Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners

2nd Edition

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FAMILY CAREGIVER ALLIANCE®
National Center on Caregiving

in collaboration with

BENJAMIN ROSE
INSTITUTE ON AGING
SERVICE • RESEARCH • ADVOCACY
The Margaret Blenkner Research Institute

About Family Caregiver Alliance

Family Caregiver Alliance (FCA) was founded in 1977 to focus attention on and develop supports for family caregivers of adults with chronic care impairments and in particular, those adults with cognitive impairments such as Alzheimer's disease and related dementias, stroke, Parkinson's disease, and traumatic head injury. ***FCA's mission is to improve the quality of life for family caregivers through services, education, research and public policy.***

FCA is recognized as a pioneer for work in developing and delivering high quality caregiver support services and interventions, consumer information, training and capacity building, service and policy research and policy development and advocacy at the state and federal levels. In 2001, FCA established the National Center on Caregiving (NCC). ***The mission of the NCC is to advance the development of high-quality, cost-effective policies and programs for caregivers in every state in the country.*** It serves as a central resource on caregiving and long-term care issues for policy makers, service providers, media and family caregivers throughout the country.

About Benjamin Rose Institute on Aging

Benjamin Rose Institute on Aging, established in 1908, is a non-profit organization with the mission to advance the health, independence, and dignity of older adults.

The Margaret Blenkner Research Institute (MBRI) of Benjamin Rose is one of the oldest nonacademic research centers in the United States. Founded in 1961, the MBRI is internationally recognized for its applied gerontological research focusing on developing and evaluating evidence-based services and model interventions for older adults and their family members. MBRI staff publish widely and many of these articles and books have helped shape the growing body of knowledge in gerontology.

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Selected Caregiver Assessment Measures (2nd Edition): A Resource Inventory for Practitioners

Introduction

Welcome to the 2nd Edition of Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners. The 1st edition published in 2002, was the first publication of caregiver assessment tools aggregated for ease of use by researchers and program developers in the field. It was also in anticipation of the 2005 National Consensus Development Conference on Caregiver Assessment sponsored by Family Caregiver Alliance, which brought together key leaders and stakeholders to advance caregiver assessment policy and practice on behalf of family caregivers.

Given the current interest in caregiver assessment across health and social service settings, it seemed fitting to update the caregiver assessment measures for the next generation of deployment in the field. As health care continues to move into home setting, it is important to assess not only the knowledge, skills and capacity of the caregiver to provide care but also to address caregiver well-being and health in order to prevent more serious health problems for families in the long-term.

There have been a number of changes to measures inventoried in 2002, many of which have been shortened for ease of use in the field. While new measures have been added, we have also made note of gaps in the Future Directions section. Of importance to the increased health care tasks carried out in the home is the lack of measures for types of healthcare tasks being performed, training provided by healthcare professionals and competency felt by family caregivers.

The Importance of Family Caregiver Assessment

"Caregiver assessment is a systematic process of gathering information about a caregiving situation to identify the specific problems, needs, strengths, and resources of the family caregiver, as well as the ability of the caregiver to contribute to the needs of the care recipient." Feinberg & Hauser, 2012, AARP Fact Sheet, p.1.

Families provide the majority of care and support for the millions of adults in need of assistance. Likewise, the number of family caregivers is steadily increasing from an estimated 44 million in 2003 to 48.9 million in 2009. [1, 2] Many family caregivers have multiple, varied, and serious unmet financial, physical, emotional, and social needs. In order to continue providing care, family caregivers need assistance and support so that their physical and mental health needs are met rather than compromised (Judge et al., 2011). A systematic and well-designed assessment can help identify a caregiver's needs and strengths (Feinberg & Hauser, 2012) and, in turn, contribute to a plan of care that ensures the well-being of both care partners (i.e., the caregiver and care recipient).

In 2005, Family Caregiver Alliance convened the National Consensus Development Conference with 54 experts in caregiving, health and long-term care, and public policy. One result of the Consensus Conference was the identification of “Fundamental Principles for Caregiver Assessment” (Family Caregiver Alliance, 2006). These principles and practice guidelines recognize the important role caregivers play within the long-term care system and highlight key components of an effective caregiver assessment and plan of care. Appropriate and timely assessment, care planning, service referral, and follow-up have the potential to reduce the stress of providing care so that caregivers are able to continue in their role without sacrificing their own health and well-being. Practitioners working with families can use these guidelines and principles to develop an assessment that meets the short- and long-term needs of their clients and the reimbursement requirements of their organizations.

Why These Measures Have Been Selected for Inclusion:

This inventory represents a select group of caregiver assessment measures specifically chosen for practical application by practitioners who work with family and informal caregivers of older persons and adults with disabilities. The purpose of compiling this inventory is to provide a compendium of caregiver assessment measures that is practice-oriented, practical and applicable, and which conceptually addresses the multidimensional aspects of the caregiving experience. As with the 1st Edition, every effort was made to assemble a group of measures that characterizes the broadest possible range of the caregiving experience. This inventory is not intended to represent an exhaustive collection of measures.

All of the measures included in this inventory are applicable to the caregiver population and most were specifically designed for caregiver assessment. Measures that are not caregiver specific and have been used with broader non-caregiving populations are referenced as “**[not caregiver specific]”.** Similarly, measures that have been used with care recipients or measures that have a care recipient version are noted. One important change to the 2nd Edition is the inclusion of measures and questions that asses a variety of context and demographic characteristics (e.g., caregiver age, relationship status, education) because this information is an essential component of an effective caregiver assessment. We provide examples of how to word these questions, but also acknowledge that other versions of these questions are widely available in the literature. Specific demographic measures may be more suitably adapted to reflect the needs of the setting in which they are applied.

The measures in this inventory were selected because they are:

- Practical and applicable to caregivers
- Previously applied, or could be applied, in practice settings
- Cited in the literature

- Reliable and/or valid

Reliability. "Reliability is a matter of whether a particular technique, applied repeatedly to the same object, would yield the same result each time." (Rubin & Babbie, 2001). Unless otherwise noted, the reliability of the measures included in this inventory was assessed using Cronbach's α (i.e., alpha) correlation coefficient to measure internal consistency (Cronbach, 1951). In general, reliability is considered good if α is .70 or greater. For the purpose of this inventory, we have included some measures that fall slightly below this benchmark because the measure is unique and the specific construct is considered to be an important component of caregiver assessment.

Validity. Validity generally refers to "the extent to which an empirical measure adequately reflects the *real meaning* of the concept under consideration" (Rubin & Babbie, 2001). Validity is most typically determined by assessing convergent and/or discriminant validity as it is measured by Pearson's correlation coefficients. Other common measures of validity include construct, content, and face validity. Please note that for some of the measures included in this inventory validity has not yet been determined or such determinations are not available,. For more in-depth information about both validity and reliability, the reader is encouraged to reference the Rubin and Babbie (2001) text cited above.

How To Use the Resource Inventory:

Conceptual organization**.** This inventory has been organized into seven conceptual domains:

I. Context of caregiving
II. Caregiver's perceptions of health and functional status of care recipient
III. Caregiver values and preferences
IV. Well-being of the caregiver
V. Consequences of caregiving
VI. Skills / abilities/ knowledge to provide care recipient with needed care
VII. Potential resources that caregiver could choose to use.

Individual constructs (e.g., self-rated health, caregiving confidence) that fall within each of these seven domains are listed per the order recommended by the Consensus Conference. Within these constructs, individual measures are listed alphabetically to make the inventory easy-to-access. The intention is to provide practitioners with a wide range of measures from which they may generate assessment instruments, appropriate and applicable to their practice setting, and beneficial for care planning.

Multidimensional measures that are comprised of more than one scale are presented in two ways. First, subscales that assess the *same* construct (e.g., various aspects of quality of life) are presented together. Second, subscales that assess *different* constructs (e.g., mental health and informal social support) have been separated and are listed with other similar measures and subscales. Please note that all subscales separated from their original source are again presented together in their original format at the end of the inventory, in section VIII “Multi-dimensional Measures”.

Table of Contents: The Table of Contents lists the seven conceptual domains (I. CONTEXT, II. CAREGIVER’S PERCEPTION OF HEALTH AND FUNCTIONAL STATUS OF CARE RECIPEINT, etc.), followed by related **Constructs** in bold, and then specific measures. This format can be used to help the reader locate specific measures that assess these specific constructs.

Practical organization**.** The resource inventory is tabled into seven columns that are labeled and defined as follows:

- **Measure:** Name of the measure as cited in the literature, presented in alphabetical order within each construct category.

- **Source:** Author(s) and year(s) of the published source(s), in chronological order from earliest to most recent source.

- **# of items:** Number of items included in the measure, e.g., number of questions or statements.

- **Item responses:** Number and text of the response options that accompany items, e.g., 3-point scale: “never,” “sometimes,” or “always”.

- **Reliability:** Cronbach’s correlation coefficient (unless otherwise noted) is represented by α (alpha), typically .70 and higher. Reliability is categorized as “NAP”, i.e., not applicable, for those measures that *cannot* be appropriately assessed for reliability using this type of test (e.g., yes/no response options). NA is used to note that the information is “not available.”

- **Validity:** Determination of validity by type (e.g., construct, convergent, or discriminant) is presented in this column. If a determination of validity is “not available,” validity is categorized as “NA”.

- **Description:** Description of the measure, the construct it is meant to assess, and sample items, when available, is included in the last column. Differences in the use of terminology (e.g., care recipient or care receiver), may reflect regional and/or cultural differences and/or the preferences of the original author(s).

The measures that assess the “Context” of the care situation (Domain 1) are drawn from assessments and interviews conducted with thousands of caregivers. We have included examples of how to word these important questions, but recognize that the wording of these questions will vary depending on funding source, care planning needs, and type of interview (e.g., self- vs. provider-administered).

Subject Index: We have added a subject index to the 2nd Edition to help the reader identify where to find groups of conceptually-related measures within the inventory by page number.

References that were used to compile the 1st and 2nd Editions of the inventory and for Specific Measures can be found in the Reference section located at the end of this publication. References for Specific Measures is an alphabetical list of references that includes the page numbers where each reference and accompanying measure can be found. We hope that by including the page numbers, the inventory can help readers who know the name of an author of a specific measure, but do not know the name of the measure.

How To Access Specific Measures:

Measures included in this inventory are drawn from published sources. Readers who are interested in obtaining and potentially using a particular measure, with appropriate instructions and scoring information, must first gain permission from the author or author's representative. If a measure is included in this inventory, there is no implication that permission has been granted by the author for the measure to be used without specific permission. Many of these measures are copyrighted making it critical for permission to be granted for the measure's use. Please see reference list at the end of this inventory for author and publication information.

Future Directions

One important result of updating the 2nd Edition of the inventory has been the identification of domains which lack measures to assess their content. These domains fall within the second construct: II. Caregiver's perceptions of health and functional status of care recipient. Within this construct we found that no measures exist which assess the caregiver's perception of the care recipient's **psycho-social needs.** Caregivers often work hard to ensure their relative is engaged in meaningful and appropriate activities. Unfortunately, no measures currently exist which assess the caregiver's perception of their relative's psycho-social needs.

Similarly, we found only one measure designed to assess the caregiver's (or care recipient's) understanding of the care recipient's **medical tests and procedures**. This lack of instrumentation to assess understanding of medical procedures is unfortunate given the increasing intensity of tasks caregivers find themselves performing for relatives with complex medical needs (Reinhard, Levine, & Samis, 2012). A large number of family caregivers are helping relatives with medical and nursing tasks such as medication management, wound care, monitoring equipment (e.g., ventilators, feeding tubes, home dialysis units). Caregivers rarely receive adequate training to ensure they are able to perform these medical and nursing tasks. As a result, caregivers are concerned they might be “making a mistake” or may harm their family member (Reinhard et al., 2012), which undoubtedly leads to increased caregiver stress. Given this increase in the provision of medical and nursing tasks and the lack of measures to assess the caregiver’s understanding of medical tests and procedures, we strongly recommend the development of measures to assess the caregiver’s ability, understanding of, and comfort in performing medical and nursing tasks. An effective assessment would present recommendations for the type of training a caregiver might need so that s/he is able to perform these tasks with confidence, thus ensuring the best care for their relative.

Lastly, only one measure exists which assesses the caregiver’s values for care as they relate to culturally based norms (see III. Caregivers values and preferences: Culturally based norms, *Cultural Justifications Scale*). The ability to capture the caregiver’s motivation for providing care in the context of cultural norms and expectations is currently limited to this single measure. By understanding a caregiver’s motivation we are better able to support his/her preferences for continuing, altering, or ending care provision.

Given these limitations in available measures, we recommend that instruments be developed and tested which capture the intent of these essential domains. We look forward to including new measures in a 3rd Edition in the future.

