers of relative children participating in the Relative Caregiver Program in Hamilton County. Approximately 80 families are enlisted in the program, but very few families actively participate. A convenient sample will be taken from attendees at the support groups offered by the program. This will probably consist of approximately 20 participants.

4. Titles of instruments (forms, questionnaires, tests, etc.) to be used for data collection; include reference page citing empirical support for instruments:

Caregiver Strain Index (CSI)

Health Questionnaire - Self-made based on the physical conditions related to stress

(http://www.helpguide.org/mental/stress_signs.htm.)

Demographic Information Questionnaire – Self-made

5. Procedures planned for administering instruments, and/or collecting data (be as specific as possible):

After verbally explaining the study and its purpose to the participants, I will distribute the informed consent form and then the questionnaire at support groups and let the participants fill them out. I will be available to help if needed.

6. Design and statistical techniques planned for data analysis (each data analysis step must be stated):

Data will be collected via printed questionnaires. The study is of a mixed design, as the questionnaires include both qualitative and quantitative methods. The data will be reviewed for completeness, then entered into SPSS (See Data Analysis Plan/Codebook) and analyzed and tested for skewness.

7. Expected beginning date and completion date of study:

The anticipated dates of study will be from January 1, 2008 to March 14, 2008, with the final report being submitted on April 1, 2008.

8. Form in which findings will be reported:

All findings will be reported in aggregate form.

Part III. Signatures

(For electronic submission, this page with the original signatures must be sent also by regular mail.)

Applicant

I, the applicant, do hereby agree that I will abide by the policies and regulations of the UTC Social Work Program and will furnish a copy of the abstract and report describing the findings of the study to my field placement agency.

Signature of Applicant

10-25-07
Date

Field Instructor Approval

I am familiar with the proposed study and feel that the student researcher submitting this proposal is professionally qualified to undertake the investigation. I also believe the research design to be valid and appropriate. By signing this form I agree that my agency will assist the student in obtaining the necessary sample and data required to complete this research project.

Signature of Field Instructor

Direct Services Specialist
Position or Title

Signal Centers- Relative Caregiver Program
Name of Agency

Field Instructor Comments:

FOR INTERNAL USE ONLY

Approved:

Denied/Resubmit:

Comments: §

Reason for denial: §

UTC Social Work Program Department Head Signature

UTC Social Work Program Field Education Coord. Signature

ASSIGNED STUDY ID: §

Attached Proposal Approval Form (date of approval/denial) : §

INFORMED CONSENT FORM

Investigator:

Amber Lawson, BSW Student, University of Tennessee at Chattanooga, Principal Investigator, (423) 715-2280, Email: Amber-D-Lawson@utc.edu

I, _____, have been asked to participate in a survey for research being conducted by the Social Work Program at the University of Tennessee at Chattanooga.

Purpose:

I understand that the purpose of this study is to examine the self-reported stress levels of individuals caring for relative children and the relationship of stress and physical health.

Duration and Location:

I understand the survey will be given at the Relative Caregiver Program support group. Further, I understand participating in the survey will take approximately 15-20 minutes of my time on one occasion.

Procedures:

I will be asked to answer questions about the variety of issues related to my experience as a relative caregiver, my stress level, and my physical health.

Risks/Discomforts:

It has been explained to me that a few of the questions may be sensitive in nature due to the politics of agency processes.

Benefits:

I understand that the benefits from participating in this study may be to help the social work program better understand the situation of relative caregivers in the local community.

Confidentiality:

I understand that no identifying information will be used to identify my responses from those of other participants and that my name, address, and other identifying information will not be directly associated with any information obtained from me. If results of this study are published, my name or other identifying information will not be used. In addition, I understand that my honest responses to the questions will in no way jeopardize my current status with the Relative Caregiver Program.

Payments:

I will receive no type of financial reimbursement for participating in this study.

Right to Withdraw:

I understand that I do not have to take part in this study, and my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw from the study at any time.

