**Carer Strain Index Assessment Tool**

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| U.R. No.  |  |
| LMO |  |
| Surname |  |
| Given Names |  |
| Address |  |
| Phone Number |  |
| Sex |  |
| Age |  |
| DOB |  |

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| Veteran File Number (VFN)  |
| I am going to read a list of things which other people have found to be difficult in caring for loved ones. Would you tell me whether any of these apply to you? (Give examples)  | Yes = 1  | No = 0 |
| Sleep is disturbed (eg because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in and out of bed or wanders around at night)  |  |  |
| It is inconvenient (eg because helping takes so much time or it’s a long drive over to help) |  |  |
| It is a physical strain (eg because of lifting in and out of chair, effort & concentration required)  |  |  |
| It is confining (eg helping restricts free time or cannot go visiting) |  |  |
| There have been family adjustments (eg because helping has disrupted routine, there has been no privacy)  |  |  |
| There have been changes in personal plans (eg had to turn down a job; could not go on vacation)  |  |  |
| There have been other demands on my time (eg from other family members)  |  |  |
| There have been emotional adjustments (eg because of severe arguments)  |  |  |
| Some behaviour is upsetting (eg 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 (eg he/she is a different person than he/she used to be)  |  |  |
| There have been work adjustments (eg because of having to take time off)  |  |  |
| It is a financial strain  |  |  |
| Feeling completely overwhelmed (eg because you worry about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s concerns about how you will manage)  |  |  |
| TOTAL SCORE ( Count yes responses ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A positive response to seven or more items on the index would indicate a greater level of stress. |  |  |

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| Action: |
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| Signature of nurse |  |
| Date |  |

Source: Robinson (1983) in Butler, Fricke & Humphries

Adapted from: <https://www.ageingdisabilitycommission.nsw.gov.au/__data/assets/pdf_file/0008/666422/Carer-Strain-Index-Assessment-Tool.pdf>