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I. CONTEXT: Physical Environments	
1. Do you and your relative live in the same home/apartment? ☐ YES, live together ☐ NO, live separately IF **NO**: Where does your relative live? ☐ Lives with spouse ☐ With other family ☐ Lives alone ☐ Assisted Living……..☐ Independent Living ☐ Nursing home ☐ Other:___________________________	The Benjamin Rose Institute on Aging, Margaret Blenkner Research Institute, Cleveland, OH
I. CONTEXT: Household Status	
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2. Who lives in the care recipient's household? Name:_______________ Relation to care recipient: _______________	The Benjamin Rose Institute on Aging, Margaret Blenkner Research Institute, Cleveland, OH
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2. What is care recipient and spouse's annual income level? (if same as above, please check again) ☐ Under $9,000 ☐ $60,000 - $79,999 ☐ $9,000 - $11,999 ☐ $80,000 - $99,999 ☐ $12,000 - $19,999 ☐ $100,000 or over ☐ $20,000 - $39,999 ☐ Caregiver declined to state ☐ $40,000 - $59,999	California Caregiver Resource Center, "Uniform Assessment Tool." Family Caregiver Alliance, San Francisco, CA
3. Does someone hold durable power of attorney for finances for care recipient? ☐ YES ☐ NO If yes, what is his/her relationship to care recipient? _____________________	California Caregiver Resource Center, "Uniform Assessment Tool." Family Caregiver Alliance, San Francisco, CA
I. CONTEXT: Quality of Family Relationships	
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Sample Items	Source
1. Chronicity of stressors: **a.** When did CG first notice CR's memory problems? **b.** When was CR's illness first diagnosed? **c.** When did CG being assisting CR because of this illness?	The Benjamin Rose Institute on Aging, Margaret Blenkner Research Institute, Cleveland, OH
2. How long have you been providing care for this individual? ☐ Less than 6 months ☐ More than 5 years ☐ 6 to 11 months ☐ Don't know ☐ 1 to 3 years ☐ Chose not to answer ☐ 3 to 5 years	Pennsylvania CMI
3. How long have you been providing care? Months_____ Years_____	Washington Comprehensive Assessment Reporting Evaluation (CARE), 2003
4. How many hours/week do YOU provide assistance, care, supervision or companionship to CR?	California Caregiver Resource Center, "Uniform Assessment Tool." Family Caregiver Alliance, San Francisco, CA
5. In what year did you begin caregiving?	California Caregiver Resource Center, "Uniform Assessment Tool." Family Caregiver Alliance, San Francisco, CA
I. CONTEXT: Employment Status	
1. Are you currently employed? ☐ Full time (35hrs/wk or more) ☐ Not employed ☐ Part time (less than 35hrs/wk) ☐ Retired ☐ Leave of absence	California Caregiver Resource Center, "Uniform Assessment Tool." Family Caregiver Alliance, San Francisco, CA
2. Has your employment status changed as a result of caregiving duties? ☐ No change ☐ Early retirement ☐ Changed jobs ☐ Began working ☐ Family/medical leave ☐ Quit job ☐ Leave of Absence ☐ Laid off ☐ Increased hours ☐ Other:__________________ ☐ Decreased hours	California Caregiver Resource Center, "Uniform Assessment Tool." Family Caregiver Alliance, San Francisco, CA
I. CONTEXT: General Demographics	
1. What is the highest level of education you have achieved? ☐ Less than high school ☐ Some College ☐ Some high school ☐ College Graduate ☐ High school graduate ☐ Post-College Degree	The Benjamin Rose Institute on Aging, Margaret Blenkner Research Institute, Cleveland, OH
2. Are you of Hispanic origin? ☐ YES ☐ NO	The Benjamin Rose Institute on Aging, Margaret Blenkner Research Institute, Cleveland, OH

Sample Items	Source
3. What is your race? ☐ White Non-Hispanic ☐ White Hispanic ☐ Black/African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐ Other:______________	The Benjamin Rose Institute on Aging, Margaret Blenkner Research Institute, Cleveland, OH
4. What is your current relationship status? ☐ Married ☐ Spouse/Partner ☐ Separated ☐ Divorced ☐ Living Together ☐ Widowed ☐ Single	California Caregiver Resource Center, “Uniform Assessment Tool.” Family Caregiver Alliance, San Francisco, CA

II. CAREGIVER’S PERCEPTION AND REACTION TO THE HEALTH AND FUNCTIONAL STATUS OF THE CARE RECIPIENT: Activities of Daily Living

Measure	Source	# of items	Item responses	Reliability (Cronbach’s alpha)	Validity	Description
1. Caregiver Assessment of Function and Upset (CAFU)	Gitlin et al., 2005	15	7-point scale, responses range from: “complete independence” to “complete help or more than 75% help with the task” 5-point scale, responses range from: “not at all” to “extremely”	.80-.91	convergent, discriminant	Measures caregivers’ perceptions of care recipients’ dependence in 15 daily activities, and caregivers’ reaction to providing assistance with those activities. Items were selected from the Instrumental ADL scale (Lawton & Brody, 1969) and the Functional Independence Measure (Hamilton & Fuhrer, 1987).
2. Care Recipient Impairment: **a. *Physical Disability*[1]**	Nagi, 1976; Bass et al.,1999	7	4-point scale, responses include: “none of the time,” “some of the time,” “often,” “most or all of the time”	.88	NA	Measures the amount of difficulty care recipients have with standing, lifting, going up or down stairs, walking, bending, using hands or fingers, and reaching with arms.
3. Family Caregiving Factors Inventory: **c. *Caregiving Task Difficulty*[2]**	Shyu, 2000	6	5-point scale, responses range from: “not difficult at all” to “very difficult”	.73	content, construct	Measures the degree of difficulty in performing caregiving tasks as it pertains to the unpredictability of the care recipient’s condition, the lack of cooperation of the care recipient, uncontrollable external factors, heavy physical labor or long duration of providing care.

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[1] This scale is part of a larger instrument: Care Recipient Impairment. See also Multidimensional Measures at the end of this inventory.

[2] This scale is part of a larger instrument: Family Caregiving Factors Inventory. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
d. ***Knowledge of Care Recipient***[3]	Shyu, 2000	10	5-point scale, responses range from: "very poor" to "very well"	.91	content, construct	Measures the degree of understanding the caregiver has for the care recipient's physical condition, and how this understanding might influence his/her caregiving actions. Items assess, for example, caregiver's knowledge of whether or not care recipient has pressure sores or joint contractions.
4. Family Caregiving Inventory: ***a. Mutuality Scale***[4]	Archbold et al., 1990; 1992	15	4-point scale, responses range from: "not at all" to "a lot"	.91	NA	Measures characteristics of caregiver's relationship with the care recipient.
5. Instrumental Activities of Daily Living	Lawton & Brody, 1969	8	Summary scores range from: 0=low function to 8=high function	.85 (interrater reliability)	NA	Measures care recipients' competence in eight domains: using the telephone, shopping, preparing food, housekeeping, doing laundry, using transportation, handling medications and finances.
6. Physical Labor Scale	Morycz, 1985	11	One point is counted for every deficit that exists Possible scores range from 0 to 11	.76	NAP	Measures whether care recipient needs physical assistance in eating, bathing, dressing, toileting ability, medications, shopping, or cleaning. Combined with Vigilance/Disruptiveness Scale score (see below), creates an objective stress scale.
7. Stetz Inventory, Part I	Stetz, 1986; Wallhagen, 1988	15	6-point scale, responses include: "never," "rarely," "several times a month," "every week," "several times a week," and "daily"	.85	NA	Measures the extent of caregiver tasks including questions about caregiving activities, such as "I help [care recipient] with eating his/her food" and "I do shopping, appointments, or run errands for [care recipient]."
8. Vigilance/ Disruptiveness Scale	Morycz, 1985	13	One point for every functional or behavioral symptom that exists. Possible scores range from 0-13.	.74	NA	Measures whether care recipient needs reminding or watching for various tasks or symptoms. Combined with Physical Labor Scale score (see above), creates and objective stress scale.
II. CAREGIVER'S PERCEPTION AND REACTION TO THE HEALTH AND FUNCTIONAL STATUS OF THE CARE RECIPIENT: Psycho-Social Needs						
No measures found.						

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[3] This scale is part of a larger instrument: Family Caregiving Factors Inventory. See also Multidimensional Measures at the end of this inventory.

[4] This scale is part of a larger instrument: Family Caregiving Inventory. See also Multidimensional Measures at the end of this inventory.

II. CAREGIVER'S PERCEPTION AND REACTION TO THE HEALTH AND FUNCTIONAL STATUS OF THE CARE RECIPIENT: Cognitive Impairment						
Measure	**Source**	**# of items**	**Item responses**	**Reliability** (Cronbach's alpha)	**Validity**	**Description**
1. Care Recipient Impairment: **b. *Cognitive Impairment*[5]**	Golden, Teresi, & Gurland, 1984; Deimling & Bass, 1986b; Bass et al., 1999	6	4-point scale, responses include: "none of the time," "some of the time," "often," and "most or all of the time"	.86	NA	Measures the frequency with which care recipients repeat things, hear/see things that are not there, talk to themselves, forget names, forget words, and get confused.
2. Unmet Needs: ***a. Understanding Memory Problems*[6]**	Bass et al., 2003; Bass et al., 2012	7	2-point scale: 0= no 1= yes	.92	structural	Measures respondent's need for information or help with understanding memory problems. Measure may be administered to caregivers or care recipients at multiple points in time to measure change.
II. CAREGIVER'S PERCEPTION AND REACTION TO THE HEALTH AND FUNCTIONAL STATUS OF THE CARE RECIPIENT: Behavioral Problems						
1. Behavior and Mood Disturbance (BMD) Scale and Relatives' Stress (RS) Scale	Greene et al., 1982	BMD= 34 RS= 15	5-point scale: Responses range from "never" to "always" and from "not at all" to "considerably"	BMD= .84 RS= .85	construct	Two rating scales measure the care recipient's degree of behavior and mood disturbance with items such as, "wanders outside the house and gets lost," and the amount of stress and upset experienced by the relative as a result of having to care for them with items like, "How much has your household routine been upset?"
2. Care Recipient Impairment **c. *Problem Behaviors*[7]**	Noelker & Wallace, 1985; Deimling & Bass, 1986b; Bass et al., 1999	6	4-point scale, responses include: "none of the time," "some of the time," "often," and "most or all of the time"	.85	NA	Measures the frequency with which care recipients interfere or offer unwanted advice, yell or swear, act restless or agitated, act fearful without reason, complain or criticize things, and display inappropriate sexual behavior.

[5,7] This scale is part of a larger instrument: Care Recipient Impairment. See also Multidimensional Measures at the end of this inventory.

[6] This scale is part of a larger instrument: Unmet Needs. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
3. Caregiving Hassles and Uplifts Scale	Kinney & Stephens, 1989a; Kinney & Stephens, 1989b	110	4-point scale, responses range from: "not at all (a hassle)" to "a great deal (of a hassle)"	.71-.90	NA	Caregivers appraise caregiving events occurring in the past week as a hassle, an uplift, both or neither. 4-subscales assess caregiving events: care recipients limitations in ADL; care recipients cognitive status; care recipients' behavior, and practical aspects of caregiving.
4. Family Burden Interview	Morycz, 1985	15	4-point scale, responses range from: "not serious at all" to "very serious"	.87	NA	Measures both the existence and severity of particular problems or stresses for caregivers. The caregiver rates care recipient functional deficits and behavior according to the severity of the problem.
5. Frequency of Behavior Problems Scale	Neiderehe & Fruge, 1984	28	5-point scale, responses range from: "never" to "every day"	.87	NA	Summarizes the level of behavior problems presented by the impaired family member, including cognitive symptoms such as forgetfulness, misplacing, or losing objects; behavioral symptoms such as wandering or hoarding; aggressive behaviors such as destroying property; and psychiatric symptoms such as hallucinations or delusions.
6. Neuropsychiatric Inventory Caregiver Distress Scale	Kaufer et al., 1998	10	6-point scale, responses range from: "not at all distressing" to "extremely distressing"	test re-test: *r* = .92	criterion	Measures subjective caregiver distress resulting from symptoms often associated with persons with Alzheimer's disease, such as psychosis and agitation.
7. Revised Memory and Behavior Problems Checklist	Teri et al., 1992; Zarit & Zarit, 1983	24	5-point frequency scale: "never occurs" to "occurs daily or more often" 5-point reaction scale: "not at all" to "extremely"	.67-.90	concurrent and discriminant	Using two scales, measures the frequency of problematic behaviors in persons with dementia and the caregiver reactions to these behaviors.
II. CAREGIVER'S PERCEPTION AND REACTION TO THE HEALTH AND FUNCTIONAL STATUS OF THE CARE RECIPIENT:Medical Tests and Procedures						
1. Credibility/ Expectancy Questionnaire	Devilly & Borkovec, 2000	6	Two rating scales: one from 1 to 9 and another from 0 to 100%	.85	NA	Measures treatment expectancy and rationale credibility for use in therapy. Cognitive and affective items include statements like, "At this point, how logical does the therapy offered to you seem," [and] "At this point, how much do you really feel that therapy will help you to reduce your trauma symptoms?"

