

Kingston Caregiver Stress Scale (KCSS) Patient Name:_____ Case #: _____

Caregiver:_____ Relation to Patient_____ Date:_____

Lives in: Community Long Term Care Facility Other

Some people report feelings of stress surrounding certain aspects of care giving. To what extent, if any, do these apply to you in your role of care giving to your spouse or relative? Using a 5 point rating scale, where 1 equals no stress and 5 equals extreme stress, indicate the extent of the stress or frustration you feel surrounding the following issues.

1 Feeling NO Stress (Coping fine, no problems)		2 Some Stress	3 Moderate Stress	4 A lot of Stress	(Fe	5 Extreme Stress (Feeling at "end of rope", health at risk)			
			CARE GIVING ISSU	ES					
1	TO WHAT EX Are you having and/or over bure	feelings of being o	verwhelmed, over work	ed,	1	2	3	4	5
2	Has there been a change in your relationship with your spouse/relative?					2	3	4	5
3	Have you noticed any changes in your social life?					2	3	4	5
4	Are you having any conflicts with your previous daily commitments (work/volunteering)?				1	2	3	4	5
5	Do you have feelings of being confined or trapped by the responsibilities or demands of care giving?				1	2	3	4	5
6	Do you ever have feelings related to a lack of confidence in your ability to provide care?				1	2	3	4	5
7	Do you have co spouse/relative′		he future care needs of	your	1	2	3	4	5
FAMILY ISSUES									
8	TO WHAT EX Are you having		your family over care o	decisions?	1	2	3	4	5
9	, ,	any conflicts withir are receiving in pro	a your family over the ar viding care?	mount	1	2	3	4	5
FINANCIAL ISSUES									
10	TO WHAT EX Are you having		ulties associated with ca	are giving?	1	2	3	4	5

This form should be used in conjunction with the KCSS Administration and Interpretation Manual which can be freely downloaded from: www.kingstonscales.ca or email: kscales@queensu.ca