Signatures:

I have read this entire consent form and completely understand my rights as a potential research subject. I voluntarily consent to participate in this research. I have been informed that I will receive a copy of

this consent should questions arise and I wish to contact Dr. Radu or the University of Tennessee's Institutional Review Board to discuss my rights as a research subject.

Signature of Research Subject

Date

Signature of Witness

Date

Signature of Investigator

Date

Data Analysis Plan/Codebook

Gender

- 1=Female
- 2=Male

Ethnicity

- 1=African American/Black
- 2=Caucasian/White
- 3=Hispanic/Latino
- 4=Biracial
- 5=Other

Marital Status

- 1=Single
- 2=Married
- 3=Divorced
- 4=Separated
- 5=Widowed
- 6=Partnered
- 7=Other

Relationship to Child

- 1=Grandparent
- 2=Aunt/Uncle
- 3=Sibling
- 4=Cousin
- 5=Other

Income

- 1=Below 15,000
- 2=15,000-25,000
- 3=25,000-30,000
- 4=30,000-40,000
- 5=40,000-50,000
- 6=50,000+

Participants will be asked to write in the following answers and they will be collapsed into categories as needed:

Age
 Household size
 Total number of children in home
 Length of time child has been in home
 Reason for child's placement

After demographic questions and basic information, these statements will appear on the questionnaire:
 "The following questions ask you about your experience as a relative caregiver."

- | | | |
|--|-------|------|
| 1. Sleep is disturbed | YES=1 | NO=2 |
| 2. It is inconvenient | YES=1 | NO=2 |
| 3. It is a physical strain | YES=1 | NO=2 |
| 4. It is confining | YES=1 | NO=2 |
| 5. There have been family adjustments | YES=1 | NO=2 |
| 6. There have been changes in personal plans | YES=1 | NO=2 |
| 7. There have been emotional adjustments | YES=1 | NO=2 |
| 8. Some behavior is upsetting | YES=1 | NO=2 |
| 9. There have been work adjustments | YES=1 | NO=2 |
| 10. It is a financial strain | YES=1 | NO=2 |
| 11. Feeling completely overwhelmed | YES=1 | NO=2 |

AND

"The following questions ask you about your physical health."

- | | | | | | |
|-------------------------|---|---|---|---|---|
| High blood pressure | 1 | 2 | 3 | 4 | 5 |
| Low blood pressure | 1 | 2 | 3 | 4 | 5 |
| Chest pains | 1 | 2 | 3 | 4 | 5 |
| Dizziness | 1 | 2 | 3 | 4 | 5 |
| Constipation | 1 | 2 | 3 | 4 | 5 |
| Diarrhea | 1 | 2 | 3 | 4 | 5 |
| Indigestion | 1 | 2 | 3 | 4 | 5 |
| Headaches | 1 | 2 | 3 | 4 | 5 |
| Trouble sleeping | 1 | 2 | 3 | 4 | 5 |
| Exhaustion/fatigue | 1 | 2 | 3 | 4 | 5 |
| Overweight/obesity | 1 | 2 | 3 | 4 | 5 |
| Underweight | 1 | 2 | 3 | 4 | 5 |
| Muscle tension/soreness | 1 | 2 | 3 | 4 | 5 |
| Frequent colds | 1 | 2 | 3 | 4 | 5 |

RESEARCH PROPOSAL FORM (continued)

Ulcers	1	2	3	4	5
Diabetes	1	2	3	4	5
Heart disease	1	2	3	4	5
Skin irritations	1	2	3	4	5
Asthma	1	2	3	4	5
Arthritis	1	2	3	4	5

Annotated Bibliography

1. Bachman, H.J. & Chase-Lansdale, P.L. (2005). Custodial grandmothers' physical, mental, and economic well-being: Comparisons of primary caregivers from low-income neighborhoods. *Family Relations*, 54, 475–487.