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
II. CAREGIVER'S PERCEPTION AND REACTION TO THE HEALTH AND FUNCTIONAL STATUS OF THE CARE RECIPIENT: Pain						
1. The Pain Responses Self Statements-Spouse Version (PRSS-SO)	Flor et al., 1993	18	NA	.78 - .81	convergent	Measures the cognitive reaction of significant others when their partners are in pain. Respondents are asked to rate how often they have had a particular thought. For example, "S/he needs some pain medication".
2. The Pain Self-Efficacy Questionnaire-Spouse Version (PSEQ-SO)	Bandura, 1977; Nicholas, 1989	10	7-point scale, responses range from: "not at all confident" to "completely confident"	.77	convergent	Measures the degree to which significant others perceive their partners can engage in activities despite pain. Items include statements like, "S/he can do most of the household chores despite the pain".
3. West Haven-Yale Multidimensional Pain Inventory-Spouse Version (MPI-SO)	Flor et al., 1987	50	7-point scale, responses range from "no change" to "extreme change" or "not at all worried" to "extremely worried"	.78 - .93	convergent	Section I measures the significant other's perceptions of the degree to which pain is impacting upon theirs and their partner's life. Section II measures significant others' reports of their own responses when their partner is in pain.
III. CAREGIVER VALUES AND PREFERENCES: Caregiver/Care Recipient Willingness to Assume/Accept Care						
1. Care Values Scale *(previously Values and Preferences Scale)*	McCullough et al., 1993; Degenholz et al., 1997; Whitlatch, Piiparinen & Feinberg, 2009; Whitlatch, 2010; Reamy et al., 2011	37	3-point scale, responses include: "very important," "somewhat important," and "not at all important"	.64 - .80	NA	Measures both the caregiver's and care recipient's values for care, and the caregiver's perception of the care recipient's values, with respect to environment, social interactions, autonomy, choosing who helps out, and family caregiver issues. Items include: "How important is it for you to …be safe from crime," "have time to yourself," and "avoid being a physical burden?"
2. Cost of Care Index: ***a. Value Investment in Caregiving***[8]	Kosberg & Cairl, 1986; Kosberg et al., 1990	4	4-point scale, responses range from: "strongly disagree" to "strongly agree"	.91	NA	Measures the perceived worthiness of providing care with items like, "I feel that meeting the daily needs of my relative is (will be) worth the effort."

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[8] This scale is part of a larger instrument: Cost of Care Index. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
3. Decision Making Involvement Scale (DMI)	Feinberg & Whitlatch, 2002	15	4-point scale, responses range from: "not at all involved" to "very involved"	Care recipient= .79 Caregiver= .86	NA	The DMI measures the caregiver's and care recipient's perceptions of the care recipient's level of involvement in 15 dimensions of daily decision-making (e.g., what to do with money; when to get up, etc.).
4. Family Caregiving Factors Inventory: ***b. Caregiver Self-Expectations***[9]	Shyu, 2000	9	2-point scale: 0 = unrealistic or 1 = realistic	.68	content, construct	Measures whether the caregiver has realistic or unrealistic self-expectations in performing the caregiver role. These may include expectations of caregiving attitude, e.g., being patient and loving; actions and standards, e.g., doing one's best; and beliefs about the needs of the care recipient.
5. Share Care Instrument-3 (SCI-3) CG version: ***b. Decision Making***[10]	Sebern, 2005; Sebern, 2008	6	6-point scale, responses range from: "completely disagree" to "completely agree"	.72	construct	Measures the caregiver's and care recipient's perceptions of the care recipients' decision-making capacity, with items such as, "when my family member is not feeling well, s/he decides when to call the doctor."
6. Visual Analogue Scale	Wolfson et al., 1993	3	Visual analogue scale: ratings are marked along a visual continuum	NA	NA	Using a visual analogue scale, caregivers rate the perceived amount of support they believe they "should" and "could" provide to care recipients. They are asked to mark a "slash" on the line to indicate level of assistance with the following items: *No financial assistance at all* __________ *Enough financial assistance to cover all expenses* *No emotional support at all* _________ *As much emotional support as needed* *No physical assistance at all* __________ *As much physical assistance as needed*

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[9] This scale is part of a larger instrument: Family Caregiving Factors Inventory. See also Multidimensional Measures at the end of this inventory.

[10] This scale is part of a larger instrument: Shared Care Instrument-3. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
7. Willingness to Care Scale	Abell, N., 2001	30	5-point scale, responses range from: "completely unwilling" to "completely willing"	.92	content, factorial	Measures the experiences of informal caregivers for persons living with AIDS and their attitudes towards providing emotional, instrumental, and nursing support. The respondent first indicates the tasks they feel able to do then rate their willingness to engage in activities such as: "hold hands with someone who is afraid", "negotiate someone's health care options with a physician", and "change dressings on someone's sores."
III. CAREGIVER VALUES AND PREFERENCES: Perceived Filial Obligations to Provide Care						
1. Caregiver Appraisal Measure: ***e. Caregiving Ideology***[11]	Lawton et al., 1989	4	5-point scale, responses range from: "strongly agree" to "strongly disagree"	NA	NA	Measures caregiving ideology: whether the caregiving experience is shaped by family or religious tradition, the principle of reciprocity, or a concern about modeling a principle for one's own children.
2. Family Conflict	Semple, 1992; Gaugler et al., 1999	8	4-point scale, responses range from: "no disagreement" to "quite a bit"	.90	NA	Measures conflict among family members around the amount and quality of attention given to the patient and caregiver.
III. CAREGIVER VALUES AND PREFERENCES: Culturally Based Norms						
1. Cultural Justifications Scale	Dilworth-Anderson, 1996	10	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.84 - .94	NA	Measures cultural reasons why families provide care to the elderly. Items reflect socialization, values, and attitudes of the group with statements such as: "I give care because…It is my duty to provide care to elderly dependent family members," "It strengthens the bonds between me and them," "It is what my people have always done," [and] "My family expects me to provide care."

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[11] This scale is part of a larger instrument: Caregiver Appraisal Measure. See also Multidimensional Measures at the end of this inventory.

III. CAREGIVER VALUES AND PREFERENCES: Preferences for Scheduling and Delivery of Care Services

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
1. Community Service Attitudes Inventory	Collins et al., 1991	25	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.74-.84	content, construct	Measures 5 dimensions of attitudes toward community services including: concern for opinions of others; confidence in service system; preference for informal care; belief in caregiver independence; and acceptance of government services. Items include statements such as: "My family would think less of me if I used services for my relative's care" and "I would rather use community services than ask for help from family".
2. Desire to Institutionalize	Morycz, 1985; Pearlin et al., 1990; Pruchno et al., 1990	6	2-point scale: yes or no	.71 - .82	NA	Measures the desire to institutionalize by asking: "Has caregiver: ever considered a nursing or boarding home", " ever felt care recipient would be better off in a nursing or boarding home", "ever discussed institutionalization with family or others…[or] with the care recipient", "be likely to move care recipient", or "take steps toward placement?"
3. Factors Influencing Placement Decision	Aneshensel et al., 1995; Feinberg & Whitlatch, 1995	19	4-point scale, responses range from: "strongly disagree" to "strongly agree"	NA	NA	Measures the reasons a caregiver decides to move their relative to a care facility, such as caregiver's exhaustion or physical and mental health, or care recipient's behavior.
4. Preferences for Care Tasks	Feinberg & Whitlatch, 2002	19	3-point scale, responses range from: Caregiver, Family/Friends, Paid Help/Professional	NAP	content	Measures care recipients' care preferences, caregivers' preferences for care recipients' care, and caregiver perceptions of care recipients' care preferences, related to 19 care tasks (e.g., taking medications, grocery shopping, bathing, and eating meals).
5. Preferences for Everyday Living Inventory (PELI)	Carpenter et al., 2006	48	5-point scale, responses range from: "not at all" to "a lot."	NA	NA	Measures care recipient's preferences for how they wish to live their daily lives in the following domains: social contact, growth activities, leisure activities, self dominion, support aids, and caregiver care.

IV. WELL-BEING OF THE CAREGIVER: Self-Rated Health						
Measure	**Source**	**# of items**	**Item responses**	**Reliability** (Cronbach's alpha)	**Validity**	**Description**
1. Caregiver Well-Being: ***a. Physical Health***[12]	George & Gwyther, 1986	2	1 single-item measure of number of physicians visits in past 6 months; 1 measure of self-rated health as: poor, fair, good, or excellent	NA	NA	Measures both objective and subjective measures of caregiver physical health.
2. General Health Perceptions Scale	Ware et al., 1993	5	Each scale is scored from 0 (worst) to 100 (best)	.85	construct, content	Provides a measure of self-reported physical health. **[not caregiver-specific]**
3. General Health Survey Questionnaire, Short Form 12 (SF-12)	Ware et al., 1993; 1996	12	2-point, 3-point, 5-point, and 6-point scales with multiple response options (see General Health Survey Questionnaire, Short Form 36 [SF-36], below).	.63-.91	construct, content	This scale is comprised of a subset of items from SF-36 that measure the same 8 domains of health. Items assess the degree to which the respondent feels: "limited because of physical health," [they've] "accomplished less because of emotional problems," Other items address how often they "felt calm and peaceful," "had a lot of energy," or "felt downhearted and low" in the last 4 weeks. **[not caregiver-specific]**
4. General Health Survey Questionnaire, Short Form 36 (SF-36)	Ware et al., 1993; Ware et al., 1996; Ware, 1999	36	2-point, 3-point, 5-point, and 6-point scales with multiple response options including: "not at all" to "extremely"; "much better now" to "much worse now"; "definitely true" to "definitely false."	.67-.94	construct, content	Measures each of 8 domains of health: physical functioning; role limitations due to physical health problems; bodily pain; general health; vitality; social functioning; role limitations due to emotional problems; and mental health. **[not caregiver-specific]**
5. Perceived Health Index	Deimling & Bass, 1986a	4	5-point scale, responses range from: "almost never" to "almost always"	NA	NA	Measures both caregiver's and care recipient's perceptions of self-health status with items that assess worry, exhaustion, aches, and pains.

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[12] This scale is part of a larger instrument: Caregiver Well-Being. See also Multidimensional Measures at the end of this inventory.

IV. WELL-BEING OF THE CAREGIVER: Health Conditions and Symptoms						
Measure	**Source**	**# of items**	**Item responses**	**Reliability** (Cronbach's alpha)	**Validity**	**Description**
1. Aspects of the Caregiving Role: ***c. Health***[13]	Schofield et al., 1997	5	3 single-item objective indicators; 1 subjective measure of overall health as: "poor," "fair," "good," or "excellent"	NA	construct	Caregiver health is assessed by rate of major health problems; number of visits to medical practitioners; number of nights in hospital; and self-reports of overall health.
2. Health	California Caregiver Resource Center "Uniform Assessment Tool." Family Caregiver Alliance, San Francisco, CA	16	Multiple response options, including: yes/no, "excellent" to "poor," "better" to "worse," "never" to "nearly always," and open-ended	NA	NA	Assesses various aspects of caregiver and care recipient health, with items such as: "Do you have health insurance," Which of the following health problems have you experienced in the past 12 months," and "Have you been to the doctor for yourself in the past year?"
3. Health Conditions	The Benjamin Rose Institute on Aging, Margaret Blenkner Research Institute, Cleveland, OH	12	2-point scale: yes or no	NA	NA	Measures ongoing/ chronic health problems by asking the caregiver and care recipient to mark yes/no to a list of common health conditions, as well as if the condition has been diagnosed.
IV. WELL-BEING OF THE CAREGIVER: Depression or Other Emotional Distress (E.G., Anxiety)						
1. Aspects of the Caregiving Role: ***b. Positive and Negative Affect Scales (PANAS)***[14]	Bradburn, 1969; Watson et al., 1988	20	5-point scale, responses range from: "very slightly or not at all" to "extremely"	PA scale= .82-.85 NA scale= .83-.86	construct	Measures psychological well-being by asking respondent to rate the extent they experience different emotions such as, "guilty", "inspired", "attentive" and "irritable". Ratings obtained with different temporal instructions: Time frames include: Moment (you feel this way right now, at the present moment); Week (you have felt this way during the past week); General (you generally feel this way, that is, how you feel on the average). **[not caregiver-specific]**

[13, 14] This scale is part of a larger instrument: Aspects of the Caregiving Role. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
2. Beck's Depression Inventory (BDI)	Beck et al., 1961; 1979	21	4-point scale, scores range from: 0 (absence of depression) to 3 (maximal depression severity)	.58-.93	concurrent	Measures depression by asking the respondent to choose the response that best fits him/her "over the past week, including today", for example: from (0) "I do not feel sad" to (3) "I am so sad or unhappy I cannot stand it." **[not caregiver-specific]**
3. Brief Symptom Inventory	Derogatis & Melisaratos, 1983	53	5-point scale, responses range from: "not at all" to "extremely"	.84-.87	construct, criterion	Measures symptoms of depression, anxiety, and hostility. Brief form of the SCL-90-R (see below). **[not caregiver-specific]**
4. Brief Symptom Inventory - 18	Derogatis & Savitz, 1999	18	5-point scale, responses range from: "not at all" to "extremely"	NA	NA	Measures psychological distress and psychiatric disorders in medical and general community populations. **[not caregiver-specific]**
5. Caregiver Well-Being Scale ***a. Low affect scale***	Zarit & Whitlatch, 1992	7	4-point scale, responses range from: "not at all" to "very much"	.86	NA	Measures feelings of sadness and loss of interest or energy in usual activities experienced by the caregivers during the past 7 days.
b. Cognitive depression	Zarit & Whitlatch, 1992	6	4-point scale, responses range from: "not at all" to "very much"	.78	NA	Measures how often the caregiver has experienced – during the past 7 days – cognitive dimensions of depression, including hopelessness, worthlessness, and blaming one's self.
c. Anxiety	Zarit & Whitlatch, 1992	4	4-point scale, responses range from: "not at all" to "very much"	.80	NA	Measures how often the caregiver has experienced – during the past 7 days – common symptoms of anxiety: feeling nervous, tense, afraid, or worrying about everything.
d. Anger	Zarit & Whitlatch, 1992	4	4-point scale, responses range from: "not at all" to "very much"	.81	NA	Measures how often caregivers have felt irritated or angry during the past 7 days.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
6. Caregiver Well-Being: ***b. Mental Health***[15]	George & Gwyther, 1986	4 indicators	NA	Psychiatric symptoms: .85; Affect: .89	NA	Caregiver mental health is measured using 4 indicators: a checklist of psychiatric symptoms (Pfeiffer,1979); a measure of affect (Bradburn, 1969); a single-item measure of life satisfaction; and the absence or presence of psychotropic drug use in the past 6 months.
7. Center for Epidemiological Studies – Depression Scale (CES-D)	Radloff, L., 1977	20	4-point scale, responses range from: 0 (rarely or none of the time / less than 1 day) to 3 (most or all of the time / 5-7 days)	.90	construct	A general measure of depression frequently used in caregiver studies. Respondents are asked how often they have felt a particular way in the past one week, e.g., "How often have you become bothered by things that don't usually bother you?", "felt that everything you did was an effort?", or "felt hopeful about the future?" **[not caregiver-specific]**
8. Center for Epidemiological Studies – Depression Scale (CES-D Short Version*)*	Kohout et al., 1993	11	2-point scale: yes or no	.83	construct	A general measure of depressive symptoms often used in caregiver studies. Respondents are asked if they have felt a particular way in the past week, with items such as: "Did you feel that people dislike you?" and "Did you feel lonely?" **[not caregiver-specific]**
9. Geriatric Depression Scale (Long Form)	Brink et al., 1982; Yesavage et al., 1983	30	2-point scale: yes or no	.94	discriminant, concurrent	Measures depression in older adults in terms of loss, cognitive complaints, somatic complaints, and self-image with items like: "Are you in good spirits most of the time," "Do you feel pretty worthless the way you are now," [and] "Do you have trouble concentrating." **[not caregiver-specific]**

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[15] This scale is part of a larger instrument: Caregiver Well-Being. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
10. Geriatric Depression Scale (Short Form)	Sheikh & Yesavage,1986	15	2-point scale: yes or no	NA	NA	Measures depression in older adults in terms of loss, cognitive complaints, somatic complaints, and self-image with items like: "Are you in good spirits most of the time," "Do you feel worthless the way you are now," "Do you feel that your life is empty," [and] "Do you think it is wonderful to be alive now?" **[not caregiver-specific]**
11. Montgomery-Asberg Depression Rating Scale (MADRS)	Montgomery & Asberg, 1979	10	7-point scale: response choices vary by item	.77	NA	Used to measure the severity of depression in respondents through a semi-structured clinical interview. Clinician rated depressive symptoms include: apparent sadness, reported sadness, inner tension, reduced sleep, reduced appetite, concentration difficulties, lassitude, in ability to feel, pessimistic thoughts, and suicidal thoughts. **[not caregiver-specific]**
12. Perceived Stress Scale	Cohen et al., 1983	14	5-point scale, responses range from: "never" to "very often"	.84 - .86	concurrent, predictive	Measures the degree to which situations in one's life are appraised as stressful with items such as: "In the last month, how often have you been able to control irritations in your life?", "how often have you found that you could not cope with all the things that you had to do?" and "how often have you been able to control the way you spend your time?" **[not caregiver-specific]**
13. Vulnerability Scale	Weisman & Worden, 1977; Oberst et al., 1988	13	A score is derived from observer ratings	.84 - .93	NA	The scores of 4 subscales - dysphoria, alienation, annihilation, and denial - are determined by an observer rating of an individual's affective behavior. **[not caregiver specific]**
14. Zung Self-Rated Depression Scale	Zung, W., 1965	20	2-point scale: yes or no	.83-.87	NA	A measure of depressive symptomatology applicable to the general population which assesses how often the respondent has experienced 20 symptoms of depression. **[not caregiver-specific]**

IV. WELL-BEING OF THE CAREGIVER: Life Satisfaction/Quality of Life

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
1. Aspects of the Caregiving Role: ***a. Life Satisfaction Scale***[16]	Schofield et al., 1997	6	5-point scale, responses range from: "very dissatisfied" to "very satisfied"	0.77-0.79	construct	Measures the degree of life satisfaction in 6 areas: finances; health; independence; caregiver respect and recognition; personal, emotional life; and life as a whole.
2. Bakas Caregiving Outcomes Scale	Bakas & Champion, 1999	10	7-point scale, responses range from: "changed for the worst" to "changed for the best"	.77	criterion	Measures life changes that result from caregiving as experienced by the caregiver with regard to: emotional well-being, ability to cope with stress, self-esteem, relationship with friends and with family, physical health, time for social and family activities, future outlook, and relationship with care recipient.
3. Caregiver Well-Being: ***d. Social participation***[17]	George & Gwyther, 1986	7	Number of visits/phone contacts with family/friends; frequency of club/church attendance; time spent engaged in hobbies/relaxing; satisfaction with social activities	.79	NA	Includes both objective and subjective indicators of the caregiver's level of social activity and participation. Each objective measure is accompanied by a subjective assessment of the caregiver's satisfaction with the frequency and quality of the activity.
4. Caregiver Well-Being Scale: ***a. Basic Needs***[18]	Tebb, 1995	22	7-point scale reflecting satisfaction with basic needs	.91	construct, criterion	Based on Maslow's (1968) hierarchy of needs, measures the extent to which the caregivers' basic human needs are met in 3 areas: love; physical needs; and self-esteem.
b. Activities of Living[19]	Tebb, 1995	23	7-point scale reflecting satisfaction with activities of living	.81	construct, criterion	Non-basic needs required for a healthy life, such as exercise, skill development, relaxation, personal growth, and social support are measured in 3 areas: time for self, home, and family.

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[16] This scale is part of a larger instrument: Aspects of the Caregiving Role. See also Multidimensional Measures at the end of this inventory.

[17] This scale is part of a larger instrument: Caregiver Well-Being. See also Multidimensional Measures at the end of this inventory.

[18, 19] This scale is part of a larger instrument: Caregiver Well-Being Scale. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
5. Health-related Quality of Life (HRQOL) (as measured by the SF-36)	Ware et al., 1993; Ware, 1999; Hughes et al., 1999	36	2, 3, 5, and 6-point scales with multiple response options including: "not at all" to "extremely"; "much better now" to "much worse now"; "definitely true" to "definitely false".	0.63-0.94	content, construct	Measures each of 8 health concepts: physical functioning; role limitations due to physical health problems; bodily pain; general health; vitality; social functioning; role limitations due to emotional problems; and mental health. Each scale is scored from 0 (worst) to 100 (best).
6. Quality of Life in Alzheimer's Disease Scale (QOL-AD)	Logsdon et al., 1999	13	4-point scale, responses range from: "poor" to "excellent"	.87	NA	Measures both the care recipient's and caregiver's rating of the care recipient's quality of life using items such as: physical health, energy, mood, memory, family, self as a whole, ability to do things for fun, and life as a whole.
V. CONSEQUENCES: Perceived Challenges – Social Isolation						
1. Caregiver Reaction Assessment: **a. *Disrupted Schedule*[20]**	Given et al., 1992	5	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.81	construct	Measures the extent to which caregiving interrupts usual daily activities, causes the elimination of some activities, and interferes with relaxation time. It also assesses the degree to which activities center on caregiving. Items include statements like, "I visit family and friends less since I have been caring for my partner".
2. Caregiver Strain Instrument: **a. *Restrictions in Caregivers' Activities*[21]**	Bass, Noelker & Reschlin, 1996; Bass et al., 1994b	5	3-point scale, with responses including: "strongly disagree," "the same," and "less often"	.80	NA	Measures the restrictions in caregivers activities resulting from caregiving, such as visiting less often with family or friends, and taking part in fewer social and recreational activities.

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[20] This scale is part of a larger instrument: Caregiver Reaction Assessment. See also Multidimensional Measures at the end of this inventory.

[21] This scale is part of a larger instrument: Caregiver Strain Instrument. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
3. Cost of Care Index ***b. Personal and Social Restrictions***[22]	Kosberg & Cairl, 1986; Kosberg et al., 1990	4	4-point scale, responses range from: "strongly disagree" to "strongly agree"	.91	NA	Measures limitations and restrictions due to accommodating the needs of the care recipient. Items include statements such as, "I feel that as a result of caring for my elderly relative I do not (will not) have time enough for myself."
4. Leisure Time Satisfaction (LTS)	Stevens et al., 2004	6	3-point scale, responses range from: "not at all" to "a lot"	.80	convergent	Measures caregivers' satisfaction with the amount of time they are able to spend in leisure activities, such as: time spent alone, and visiting with family and friends.
5. Mental Health Effects ***c. Social Change Index***[23]	Pruchno & Resch, 1989a	13	5-point scale, responses range from: "not at all" to "most of the time"	.78	NA	Measures level of participation in social activities such as: volunteer or community work, recreation, and other leisure activities.
6. Sense of Competence Questionnaire ***c. Consequences of Involvement in Care for the Personal Life of the Caregiver***[24]	Scholte op Reimer et al., 1998	8	4-point scale, responses include: "disagree very much," "disagree," "agree," and "agree very much"	.62 - .70	construct	Measures the impact caregiving has on the caregiver's personal life with items such as: "I feel that I cannot leave my [care recipient] alone, he/she needs me continuously," [and] "I feel that my social life has suffered because of my involvement with my [care recipient]."
7. Social Isolation	Deimling & Bass, 1986b; Bass et al., 1996	5	3-point scale, responses include: "more often," "the same," or "less often"	.85	NA	Measures whether caregiving increased, decreased, or had no effect on caregivers' participation in various social activities, including religious activities, visiting with family and friends, participating in organizations or groups, volunteering, and attending entertainment activities.
8. Time Constraints Scale	Braithwaite, 2000	5	NA	.79	NA	Measures degree of involvement with questions about whether or not the caregiver had missed out on holidays, had spent less time with family, and had little time to themselves.

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[22] This scale is part of a larger instrument: Cost of Care Index. See also Multidimensional Measures at the end of this inventory.

[23] This scale is part of a larger instrument: Mental Health Effects. See also Multidimensional Measures at the end of this inventory.

[24] This scale is part of a larger instrument: Sense of Competence Questionnaire. See also Multidimensional Measures at the end of this inventory.