To examine the implications of custodial grandparent care, we compared the material hardship, mental health, and physical well-being of custodial grandmothers (n = 90) and biological mothers (n = 1,462) using data from Welfare, Children, and Families: A Three-City Study. Custodial grandmothers reported significantly more physical health problems but less psychological distress than mothers. Younger grandmothers and grandmothers who sought out more social support were the most disabled and financially strained. Implications for policy and practice addressing the needs of grandmothers raising grandchildren are discussed.

2. Dolbin-MacNab, M. L. (2006). Just like raising your own? Grandmothers' perceptions of parenting a second time around. *Family Relations*, 55(5) 564-575.

A defining characteristic of grandparents raising grandchildren is parenting a second generation of children. To learn how grandmothers compare parenting their grandchildren to parenting their children, 40 custodial grandmothers were interviewed. Results of a qualitative analysis indicated that grandmothers perceived themselves as wiser, more relaxed, and more involved with their grandchildren. Grandmothers also perceived added challenges such as having limited energy, negotiating changing family roles, and parenting in a toxic social environment. In terms of parenting behaviors and emotional bonds, some grandmothers saw similarities in parenting their children and grandchildren. Findings suggest that custodial grandmothers would benefit from parent education and training that takes into account their previous parenting experience yet still addresses the unique challenges associated with parenting grandchildren.

3. Gerard, J.M., Landry-Meyer, L., & Roe, J.G. (2006). Grandparents raising grandchildren: The role of social support in coping with caregiving challenges. *The International Journal of Aging and Human Development*, 62(4), 359-383.

In this investigation of 133 grandparents with primary responsibility for their grandchildren, we examined the potential moderating role of social support in the association between caregiver stressors and grandparents' general well-being. Enacted formal support buffered the association between grandchild health problems and both grandparent caregiving stress and life satisfaction. Enacted formal support also buffered the association between parenting daily hassles and life satisfaction. Compensatory or main effects of perceived informal and formal social support were found for both grandparent caregiving stress and life satisfaction. Findings highlight the importance of professional assistance and community services in minimizing the negative impact of child-related challenges on grandparents' well-being.

4. Goodman, C.C. (2007). Family dynamics in three-generation grandfamilies. *Journal of Family Issues*, 28(3), 355-379.

Grandparent-headed families, called grandfamilies, are increasingly important in assisting adult children and grandchildren. This study (N = 376) provides a qualitative analysis of statements made by grandmothers about relationships between three core family members: (a) grandmother, (b) parent, and (c) grandchild. These family members constitute an intergenerational triad, displaying a variety of relationship patterns based on emotional closeness or distance. The most common configuration in three-generation families was all-three intergenerational members emotionally close or connected, and comments about relationships reflected problem solving, communication, and emotional management. Families in which the parent was close to and linked both adjacent generations were also frequent, and comments showed a clear parenting hierarchy with grandmother as secondary. Few families had weak, disconnected relationships between all three triad members or an emotionally isolated parent: These patterns were related to low grandmother and grandchild well-being. Evaluating intergenerational relationships aids identification of at-risk grandfamilies and has implications for family interventions.

5. Goodman, C. & Silverstein, M. (2002). Grandmothers raising grandchildren: Family structure and well-being in culturally diverse families. *The Gerontologist*, 42(5), 676-689.

Purpose: This study addressed well-being of grandmothers raising grandchildren in coparenting and custodial households in a sample of African American, Latino, and White grandmothers.

Design and Methods: A sample of 1,058 grandmothers was recruited through the schools and media. Grandmothers raising or helping to raise school-aged grandchildren in Los Angeles were interviewed, and analyses were conducted within ethnic groups.

Results: African American grandmothers experienced equal well-being in coparenting and custodial families; however, if the stresses related to the parents' problems were removed by statistical control, they favored the custodial arrangement. Latino grandmothers had greater well-being in coparenting families, reflecting a tradition of intergenerational living. White custodial grandmothers experienced somewhat higher levels of affect (positive and negative) but showed no difference in other types of well-being.