V. CONSEQUENCES: Perceived Challenges – Work Strain						
Measure	**Source**	**# of items**	**Item responses**	**Reliability** (Cronbach's alpha)	**Validity**	**Description**
1. Job-Caregiving Conflict	Pearlin et al., 1990; Aneshensel et al., 1993; Aneshensel et al., 1995	5	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.75	NA	Measures degree to which caregiving is impacting current work situation with items like: "In the last two months or so: "You worry about your (care recipient) while you're at work", and "Phone calls about or from your (care recipient) interrupt you at work."
2. Work-Caregiving Conflict and Caregiving-Work Conflict	Netemeyer et al., 1996; Carlson & Frone, 2003	20	6-point scale, responses range from: "completely agree" to "completely disagree"	.79 (W-C Conflict) .73 (C-W Conflict)	construct	Measures "internal conflict" related to how work and caregiving roles interfere with each other. Example items include: "The demands of my work interfere with my caregiving responsibilities," and "the demands of my caregiving responsibilities interfere with my work-related responsibilities."
3. Work Emotional Exhaustion Scale	Gordon et al., 2012; Maslach & Jackson, 1986;	9	6-point scale, responses range from: "completely agree" to "completely disagree"	.89	NA	This is a subscale of Maslach Burnout Inventory (MBI). Measures work burden with items like: "Working puts too much stress on me," and "I feel used up at the end of the work day." **[not caregiver specific]**
4. Work-Family Conflict	Kelloway et al., 1999	22	4-point scale, responses range from: "never" to "almost always"	.75-.83 (WIF) .75.85 (FIW)	NA	Measures four dimensions of work-family conflict: strain-based WIF (work-interference with family), time-based WIF, strain-based FIW (family interference with work), and time-based FIW. A sample item is, "I have to change plans with family members because of the demands of my job."
5. Work Productivity and Activity Impairment-modfied (WPAI:CG)	Giovannetti et al., 2009	6	Interval level responses given in hours	NA	construct	Modified version of the WPAI. Measures the impact of chronic situations (i.e. health problems) on work productivity, through questions about time lost from work, reduced productivity at work, and reduced productivity in regular activities.

V. CONSEQUENCES: Perceived Challenges – Emotional Health Strain

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
1. Aspects of the Caregiving Role: ***h. Resentment and Anger***[25]	Schofield et al., 1997	6-items; 5-items; 4-items	5-point scale, responses range from: "strongly agree" to "strongly disagree"	Satisfaction= .65-.71; Resentment= .69-.75; Anger=.68-.71	construct	Measures positive responses to the care recipient and caring role; negative effects on the caregiver's life, time, opportunities and social relationships; and negative emotional responses to the care recipient through anger, embarrassment and guilt. Some items for this scale were drawn from the Caring for Relatives Questionnaire (Greene et al.,1982) and the Caregiver Appraisal Questionnaire (Lawton et al., 1989).
e. *Overload*[26]	Schofield et al., 1997; Pearlin et al., 1990	3	5-point scale, responses range from: "strongly disagree" to "strongly agree"	.69-.73	construct	Caregiver overload is measured using 3 items (5-point scale) adapted from a 4 item (4-point scale) developed by Pearlin.
2. Caregiver Appraisal Measure: **b. *Impact of Caregiving***[27]	Lawton et al., 1989	9	5-point scale, responses range from: "never" to "nearly always"	.70	construct	Measures the caregiver's perception of the impact of caregiving on his/her social life, family relationships, time management, and physical and emotional space.
a. Subjective Caregiving Burden[28]	Lawton et al., 1989	13	5-point scale, responses range from: "strongly agree" to "strongly disagree" or from "never" to "nearly always"	.85	construct	Measures the caregiver's appraisal of stress attributable to both general and specific caregiving experiences. It is designed to capture positive, neutral and negative aspects of caregiving.
3. Caregiver Burden Inventory **a. *Time dependence burden***[29]	Novak & Guest, 1989; Caserta et al., 1996	5	5-point scale, responses range from: "not at all descriptive" to "very descriptive"	.85	construct	Measures caregiver burden due to restrictions on time. Items include statements such as, "I don't have a minute's break from my caregiving chores."

[25, 26] This scale is part of a larger instrument: Aspects of the Caregiving Role. See also Multidimensional Measures at the end of this inventory.

[27, 28] This scale is part of a larger instrument: Caregiver Appraisal Measure. See also Multidimensional Measures at the end of this inventory.

[29] This scale is part of a larger instrument: Caregiver Burden Inventory. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
b. Develop-mental burden[30]	Novak & Guest, 1989; Caserta et al., 1996	5	5-point scale, responses range from: "not at all descriptive" to "very descriptive"	.85 - .87	construct	Caregivers' feelings of being "off-time" in their development with respect to their peers is measured with this subscale. Statements include items like, "I expected that things would be different at this point in my life."
c. Physical burden[31]	Novak & Guest, 1989; Caserta et al., 1996	4	5-point scale, responses range from: "not at all descriptive" to "very descriptive"	.86	construct	Measures caregivers' feelings of chronic fatigue and damage to physical health with statements such as, "I'm not getting enough sleep" and "Caregiving has made me physically sick."
d. Social burden[32]	Novak & Guest, 1989; Caserta et al., 1996	5	5-point scale, responses range from: "not at all descriptive" to "very descriptive"	.69 - .73	construct	Items such as, "I don't get along with other family members as well as I used to" are used to measure caregivers' feelings of role conflict.
e. Emotional burden[33]	Novak & Guest, 1989; Caserta et al., 1996	4	5-point scale, responses range from: "not at all descriptive" to "very descriptive"	.77 - .81	construct	Measures caregivers' negative feelings with statements like, "I feel embarrassed over my care receiver's behavior."
4. Caregiver Burden Measure	Montgomery et al., 1985a; Montgomery et al., 2011	16	5-point scale, responses range from: "not at all" to "a great deal"	.86-.90	construct	Measures caregiver's life: amount of privacy; time; personal freedom; worry; recreational activities; and relationships with other family members; hopelessness; and anxiety.
5. Caregiving Burden Scale	Gerritsen & van der Ende, 1994	13	5-point scale, responses range from: "disagree very much" to "agree very much"	.84	construct	Comprises two subscales: one measures the quality of the caregiver-care recipient relationship, the other measures the consequences of caregiving with items like, "I never feel free from the care of my spouse" and "I feel pleased about my interactions with my spouse."

[30, 31, 32, 33] This scale is part of a larger instrument: Caregiver Burden Inventory. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
6. Caregiver Distress Activities	Pearlin et al., 1990	8	4-point scale, responses range from: "very often" to "never"	NA	NA	Measures the caregiver's effort to decrease the symptoms of stress that result from caregiving with the following items: "Here are things that some people do when they are under stress from caregiving. How often do you do them?" "Spend time alone," Eat," "Smoke," "Get some exercise," "Watch TV," "Read," "Take some medication to calm yourself," *[and]* "Drink some alcohol?"
7. Care-related Strain	Whitlatch et al., 2001	7	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.90	NA	Measures the stress a caregiver feels as a result of having a relative in a nursing home with items such as: "I don't have enough time for myself", "I feel that my social life is limited" and "I have trouble managing all the demands on my life."
8. Family Strain Scale	Morycz, 1985	14	4-point scale, responses range from: "not experienced at all" to "experienced a great deal"	.77	construct	Measures caregivers' subjective burden in terms of emotional/psychological affect, changes in living patterns, and changes in relationships/health. All items are prefaced by the lead-in question: "Does the caregiver experience the following burdens:" "Feels blue," "Has poor sleep," or "Social isolation or decreased time out."
9. Filial Anxiety Scale	Cicirelli, V.G. 1988	13	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.77-.88	construct	Measures 2 types of anxiety experienced by the adult child caregiver: anxiety over one's ability to take on caregiving role and anxiety over aging parent's welfare. Items include: "I worry that I'll break down if I have to give my parent a great deal of care," [and] "I always feel a nagging sense of concern about my parent."
10. General Strain	Elmstahl et al., 1996	8	4-point scale, responses range from: "not at all" to "often"	NA	NA	Developed with stroke caregivers to measure general caregiver strain. Items include: "Do you feel tired and worn out," "Do you feel tied down by your spouse's problem," and "Do you find it mentally trying to take care of your spouse."

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
11. Guilt	Mullan, 1992; Aneshensel et al., 1995	5	4-point scale, responses range from: "not at all" to "very much"	.68 - .74	NA	Measures feelings of guilt and regret specific to the caregiver's relationship with the care recipient. Caregivers are asked: "How much do you: feel that you are not doing all that you should for your (relative), feel bad about something you said or did when your (relative) was well, regret that you didn't get a chance to make your peace with your (relative) before (his/her) illness?"
12. Guilt Scale	Wells & Jorm, 1987; Wells et al., 1990	9	4-point scale, responses include: "not at all," "a little," "a lot," and "almost unbearably"	.79	NA	Measures guilt felt by caregivers specific to that role with items like: "I feel guilty regarding my decision to seek help for my relative," "I keep thinking I should be doing more for my relative," and "I feel bad about my lack of patience with my relative."
13. Loss of self	Skaff & Pearlin, 1992	2	4-point scale, responses range from: "not at all" to "completely"	.76	NA	Measures the caregivers sense of a loss of self with the following items: "How much have you lost a) a sense of who you are and b) an important part of yourself?"
14. Measures of Strain **a. *Appraised difficulty of caregiving*[34]**	Bass & Bowman, 1990; Bass et al., 1991	3	4-point scale, responses range from: "strongly disagree" to "strongly agree"	.67	NA	Measures the degree to which caregiving is perceived as threatening to the family's well-being with items like, "Caring for my impaired relative is the most difficult problem I have ever faced" and "It is easy to feel overwhelmed in a situation like this".
***b. Negative consequences of caregiving*[35]**	Bass & Bowman, 1990; Bass et al., 1991	3	2-point scale: yes or no	.66	NA	Measures individual consequences of caregiving with the following items : "Because of my relative's impairments and care, I have difficulty with: too many demands being made of me; getting enough rest; my physical or emotional health changing for the worse".

[34, 35] This scale is part of a larger instrument: Measures of Strain. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
15. Mental Health Effects: **a. *Perceived Burden*[36]**	Pruchno & Resch, 1989a	1	5-point scale, responses range from: "not at all" to "most of the time"	NAP	NA	Measures how burdened the caregiver feels with a single item: "Overall, how burdened do you feel in caring for your [relative]?"
***b. Consequences of caring*[37]**	Pruchno & Resch, 1989a	17	5-point scale, responses range from: "not at all" to "most of the time"	.89	NA	Measures how often the caregiver has experienced a variety of feelings such as: loneliness; guilt; nervousness; irritability; helplessness; trapped; and overwhelmed.
16. Modified Caregiver Strain Index	Thornton & Travis, 2003; Robinson, B., 1983	13	3-point scale, responses range from: "yes, on a regular basis" to "no"	.90	NA	Measures caregiver strain with items such as: "Caregiving is a physical strain (e.g., lifting in and out of a chair; effort or concentration is required)", "There have been other demands on my time (e.g., other family members need me)", and "It is upsetting to find the person I care for has changed so much from his/her formal self (e.g., he/she is a different person than he/she used to be)."
17. Negative Perception of Care Situation	Noelker & Townsend, 1987	7	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.77	NA	Measures the extent to which respondent defines the caregiving situation in a negative manner with items such as: "I think of this situation as a problem that will only become more serious with time," *[and]* I'm troubled by not having many choices available about ways to meet my [relative]'s care needs."
18. Novel Caregiver Burden	Elmstahl et al., 1996	20	4-point scale, responses include: "not at all," "seldom," "sometimes," and "often"	Strain =.87 Isolation =.70 Disappoint-ment=.76 Emotional involvement =.70	construct	Measures various dimensions of burden including general strain, isolation, disappointment, and emotional involvement.

[36, 37] This scale is part of a larger instrument: Mental Health Effects. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
19. Perceived Burden Measure	Macera et al., 1993	15	2-point scale: yes or no Possible scores range from 0-15.	.87	construct	Measures the number of care recipient needs – e.g., transportation, bathing, and administering medication; the amount of support provided by the caregiver; and whether or not providing assistance adds to the caregiver's stress level.
20. Perceived Burden Scale	Poulshock & Deimling, 1984; Moss et al., 1987; Strawbridge & Wallhagen, 1991	22	5-point scale, responses include: "not a problem or concern," "sometimes," "usually," "often," and "always"	.94	NA	Measures the extent to which caregivers believe that the changes in their lives have occurred because of caregiving problems or concerns. Items include "Now, I worry about him/her all the time" and "Now, I feel tired all the time."
21. Role Captivity	Pearlin et al., 1990; Zarit & Whitlatch, 1992; Aneshensel et al., 1995	3	4-point scale, responses range from: "not at all" to "very much"	.83	construct	Measures feelings of being "trapped" in the caregiving role. Items ask caregivers how well these statements describe their feelings and thoughts about being a caregiver: "wish you were free to lead a life of your own, feel trapped by your (relative's) illness, [and] wish you could just run away."
22. Role Overload	Pearlin et al., 1990; Zarit & Whitlatch, 1992; Aneshensel et al., 1995	3	4-point scale: responses range from: "not at all" to "completely"	.78	construct	3 items from the original 4-item scale are used to measure feelings of exhaustion and fatigue related to caregiving responsibilities. Includes the following items: "How much does each statement describe you?: you are exhausted when you go to bed at night, you have more things to do than you can handle, [and] you don't have time just for yourself?"

Measure	**Source**	**# of items**	**Item responses**	**Reliability** (Cronbach's alpha)	**Validity**	**Description**
23. Screen for Caregiver Burden	Vitaliano et al., 1991	25	5-point scale, subjective burden: 0=no occurrence, 1=occurrence and no distress, to 4=occurrence with severe distress; objective burden: 0=no occurrence/occurrence but no distress to 4=severe distress	objective burden=.85 subjective burden= .88	construct, criterion	Measures objective and subjective caregiver burden by determining the occurrence of care experiences (i.e. occurrence versus no occurrence) and the distress associated with these experiences (no distress to severe distress).
24. Tension	Zarit & Whitlatch, 1992	5	4-point scale: "5 or more days," "3-4 days," "1-2 days," and "no days"	.82	NA	Measures tension and frustration the caregiver feels in dealing with the care recipient.
25. Zarit Burden Interview	Zarit et al., 1980	22	5-point scale, responses range from: "not at all" to "extremely"	.88 - 91	construct; correlated with a single global burden rating (r=.71)	Provides a single summary measure of the caregiver's appraisal of the impact caregiving has had on their lives.
26. Zarit Burden Interview: *screening version*	Zarit et al., 1980; Bédard et al., 2001	4	5-point scale, responses include: "never," "rarely," "sometimes," "quite frequently," and "nearly always"	.78	Correlations between the screening and full versions: 0.83-0.93	Designed for use as a screening tool for the assessment of caregiver burden, this scale includes items such as: "Do you feel stressed between caring for your relative and trying to meet other responsibilities (work/family)?"
27. Zarit Burden Interview: *short version*	Zarit et al.,1980;Bédard et al., 2001	12	5-point scale, responses include: "never," "rarely," "sometimes," "quite frequently," and "nearly always"	.88	Correlations between the short and full versions: .92 -.97	This abbreviated burden measure includes items such as: "Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?"
V. CONSEQUENCES: Perceived Challenges – Physical Health Strain						
1. Caregiver Reaction Assessment: d. *Health problems*[38]	Given et al., 1992	4	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.80	construct	Measures the caregiver's physical capability and energy to provide care. It further assesses the caregiver's health in relation to the caregiving role. For example: "I am healthy enough to care for my partner".

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[38] This scale is part of a larger instrument: Caregiver Reaction Measure. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
2. Caregiver Strain Instrument: ***b. Health Strain***[39]	Bass et al. 1994b; Bass et al., 1996	5	4-point scale, responses range from: "strongly disagree," to "strongly agree"	NA	NA	Measures how caregivers feel and behave as a result of providing care with statements line, "my physical health was worse than before" and "I had less pep or energy."
3. Caregiver Subjective Physical Health	Whitlatch et al., 1999	4	Four 3-point scales, responses include: "better," "about the same," [and] "worse"; "not at all," "a little," [and] "a great deal"; "excellent/good," "fair," [and] "poor"	.82	NA	Measures caregiver's perception of their physical health status with the following items: "Is your health now better, about the same, or worse than it was five years ago," "How much do your health troubles stand in the way of your doing the things that you want to do," "How much do your health troubles stand in the way of your assuming a greater role in caregiving," [and] "How would you rate your overall health at the present time?"
4. Cost of Care Index ***c. Physical and Emotional Health***[40]	Kosberg & Cairl, 1986; Kosberg et al., 1990	4	4-point scale, responses range from: "strongly disagree" to "strongly agree"	.91	NA	Measures the physical and emotional consequences of providing care with statements like, "I feel that caring for my relative has negatively affected (will negatively affect) my appetite" and "I feel that caring for my elderly relative has caused me (will cause me) to be physically fatigued."
5. Eldercare Strain	Zacher & Winter, 2011; Slutier et al., 2003	3	4-point scale, responses range from: "less than once per month," to "several times per week or daily"	.91	construct	Measures eldercare strain felt in the morning. The items include: "My care tasks cause me to feel rather exhausted at the beginning of a day," "Due to care-related events I feel worn out at the beginning of a day," and "It takes me over an hour to feel fully recovered after care-related activities."

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[39] This scale is part of a larger instrument: Caregiver Strain Instrument. See also Multidimensional Measures at the end of this inventory.

[40] This scale is part of a larger instrument: Cost of Care Index. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
6. Physical Health Deterioration	Deimling & Bass, 1986b; Bass et al., 1988; Bass et al., 1996	5	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.89	NA	Measures caregivers' perceptions about whether caregiving causes them to be sick more often, have more aches and pains, feel physically worse, be more nervous, and have less energy.
V. CONSEQUENCES: Perceived Challenges – Grief/Loss						
1. Bereavement Consequences	Bass et al., 1991	6	2-point scale: yes or no	.72	NA	Measures negative consequences of bereavement for the caregiver with the following items: "Because of my relative's death, I have difficulty: eating properly; having enough energy to get things done; having someone around to talk to; controlling my grief; getting good advice or suggestions about how to manage this situation; because my physical of emotional health has changed for the worse."
2. Finding Meaning Through Caregiving: ***a. Loss/ Powerlessness***[41]	Farran et al., 1991	19	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.88 - .89	convergent, discriminant	Measures feelings of loss for family member and for self, as well as feelings of powerlessness associated with caregiving. Includes items like, "I am sad about losing the person I once knew".
3. Grief Scale	Wells & Jorm, 1987; Wells et al., 1990	10	4-point scale, responses include: "not at all," "a little," "a lot," and "almost unbearably"	.86	NA	Measures grief experienced by caregivers as distinct from general distress with items such as: "I miss not being able to talk to my relative," "I feel helpless in the face of my relative's illness," "I feel that grief has aged me."

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[41] This scale is part of a larger instrument: Finding Meaning Through Caregiving. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
4. Loss of Intimate Exchange	Pearlin et al., 1990; Aneshensel et al., 1995	3	4-point scale, responses range from: "completely" to "not at all"	.76	NA	Measures the extent to which caregivers feel they have experienced a loss of closeness and intimacy because of the care recipient's decline with the following items: "To what extent do you feel that you personally have lost the following: How much have you lost: being able to confide in your (relative)," "the person that you used to know," [and] "having someone who really knew you well?"
5. Personal Bereavement Difficulties	Bass & Bowman, 1990; Bass et al., 1991	6	2-point scale: yes or no	.72	NA	Measures caregiver's difficulty adjusting to bereavement with items like, "Because of my relative's death, I have difficulty: eating properly; controlling my grief".
6. Relational Deprivation	Pearlin et al., 1990	6	4-point scale, responses range from: "completely" to "not at all"	.67 - .77	NA	Measures the extent to which the caregiver feels separated from parts of their lives that had been supported by or shared with the care recipient. Items include, "How much have you lost… "the person that you used to know"; "a chance to do some of the things you planned", and "contact with other people?"
V. CONSEQUENCES: Perceived Challenges – Financial Strain						
1. Caregiver Reaction Assessment: ***e. Financial problems***[42]	Given et al., 1992	3	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.83	construct	Measures caregiver financial strain, in regard to adequacy, the difficulty, and the strain of the financial situation on the caregiver and the family. Items include statements like, "Caring for my partner puts a financial strain on me".
2. Caregiver Well-Being: ***c. Financial Resources***[43]	George & Gwyther, 1986	2	Single-item measure of household income: measure of perceived economic status	Subjective assessment= .85	NA	Assessment of the caregiver's financial resources includes both an objective and a subjective measure.

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[42] This scale is part of a larger instrument: Caregiver Reaction Assessment. See also Multidimensional Measures at the end of this inventory.

[43] This scale is part of a larger instrument: Caregiver Well-Being. See also Multidimensional Measures at the end of this inventory

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
3. Cost of Care Index ***d. Economic Costs***[44]	Kosberg & Cairl, 1986; Kosberg et al., 1990	4	4-point scale, responses range from: "strongly disagree" to "strongly agree"	.91	NA	Measures the economic costs of care with statements like, "I feel that as a result of caring for my relative, I and my family must forego (will forego) necessities because of the expense to care for him/her."
4. Economic Strains	Pearlin et al., 1990; Aneshensel et al., 1995	3	5-point scale, responses range from: "much less now" to "much more now" 3-point scale, responses range from: "not enough to make ends meet," "just enough to make ends meet," and "some money left over"	NA	NA	Caregiver's assessment of current household expenses and standard of living compared to before he/she began to give care. Includes the following items: "Compared to that time, how would you: describe your total household income from all sources" ; "describe your monthly expenses" and "In general how do your family finances work out at the end of the month?"
5. Financial Impact Scale	Todtman & Gustafson, 1991	20	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.91	concurrent	Measures the financial impact of informal long-term caregiving with items such as: "I feel that my family argues more about money now than we did before I was responsible for caregiving", "My caregiving responsibilities have been so stressful that I have had to pay to go to the doctor for my own medical attention" and "I feel resentful because I have had to cut down on my own expenses because of caregiving costs."
V. CONSEQUENCES: Perceived Challenges – Family Relationship Strain						
1. Aspects of the Caregiving Role ***f. Family Environment***[45]	Schofield et al., 1997	6	3-point scale, responses range from: "less," "the same," or "more"	Closeness= .68 - .73 Conflict= .70 - .75	construct	Measures extent to which caregivers experience more, the same, or less conflict and closeness in the family environment since the onset of caring.

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[44] This scale is part of a larger instrument: Cost of Care Index. See also Multidimensional Measures at the end of this inventory.

[45] This scale is part of a larger instrument: Aspects of the Caregiving Role. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
2. Caregiver Reaction Assessment: ***c. Lack of Family Support***[46]	Given et al., 1992	5	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.62	construct	Measures the caregiver's perception of abandonment and the extent to which family supports and works together with the caregiver. For example: "Since caring for my partner, I feel my family has abandoned me".
3. Caregiver Strain Instrument: **c. *Relationship Strain***[47]	Bass et al., 1994b; Bass et el., 1996	5	4-point scale, responses range from: "strongly disagree" to "strongly agree"	NA	NA	Measures caregiver's perception that, because of caregiving, specific aspects of family life were negatively affected.
4. Closeness of the Relationship	Whitlatch et al., 2001	6	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.90	NA	Measures the caregiver's perception of the "closeness of the relationship" between the caregiver and care recipient with items like, "My relative always understood what I value in life," "My relative always made me feel like a special person," and "My relative was often critical of me."
5. Cost of Care Index: **e. *Perception of the Care Recipient as a Provocateur***[48]	Kosberg & Cairl, 1986; Kosberg et al., 1990	4	4-point scale, responses range from: "strongly disagree" to "strongly agree"	.91	NA	Measures the degree that the personality or characteristics of the care recipient may precipitate mistreatment by a caregiver. Items include statements such as, "I feel that my relative is (will be) an overly demanding person to care for," and "I feel that my relative tries (will try) to manipulate me."
6. Dyadic Adjustment Scale (DAS)	Spanier, 1977; Bagarozzi, 1985	32	6-point scale, responses range from "always disagree" to "always agree"; 5-point scale: responses range from "all the time" to "never"; Other items are rated on a 0-2 or 0-4 scale.	NA	NA	Measure of marital adjustment; it can also be used by unmarried partners and by homosexual couples. Subjects rate the extent to which they and their partner agree or disagree on a range of issues and the frequency they engage in specific interactions, such as quarreling. **[not caregiver specific]**

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[46] This scale is part of a larger instrument: Caregiver Reaction Assessment. See also Multidimensional Measures at the end of this inventory.

[47] This scale is part of a larger instrument: Caregiver Strain Instrument. See also Multidimensional Measures at the end of this inventory.

[48] This scale is part of a larger instrument: Cost of Care Index. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
7. Dyadic Relationship Scale	Sebern & Whitlatch, 2007	11	4-point scale, ranging from: "strongly agree" to "strongly disagree"	.85	content, contruct	Measures relationship strain between the care recipient and caregiver during the past month, with items such as: "Because of helping my relative I felt angry toward her/him." A 10 item care recipient version is also available (using yes/no or 4-point scale responses).
8. Dyadic Relationship Strain	Bass et al., 1994b; Bass et al., 1999; Feinberg et al., 2000	9	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.86 - .93	NA	Measures the quality of the caregiver and care recipient relationship with 3 positive items and 6 negative items. Caregivers are asked whether they feel appreciated for caregiving and get pleasure out of helping, as well as whether they feel manipulated by care recipients and feel angry or resentful towards them.
9. Family Bereavement Difficulties	Bass & Bowman, 1990; Bass et al., 1991	3	2-point scale: yes or no	.64	NA	Measures whether care recipient's death has resulted in tension among family members, a lack of family cooperation, and anger among family members with items such as: "Because of my relative's death, I have difficulty with: tension or strain among family members; getting family to cooperate with me."
10. Family Caregiver Conflict Scale	Clark et al., 2003	15	7-point scale, responses range from: "not true at all" to "very true"	.93	construct	Measures family conflict between caregivers and other family by assessing disagreements over caring for the care recipient with items such as: "We have disagreements when I ask family members to help me take care of our relative."
11. Family Conflict Scale	Pearlin et al., 1990; Semple, 1992; Aneshensel et al., 1993	12	4-point scale, responses range from: "no disagreement" to "quite a bit of disagreement"	.80 - .86	NA	Measures 3 dimensions of disagreement concerning treatment of the care recipient and caregiver with items such as: "How much disagreement have you had with any one in your family because they… "Don't spend enough time with (care recipient)", "Lack patience with (care recipient)," "Don't give enough help," or "Give you unwanted advice?"