Implications: The cultural lens through which grandparenthood is viewed has a marked impact on the adaptation to custodial or coparenting family structures.

6. Goodman, C.C. & Silverstein, M. (2006). Grandmothers raising grandchildren: ethnic and racial differences in well-being among custodial and coparenting families. *Journal of Family Issues*, 27(11), 1605-1626.

This study compares the well-being of African American, Latina, and White grandmothers raising or helping to raise grandchildren in custodial and coparenting families. Grandmother caregivers ($N = 1,051$) were recruited through schools and media for 1-hr interviews. Latina grandmothers had higher life satisfaction than African American or White grandmothers when they coparented with a parent in the household. Among African American grandmothers, higher life satisfaction was evident in custodial compared to coparenting arrangements. White grandmothers had higher negative mood and assumed care more frequently in response to serious parental substance-related reasons and less frequently because of the parent's financial need. In contrast, levels of depression were the same regardless of ethnicity. Results suggest that expectations regarding caregiving roles and socioeconomic resources may shape the grandmother's mood and sense of satisfaction with life in response to family circumstances but not affect her depression, an important aspect of mental health.

7. Kelley, S. J., Yorker, B. C., Whitley, D. M., & Sipe, T. A. (2001). A multimodal intervention for grandparents raising grandchildren: Results of an exploratory study. *Child Welfare*, 80(1), 27-50.

Evaluated a multimodal, home-based intervention designed to reduce psychological *stress*, improve physical and mental *health*, and strengthen the social support and resources of *grandparents* raising grandchildren. Found that the intervention, which included home visits by nurses, social workers and legal assistants, resulted in improved mental *health* scores and increased social service scores.

8. Landry-Meyer, L. & Newman, B. (2004). An exploration of the grandparent caregiver role. *Journal of Family Issues*, 25(8), 1005-1025.

A study was conducted to investigate the role transition from grandparent to grandparent caregiver among grandparents raising grandchildren, using role theory as a framework. Findings yielded three main themes that provided insights into the grandparent-caregiver experience--role timing, role ambiguity, and role conflict. It was revealed that for most participants, the daily parenting they undertook was unanticipated and off-time; a sense of role was clear and legal custody clarified parental role enactment; and parent and grandparent roles often conflicted.

9. Leder, S. (2007). Grandparents raising grandchildren: stressors, social support, and health outcomes. *Journal of Family Nursing*, 13(3), 333-352.

The major purpose of this study was to identify predictors of grandparent caregiver *health* status. Additional purposes were to describe the *physical* and emotional *health* of grandparent caregivers and the perceived benefits of support group attendance. A convenience sample of 42 grandparents was recruited from support groups. Data were collected through telephone interviews. Grandparents who had higher parenting *stress* reported lower levels of *physical*, social, and mental *health*. Inverse correlations were present between life *stress* and mental *health*. Positive correlations were found between social support and *physical health*. No pattern emerged in a comparison of the *health* of caregiving grandparents and a normative sample. Emotional support was the primary benefit derived from support group attendance. There were modest inverse associations between the length of time the child had lived with the grandparent and six of the eight indicators of grandparent *health*.

10. Ozbay, F. (2007). Social support and resilience to stress: from neurobiology to clinical practice. *Psychiatry*, 4(5), 35-40.

Numerous studies indicate social support is essential for maintaining *physical* and *psychological health*. The harmful consequences of poor social support and the protective effects of good social support in mental illness have been well documented. Social support may moderate genetic and environmental vulnerabilities and confer resilience to *stress*, possibly via its effects on the hypothalamic-pituitary-adrenocortical (HPA) system, the noradrenergic system, and central oxytocin pathways. There is a substantial need for additional research and development of specific interventions aiming to increase social support for psychiatrically ill and at-risk populations.