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
12. Family Hardiness Index	McCubbin et al., 1987	20	4-point scale, responses include: "false," "mostly false," "mostly true," and "true"	.82	construct, concurrent	Measures the internal strengths and durability of the family unit when faced with stressors with 4 subscales: Co-oriented Commitment, Confidence, Challenge, and Control. The scale includes items such as: "In our family: "We work together to solve problems", and "We do not feel we can survive if another problem hits us." **[not caregiver specific]**
13. Family Relationship Strain	Bass et al., 1988; Feinberg et al., 2000	5	4-point scale. responses range from: "strongly agree" to "strongly disagree"	.65	NA	Measures strain within the family unit as perceived by both the caregiver and care recipient. Items include "feeling closer to my other family members," "relying more on other family members for support," and "relationship with other family members has become strained."
14. History of Conflict between the Caregiver and Care Receiver	Parker, 1978; Braithwaite, 2000	8	4-point scale, responses range from: "not at all like him/her" to "very like him/her"	.84	NA	Measures the degree of conflict that existed between the care recipient and caregiver prior to the need for care.
15. Inconveniences in Living Arrangements	Mindel & Wright, 1982	8	5-point scale	.76	NA	Measures the level of potential inconveniences in living arrangements in the caregiving household with respect to food, social life, leisure activities, employment, household chores, expenses, privacy, and child care.
16. Measures of Strain: **c. *Perceptions of Negative Consequences of Caregiving on the Family*[49]**	Bass & Bowman, 1990; Bass et al., 1991	2	2-point scale: yes or no	.96	NA	Measures family consequences of caregiving with the following items: "Because of my relative's impairments and care, I have difficulty with: tension and strain among family members; getting family members to cooperate in caring for my relative".

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[49] This scale is part of a larger instrument: Measures of Strain. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
17. Quality of the Caregiver-Care Recipient Relationship	Lawrence et al., 1998	4	4-point scale, responses range from: "not at all close/well/similar" to "very close/well/similar"	.85	NA	Measures current relationship quality, such as general closeness, similarity of view about life, and degree of getting along. Items include: "Taking everything into consideration, how close do you feel in the relationship between you and *name of care recipient*?" and "In general, how similar are your views about life to those of *name of care recipient*?"
18. Shared Care Instrument-3 (SCI-3) CG version: ***a.Communication***[50]	Sebern, 2005; Sebern, 2008	5	6-point scale, responses range from: "completely disagree" to "completely agree"	.76	construct	Measures caregiver's and care recipient's perceptions of their communication related to exchanging information about an illness experience.
c. *Reciprocity*[51]	Sebern, 2005; Sebern, 2008	5	6-point scale, responses range from: "completely disagree" to "completely agree"	.78	construct	Measures reciprocity between caregivers and care receivers as characterized by empathy, listening and partnership related to an illness experience.
19. Social Conflict	Goodman, 1991	3	5-point scale, responses range from: "never" to "nearly always"	.72	NA	Measures negative aspects of supportive relationships with three items: "The stresses of caregiving have caused quarrels with people I love," "I've been in conflict with others I know about how to manage the problems of *[disease]*," "People don't approve of some things I've done to care for my relative with *[disease]*."
V. CONSEQUENCES: Perceived Benefits – Caregiver Satisfaction with Helping Care Recipient						
1. AIDS Caregiver Scale	Ferrari et al., 1993	14	7-point scale, responses range from: 1 (low) to 7 (high)	.80 - .86	NA	Measures personal satisfaction and stress associated with caring for a person with AIDS. Items include statements such as, "Helping people with HIV disease is worthwhile to me personally."

[50, 51] This scale is part of a larger instrument: Shared Care Instrument-3. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
2. Aspects of the Caregiving Role: ***g. Caring Role Satisfaction***[52]	Schofield et al., 1997	6-items; 5-items; 4-items	5-point scale, responses range from: "strongly agree" to "strongly disagree"	Satisfaction= .65 - .71; Resentment= .69 - .75; Anger= .68 - .71	construct	Measures positive responses to the care recipient and caring role; negative effects on the caregiver's life, time, opportunities and social relationships; and negative emotional responses to the care recipient through anger, embarrassment and guilt. Some items were drawn from the Caring for Relatives Questionnaire (Greene et al., 1982) and the Caregiver Appraisal Questionnaire (Lawton et al., 1989).
3.* Caregiver Appraisal Measure:** ***c. Caregiving Satisfaction[53]	Lawton et al., 1989	5	5-point scale, responses range from: "never" to "nearly always" or "strongly agree" to "strongly disagree"	.67 - .76	construct	Measures caregiving satisfaction by indicating level of agreement with statements such as, "you really enjoy being with the [impaired person]", and "you take care of [impaired person] more because you want to than out of a sense of duty."
4. Caregiver Reaction Assessment: **e. *Caregiver Esteem***[54]	Given et al., 1992	7	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.90	construct	Measures the extent to which caregiving imparts individual self-esteem. Items assess whether caregiving is rewarding and enjoyable or whether it causes resentment. Items include statements such as: "I enjoy caring for my partner".
5. Caregiving Satisfaction Scale	Strawbridge, 1991	15	4-point scale, responses range from: "strongly disagree" to "strongly agree"	.90	NA	Measures long-term satisfactions and rewards of caregiving.
6. Care Work Satisfaction Scale	Orbell et al., 1993	6	7-point scale, responses range from: "strongly agree" to strongly disagree"	.92	NA	Measures caregiver satisfaction as an expression of the caregiver's enhanced self-worth.
7. Picot Caregiver Rewards Scale	Picot et al., 1997a; 1997b	24	5-point scale, responses range from: "not at all" to "a great deal"	.86	construct	Measures the positive feelings and outcomes of caregiving. Respondents rate the extent to which each are experienced.

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[52] This scale is part of a larger instrument: Aspects of the Caregiving Role. See also Multidimensional Measures at the end of this inventory

[53] This scale is part of a larger instrument: Caregiver Appraisal Measure. See also Multidimensional Measures at the end of this inventory.

[54] This scale is part of a larger instrument: Caregiver Reaction Assessment. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
8. Role Stress and Rewards Questionnaire	Stephens, Franks, & Townsend, 1994	12	4-point scale, responses range from: "did not happen" to "very rewarding"	.87	NA	Measures positive experiences and rewards in the caregiver role such as affection, appreciation, improved relationship, improved care recipient health. Also evaluates rewards specific to being a wife and mother.
9. Sense of Competence Questionnaire **a. Satisfaction *With….as a Recipient of Care*[55]**	Scholte op Reimer et al., 1998	7	4-point scale, responses include: "disagree very much," "disagree," "agree," and "agree very much"	.70 - .80	construct	Measures level of caregiving satisfaction with items such as: "I feel embarrassed over my *[care recipient's]* behavior," *[and]* "My *[care recipient]* appreciates my constant care more than the care others give him/her."
10. Social Interaction Measure	Bass et al., 1994b	5	4-point scale, responses include: "almost never," "sometimes," "frequently," [and] "almost always"	.74	NA	Measures positive aspects of care recipient behavior. Items ask about the degree to which the care recipient is cooperative, friendly, and enjoyable to be with.
11. Uplifts	Pruchno et al., 1990	8	3-point scale, responses include: "most of the time," "some of the time," [and] "not at all" 3-point scale, responses include: "feel closer," "neither closer nor more distant," and "more distant"	.82	NA	Measures positive component of caregiving by asking respondent how often during the past month the care recipient: "provided companionship," "gave embraces," "was enjoyable to be with," "seemed appreciative or grateful for your help," and "appeared cheerful."
V. CONSEQUENCES: Perceived Benefits – Developing New Skills and Competencies						
1. Finding Meaning Through Caregiving Scale: ***b. Provisional Meaning*[56]**	Farran et al., 1991	19	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.88 - .92	convergent, discriminant	Measures positive aspects and ways that caregivers find meaning through the caregiving experience with items like, "Caring for my relative gives my life a purpose and a sense of meaning".

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[55] This scale is part of a larger instrument: Sense of Competence Questionnaire. See also Multidimensional Measures at the end of this inventory.

[56] This scale is part of a larger instrument: Finding Meaning Through Caregiving Scale. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
2. Personal Gain	Pearlin et al., 1990; Skaff & Pearlin, 1992	4	4-point scale, responses range from: "not at all" to "very much"	.68 - .81	NA	Measures the degree of personal growth a person has experienced in the caregiver role with these items: "How much have you: 'become more aware of your inner strengths', 'become more self-confident', 'grown as a person' and 'learned to do things you didn't do before'?"
VI. SKILLS/ABILITIES/KNOWLEDGE TO PROVIDE CARE RECIPIENT WITH NEEDED CARE: Caregiving Confidences and Competencies						
1. Alzheimer's Disease Knowledge Test	Dieckmann, L. 1988	20	5-point scale, responses include: the correct response, 3 distractors, and "I don't know"	.71-.92	content, construct	Using a multiple choice format, this test measures the overall level of knowledge of Alzheimer's disease demonstrated by caregivers, professionals, and other persons involved in providing care.
2. Caregiving Appraisal Measure: ***d. Caregiving Mastery***[57]	Lawton et al., 1989	12	5-point scale, responses range from: "never" to "nearly always"	NA	NA	Measures a sense of caregiving mastery with items such as "In general, I feel able to handle most problems in the care of [impaired person]" and "I'm pretty good at figuring out what [impaired person] needs."
3. Caregiving Competence	Pearlin et al., 1990; Skaff & Pearlin, 1992	4	4-point scale, responses include: "not at all," "just a little," "somewhat," and "very much" and "not at all," "just a little, "fairly," and "very"	.74	NA	Measures the caregivers' evaluation of the adequacy of their own performance in the job of caregiver with items such as, "How much do you believe that you've learned how to deal with a very difficult situation?" and "How much do you feel that all in all, you're a good caregiver?"
4. Caregiver Competence	Kosberg & Cairl, 1991	21	2-point scale: yes or no 4-point scale: responses range from "no provision" to "extensive provision"	NA	NA	Measures competence in caregiving activities with items such as: "Have you read any books or pamphlets on [name of disease] or caregiving in the past year," and "Do you consult a physician or nurse when an unexplained change occurs in [care recipient's] health or behavior." A 3 person clinical team reviews the responses and assigns a competence rating for 5 categories and an overall rating.

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[57] This scale is part of a larger instrument: Caregiving Appraisal Measure. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
5. Caregiver Strain Instrument: ***d. Caregiver Mastery***[58]	Bass et al., 1994b; Bass et al., 1996	4	4-point scale, responses range from: "strongly disagree" to strongly agree"	NA	NA	Measures sense of control caregiver has over caregiving tasks with the following items, I felt: "unsure whether he/she was getting proper care," "uncertain about how to best care for him/her," "that I should be doing more for him/her," [and] "that I could do a better job of caring for him/her."
6. Caregiving Effectiveness	Noelker & Townsend, 1987	3	4-point scale, responses range from: "not satisfied at all" to "very satisfied"; "not successful at all" to "very successful"	.64	NA	Measures perceptions of caregiving effectiveness with the following items: "How satisfied are you with the present arrangement for caring for your [relative]," "How successful do you think you've been in achieving your goals in caring for you [relative]," [and] "How satisfied are you with the way in which decisions concerning your [relative] are made?"
7. Family Caregiving Factors Inventory ***a. Caregiving Resources***[59]	Shyu, 2000	17	3-point scale, responses range from: 1 (lack of help) to 3 (adequate help)	.79	NA	This scale measures the degree of adequacy of the caregiver's resources and supports, i.e., skills, competence and attitudes, the ability to achieve desirable caregiving consequences, and the amount of help received from others in managing caregiving.
8. Family Caregiving Inventory: ***b. Preparedness for Caregiving Scale***[60]	Archbold et al., 1990; 1992	5	4-pont scale, responses range from: "not at all prepared" to "very well prepared"	.71	NA	Measures the degree to which caregivers feel prepared to manage the caregiving situation, including physical and emotional needs, services and caregiver stress.

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[58] This scale is part of a larger instrument: Caregiver Strain Instrument. See also Multidimensional Measures at the end of this inventory.

[59] This scale is part of a larger instrument: Family Caregiving Factors Inventory. See also Multidimensional Measures at the end of this inventory.