11. Pinquart, M. (2003). Differences between caregivers and noncaregivers in psychological health and physical health: A Meta-Analysis. *Psychology and Aging*, 18(2), 250-267.

Providing care for a frail older adult has been described as a stressful experience that may erode psychological well-being and physical health of caregivers. In this meta-analysis, the authors integrated findings from 84 articles on differences between caregivers and noncaregivers in perceived stress, depression, general subjective well-being, physical health, and self-efficacy. The largest differences were found with regard to depression ($g = .58$), stress ($g = .55$), self-efficacy ($g = .54$), and general subjective well-being ($g = -.40$). Differences in the levels of physical health in favor of noncaregivers were statistically significant, but small ($g = .18$). However, larger differences were found between dementia caregivers and noncaregivers than between heterogeneous samples of caregivers and noncaregivers. Differences were also influenced by the quality of the study, relationship of caregiver to the care recipient, gender, and mean age of caregivers.

12. Rose, J.H., Bowman, K.F., O'Toole, E.E., Abbot, K., Love, T.E., Thomas, C., & Dawson, N.V. (2007). Caregiver objective burden and assessments of patient-centered, family-focused care for frail elderly veterans. *The Gerontologist*, 47(1), 21-33.

There is a growing consensus that quality of care for frail elders should include family and be evaluated in terms of patient-centered, family-focused care (PCFFC). Family caregivers are in a unique and sometimes sole position to evaluate such care. In the context of caring for physically frail elders, this study examined the extent to which objective burden was associated with caregiver perceptions of PCFFC and the extent to which it mediated the influence of other variables on perceptions of PCFFC. Design and Methods: In a study of frail elderly veterans receiving care in U.S. Department of Veterans Affairs ambulatory primary care clinics, informal caregivers assessed quality of care with 13 questions. Factor analysis of these items revealed an eight-item scale that specifically assessed PCFFC ($\alpha = .90$). Regression analysis identified variables associated with caregiver ($N = 210$) assessments of PCFFC and the potential mediating effect of objective burden. Results: Caregiver assessments of PCFFC were positively associated with care recipient instrumental activity of daily living limitations ($p = .04$) and perspectives on the quality of their own patient care ($p = .001$). Greater objective burden was negatively associated with caregiver assessments of PCFFC ($p = .001$) and mediated (i.e., reduced) the relationship between care recipient perceptions of the quality of their own patient care and caregiver assessments of PCFFC ($r^2 = .06$). Implications: These findings support recommendations for conducting caregiver assessments as part of routine care and highlight the importance of measuring objective burden and expectations for PCFFC in assisting physically frail elders. Primary care providers will require additional training in order to effectively implement and translate such caregiver assessments into clinical practice improvement.

13. Ross, M.E.T. & Aday, L.A. (2006). Stress and coping in African American grandparents who are raising their grandchildren. *Journal of Family Issues*, 27(7), 912-932.

This study investigated the degree of stress in 50 African American grandparents ($M = 63.12$ years) who are raising their grandchildren and identified the importance of caregiver characteristics, the caregiving situation, and specific coping strategies that influence stress. Data were collected via interview at senior centers and churches in Harris County, Texas. The instruments used to measure stress and coping were the Parenting Stress Index and the Ways of Coping Questionnaire. Of grandparents, 94% reported a clinically significant level of stress. Use of professional counseling, special school programs, and length of caregiving longer than 5 years were associated with less stress. Coping strategies significantly correlated with less stress included accepting responsibility, confrontive coping, self-control, positive reappraisal, planful problem solving, and distancing. This study adds to

the limited information about custodial grandparents and suggests counseling, support groups, and education to help them manage stress associated with their caregiving situation more effectively.

14. Scharlach, A., Li, W., & Dalvi, T.B. (2006). Family conflict as a mediator of caregiver strain. *Family Relations*, 55(5), 625–635.

The present study used structural equation modeling to examine the potential mediating effect of family conflict on caregiver strain in a randomly drawn household sample of 650 adults with primary care responsibility for an adult age 50 or older with a mental disability. Caregiver strain was directly influenced by the conflict, disagreements, and hardships experienced by the caregiver's family. Specifically, family conflict was found to mediate the impact of care recipient mental impairment and caregiver educational level on caregiver strain, and mediate partially the impact of caregiver income and caregiver-care recipient relationship. Findings suggest the importance of considering family-centered approaches when designing interventions to assist family caregivers.

15. Waldrop, D.P. & Weber J.A. (2001). From grandparent to caregiver: The stress and satisfaction of raising grandchildren. *Families in Society*, 82(5), 461-472.

The circumstances faced by grandparents who become caregivers for their grandchildren are complicated and stressful. In-depth interviews were conducted with 54 grandparent caregivers (37 grandmothers and 17 grandfathers). Analysis of qualitative data involved the use of QSR NUD'IST software for organizing and coding interview transcripts. Subsets of financial, family, and legal problems specific to grandparent caregiving were identified. Grandparent caregivers acquire problem-specific coping strategies, which include taking action, talking about feelings, religious faith, focus on the grandchild, outreach to others, and some "less desirable" means. Caregiver satisfaction was related to the joys of children, the tasks of child rearing, participating in grandchildren's activities, a new focus for life, and watching a child's accomplishments. This study identified the need for additional research about interventions for the stress and coping responses of grandparent caregivers.

Demographic Information

Please place an "X" next to the response that best fits the following categories to describe you.

1. Gender

- Female
- Male

2. Ethnicity

- African American/Black
- Caucasian/White
- Hispanic/Latino
- Biracial
- Other

3. Marital Status

- Single
- Married
- Divorced
- Separated
- Widowed
- Partnered
- Other

4. Relationship to Relative Child/Children

- Grandparent
- Aunt/Uncle
- Sibling
- Cousin
- Other

5. Income

- Below 15,000
- 15,000-25,000
- 25,000-30,000
- 30,000-40,000
- 40,000-50,000
- 50,000+

Please write in your response to the following categories.

6. Age:

7. Number of members in your household:

8. Total number of children (under 18 years of age) in your home:

9. Length of time relative child/children has been in your home:

10. Reason for child's/children's placement:

Caregiver Strain Index (CSI)

I am going to read a list of things that other people have found to be difficult. **Would you tell me whether any of these apply to you?** (GIVE EXAMPLES)

Yes = 1

No = 0

Sleep is disturbed (e.g., because . . . is in and out of bed or wanders around at night)

It is inconvenient (e.g., because helping takes so much time or it's a long drive over to help)

It is a physical strain (e.g., because of lifting in and out of a chair; effort or concentration is required)

It is confining (e.g., helping restricts free time or cannot go visiting)

There have been family adjustments (e.g., because helping has disrupted routine; there has been no privacy)

There have been changes in personal plans (e.g., had to turn down a job; could not go on vacation)

There have been emotional adjustments (e.g., because of severe arguments)

Some behavior is upsetting (e.g., because of incontinence; . . . has trouble remembering things; or . . . accuses people of taking things)

It is upsetting to find . . . has changed so much from his/her former self (e.g., he/she is a different person than he/she used to be)

There have been work adjustments (e.g., because of having to take time off)

It is a financial strain

Feeling completely overwhelmed (e.g., because of worry about . . . ; concerns about how you will manage)

Total Score (Count yes responses. Any positive answer may indicate a need for intervention in that area. A score of 7 or higher indicates a high level of stress.)

Health Questionnaire

How severely are you affected by the following ailments/conditions? Circle the corresponding number on a scale of 1-5, with 1 being the least severe and 5 being the most severe.

High blood pressure	1	2	3	4	5
Low blood pressure	1	2	3	4	5
Chest pains	1	2	3	4	5
Dizziness	1	2	3	4	5
Constipation	1	2	3	4	5
Diarrhea	1	2	3	4	5
Indigestion	1	2	3	4	5
Headaches	1	2	3	4	5
Trouble sleeping	1	2	3	4	5
Exhaustion/fatigue	1	2	3	4	5
Overweight/obesity	1	2	3	4	5
Underweight	1	2	3	4	5
Muscle tension/soreness	1	2	3	4	5
Frequent colds	1	2	3	4	5
Ulcers	1	2	3	4	5
Diabetes	1	2	3	4	5
Heart disease	1	2	3	4	5
Skin irritations	1	2	3	4	5
Asthma	1	2	3	4	5
Arthritis	1	2	3	4	5

Do you suffer from any other physical ailments or medical conditions?
If so, please describe.

To your recollection, have your symptoms increased since becoming a relative caregiver?

Complete Questionnaire

The following questions include basic information to ask you about your demographic information.

Please place an "X" next to the response that best fits the following categories to describe you.

1. Gender

- Female
- Male

2. Ethnicity

- African American/Black
- Caucasian/White
- Hispanic/Latino
- Biracial
- Other

3. Marital Status

- Single
- Married
- Divorced
- Separated
- Widowed
- Partnered
- Other

4. Relationship to Relative Child/Children

- Grandparent
- Aunt/Uncle
- Sibling
- Cousin
- Other

5. Income

- Below 15,000
- 15,000-25,000
- 25,000-30,000
- 30,000-40,000
- 40,000-50,000
- 50,000+

Please write in your response to the following categories.

6. Age:

7. Number of members in your household:

8. Total number of children (under 18 years of age) in your home:

9. Length of time relative child/children has been in your home:

10. Reason for child's/children's placement:

The following questions ask you about your experience as a relative caregiver.

Please circle "yes" or "no" to indicate whether the following situations regarding your experience as a relative caregiver apply to you.

- | | | |
|--|-----|----|
| 1. Sleep is disturbed | YES | NO |
| 2. It is inconvenient | YES | NO |
| 3. It is a physical strain | YES | NO |
| 4. It is confining | YES | NO |
| 5. There have been family adjustments | YES | NO |
| 6. There have been changes in personal plans | YES | NO |
| 7. There have been emotional adjustments | YES | NO |
| 8. Some behavior is upsetting | YES | NO |
| 9. There have been work adjustments | YES | NO |
| 10. It is a financial strain | YES | NO |
| 11. Feeling completely overwhelmed | YES | NO |

The following questions ask you about your physical health.

How severely are you affected by the following ailments/conditions? Circle the corresponding number on a scale of 1-5, with 1 being the least severe and 5 being the most severe.

High blood pressure	1	2	3	4	5
Low blood pressure	1	2	3	4	5
Chest pains	1	2	3	4	5
Dizziness	1	2	3	4	5
Constipation	1	2	3	4	5
Diarrhea	1	2	3	4	5
Indigestion	1	2	3	4	5
Headaches	1	2	3	4	5
Trouble sleeping	1	2	3	4	5
Exhaustion/fatigue	1	2	3	4	5
Overweight/obesity	1	2	3	4	5
Underweight	1	2	3	4	5
Muscle tension/soreness	1	2	3	4	5
Frequent colds	1	2	3	4	5
Ulcers	1	2	3	4	5
Diabetes	1	2	3	4	5
Heart disease	1	2	3	4	5
Skin irritations	1	2	3	4	5
Asthma	1	2	3	4	5
Arthritis	1	2	3	4	5

Do you suffer from any other physical ailments or medical conditions?
If so, please describe.

To your recollection, have your symptoms increased since becoming a relative caregiver?

References

- Jaffe-Gill, E., Smith, M., Larson, H., & Segal, J. (2007). Understanding stress: Signs, symptoms, causes, and effects. Helpguide.org. Retrieved October 18, 2007, from http://www.helpguide.org/mental/stress_signs.htm.
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