[60] This scale is part of a larger instrument: Family Caregiving Inventory. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
9. Mastery	Pearlin & Schooler, 1978; Mullan, 1992; Aneshensel et al., 1995	7	4-point scale, responses range from: "strongly disagree" to "strongly agree"	.75 - .79	NA	Measures a generalized sense of personal control or efficacy that individuals feel they have over their lives. Caregivers indicate their level of agreement with statements such as, "There is really no way I can solve some of the problems I have" and "I can do just about anything I really set my mind to do."
10. Revised Scale for Caregiving Self-Efficacy	Zeiss, et al., 1999; Steffen et al., 2002	51	Rating of 0% – 100% is assigned for each item	.74 - .85	construct	Caregiver self-efficacy is measured in terms of self-care and obtaining respite; responding to disruptive patient behaviors; and controlling upsetting thoughts activated by caregiving activities. Caregivers rate the level of confidence they have in performing each activity.
11. Self-Efficacy Scale	Kuhn & Fulton, 2004	15	5-point scale, responses range from: "not at all confident" to "extremely confident"	.90	NA	Caregivers rate their confidence in dealing effectively with caregiving situations, such as: "when knowing when to ask for help with a particular problem about him or her," and "with helping him or her to take medications properly."
12. Self-esteem Scale	Rosenberg, 1962; Bakas & Champion, 1999	10	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.84	convergent, discriminant	Measures belief s in one's worth, competence, and capacity for success. **[not caregiver specific]**
13. Sense of Competence Questionnaire: ***b. Satisfaction With One's Own Performance as a Caregiver***[61]	Scholte op Reimer et al., 1998	12	4-point scale, responses include: "disagree very much," "disagree," "agree," and "agree very much"	.71 - .77	construct	Measures satisfaction with caregiving performance with items such as: "I feel useful in my interactions with my [care recipient]," "I'm capable to care for my [care recipient]," [and] "I feel guilty about my interactions with my [care recipient]."

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[61] This scale is part of a larger instrument: Sense of Competence Questionnaire. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
14. Task Management Strategy Index	Gitlin et al., 2002	19	5-point scale, responses range from: "never" to "always"	.74-.81	construct	Measures caregiver's use of specific strategies to cope with physical dependency and agitation in individuals with ADRD. Items assess the caregiver's use of visual and tactile cueing, simplifying routines, communication techniques, and removing or rearranging objects and items with questions such as, how often do you..., "give short instructions," "use pictures or labels to identify objects in rooms," and "use clothing that is easy to put on or take off?"
VI. SKILLS/KNOWLEDGE TO PROVIDE CARE RECIPIENT WITH NEED CARE: Appropriate Knowledge of Medical Care Tasks (Wound Care, etc.)						
1. Self-Care of Heart Failure Index (SCHFI) – Family member version	Quinn et al., 2010	15	Responses range from yes/no to 6-point likert-scale options (responses vary by item)	Self-care management subscale =.68 Self-care confidence scale=.86	NA	Measures self-care management and self-care confidence in caregivers (patient version also available). The SCHFI is a self-report measure containing 2 subscales: self-care management and self- care confidence.
2. Unmet Needs: ***b. Medical Follow-up and Medications Scale***[62]	Bass et al., 2003; Bass et al., 2012	6	2-point scale: yes or no	.92	structural	Measures respondent's need for information or help with organizing family care. Measure may be administered to caregiver or care recipient at multiple points in time to measure change.
VII. POTENTIAL RESOURCES THAT CAREGIVES COULD CHOOSETO USE: Use and Perceived Quality of Formal and Informal Help						
1. Assistance with Caregiving	Braithwaite, 1996	2	2-point scale: yes or no	NAP	NA	Measures assistance with caregiving with the following items: "Have you asked for help and received it?" and "Have you been offered help and accepted it?"

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[62] This scale is part of a larger instrument: Unmet Needs. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
2. Carer Satisfaction	Pound et al., 1993	9	4-point scale, responses range from: "strongly disagree" to "strongly agree"	Carer Hospsat= .87 Carer Homesat= .79	construct	Measures caregiver satisfaction with services for stroke patients. One section is focused on in-patient services and includes items like, "The hospital recognizes the difficulties and problems of caring or someone who has had a stroke"; the other section is directed at services after discharge and includes items such as, "I was given all the information I needed about the allowances and services I might need when my relative/friend came out of hospital."
3. Helping Network Composition	Bass et al., 1991; Bass et al., 1999	16	3-point scale, responses include: "not helpful at all," "somewhat helpful," and "very helpful"	NA	NA	Caregiver reports the presence and helpfulness of 4 types of informal helpers and 4 types of formal helpers. Caregivers are asked who helps care recipients with 6 categories of tasks. Caregiver identifies one helper who is the "overall most helpful", and then ranks the degree of helpfulness of the remaining identified helpers.
4. Negative Service Attitudes	Bass et al., 1994a	6	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.66 - .67	NA	Measures negative attitudes toward formal services in 2 areas: the inadequacy of services; and the respondent's perceptions that someone in the family has avoided using services because they are in denial about the relative's illness.
5. Negative Service Experiences	Bass et al., 1994a	11	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.66-.84	NA	Measures negative service experiences in three areas: 1) dissatisfaction with service staff, 2) difficulties in finding services, and 3) inconveniences encountered when attempting to use services.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
6. Service Use: Formal and Informal	Feinberg et al., 2000;Whitlatch, 2002	6	2-point scale: yes or no; 3-point scale: "family/friend," "volunteer," or "paid helper"; 3-point scale: "yes, definitely," "perhaps would use," and "no, definitely not"	NAP	NA	Measures 13 different kinds of help that the caregiver and/or care recipient may have received during the past 3 months, who provided the service, and whether or not the caregiver was satisfied with the quality of services received. Also addressed is whether the caregiver could use more help, if he/she is aware of the availability of paid professionals, and if caregiver would consider using this type of paid help.
7. Unmet Needs: ***c. Accessing Services Scale***[63]	Bass et al., 2003; Bass et al., 2012	7	2-point scale: yes or no	.92	structural	Measures respondent's need for information or help with accessing services. Measure may be administered to caregiver or care recipient at multiple points in time to measure change.
d. Daily Task Scale[64]	Bass et al., 2003; Bass et al., 2012	4	2-point scale: yes or no	.92	structural	Measures respondent's need for information or help with daily task. Measure may be administered to caregiver or care recipient at multiple points in time to measure change.
e. Organizing Family Care[65]	Bass et al., 2003; Bass et al., 2012	6	2-point scale: yes or no	.92	structural	Measures respondent's need for information or help with organizing family care. Measure may be administered to caregiver or care recipient at multiple points in time to measure change.

[63, 64, 65] This scale is part of a larger instrument: Unmet Needs. See also Multidimensional Measures at the end of this inventory.

VII. POTENTIAL RESOURCES THAT CAREGIVERS COULD CHOOSE TO USE: Perceived Quality of Emotional Support						
Measure	**Source**	**# of items**	**Item responses**	**Reliability** (Cronbach's alpha)	**Validity**	**Description**
1. Aspects of the Caregiving Role: ***d. Social Support***[66]	Turner et al., 1983; Schofield et al., 1997;	7	5-point scale, responses range from: "strongly disagree" to "strongly agree"	(Of total sum score): .66-.70	construct	This scale was modified from the Provision of Social Relations Scale (Turner et al., 1983). Social support is characterized by factors of family support; friends' support; and degree caregiver is esteemed by family and friends.
2. Perceived Social Support for Caregiving	Goodman, 1991	9	5-point scale, responses range from: "not at all" to "extremely"	.84	NA	Measures aspects of self-help support, information exchange, and social support. Items include: "I can talk over my feelings about caregiving with others who have similar values," "Others I know have given me useful advice about how to plan for the future," [and] "Others I know have helped me realize my problems are not unique."
3. Social Support Measure	Krause & Markides, 1990	44	4-point scale, responses range from: "never" to "very often." 3-point scale, responses include: "more often," "satisfied," and "less often"	.67-.83	NA	Measures the amount of informational, tangible, and emotional support given and received, the perceived need for support, and degree of satisfaction with support. **[not caregiver specific]**
4. Socioemotional Support	Pearlin et al., 1990; Aneshensel et al., 1995	8	4-point scale, responses range from: "strongly agree" to "strongly disagree"	.81-.87	NA	Measures degree of help and support the caregiver receives from friends and relatives with items such as: "The people close to you let you know that they care about you", "You have someone who you feel you can trust", and "You have at least one friend or relative you can really confide in."
5. Unmet Needs: ***f. Emotional Support Scale***[67]	Bass et al., 2003; Bass et al., 2012	4	2-point scale: yes or no	.92	structural	Measures respondent's need for information or help with emotional support. Measure may be administered to caregiver or care recipient at multiple points in time to measure change.

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[66] This scale is part of a larger instrument: Aspects of the Caregiving Role. See also Multidimensional Measures at the end of this inventory.

[67] This scale is part of a larger instrument: Unmet Needs. See also Multidimensional Measures at the end of this inventory.

VII. POTENTIAL RESOURCES THAT CAREGIVERS COULD CHOOSE TO USE: Existing or Potential Strengths (e.g., what is presently going well)						
Measure	**Source**	**# of items**	**Item responses**	**Reliability** (Cronbach's alpha)	**Validity**	**Description**
1. Informed Decision Making	Fortinsky & Hathaway, 1990; Feinberg & Whitlatch, 2001	18	3-point scale, responses include: "very helpful," "somewhat helpful," and "not at all helpful"	NA	NA	Measures the degree to which the caregiver perceives specific types of information helpful to the decision making process. Includes items such as: "How helpful do you think information on…. "when to involve your [REL] in care planning," "managing problem behaviors," "incontinence"…would be for you in making informed decisions about the care of you [REL]?"
VII. POTENTIAL RESOURCES THAT CAREGIVERS COULD CHOOSE TO USE: Coping Strategy						
1. Appraisal of Caregiving: ***a. Stress***[68]	Folkman & Lazarus, 1986; Pakenham, 2007	1	7-point scales, responses range from: "no at all stressful" to "extremely stressful"	.87	NA	Measures the extent to which caregiver experiences caregiving as a threat or potential harm to important life goals and financial security.
b. Challenge[69]	Folkman & Lazarus, 1986; Pakenham, 2007	5	7-point scale	.76	NA	Measures the extent to which caregiver perceives the caregiving experience as providing an opportunity for personal growth, a personal challenge, or the strengthening of a relationship.
c. Controllability[70]	Folkman & Lazarus, 1986; Pakenham, 2007	3	5-point scale	.64	NA	Caregiver rates the extent to which s/he perceives caregiving as a problem that either could be changed or must be accepted.
2. Avoidance Scale	Braithwaite, 1996	5	NA	.70	NA	Measures degree of caregiver's involvement in activities that distract them from their caregiving role.
3. Carers' Assessment of Managing Index (CAMI)	Nolan, Keady & Grant; 1995; Nolan, Grant & Keady, 1996	38	4-point-scale, responses range from: "I don't use this" to "I use this and find it very helpful."	.86	construct	Assesses caregivers coping with difficult care situations using three coping strategies: problem solving, reframing, and managing the symptoms of stress.

[68, 69, 70] This scale is part of a larger instrument: Appraisal of Caregiving. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
4. Coping Strategies Inventory	Quayhagen & Quayhagen, 1982; 1988	48	4-point scale, responses range from: "very likely" to "not at all likely"	.57 - .79	content	Measures six dimensions of coping: problem-solving; help-seeking; existential growth; minimization of threat through diversional activities; fantasy; and blame.
5. Finding Meaning Through Caregiving Scale: ***c. Ultimate Meaning***[71]	Farran et al., 1991	5	5-point scale, ranging from: "strongly agree" to "strongly disagree"	.91- .95	convergent, discriminant	This scale focuses on a higher power or religious/spiritual structure in which the caregiver finds meaning. Includes items such as, "I believe in the power of prayer; without it I couldn't do this."
6. Inventory of Coping Strategies	Kiyak et al., 1985; Pruchno & Resch, 1989b	16	5-point scale, responses range from: "never," "rarely/seldom," "sometimes," "often," to "most of the time"	.61 - .73	construct	Measures coping using 4 subscales: wishfulness, acceptance, intrapsychic, and instrumental. Items include: "wished you could change the way you felt," and "day dreamed/ imagined a better time or place than the one you were in."
7. Jalowiec Coping Scale	Jalowiec et al., 1984; Pierce et al., 1989	40	5-point scale, responses range from: "never" to "almost always"	.86	content, construct	Measures differences in burden levels and coping strategies using 8 subscales: confrontive, evasive, optimistic, fatalistic, emotive, palliative, supportant, and self-reliant.
8. Reinter-pretation and Acceptance	Braithwaite, 2000	12	4-point scale	.87	NA	Measures emotion-focused and cognitive reframing strategies such as: "telling yourself there is no alternative and you just have to see it through," and "thinking of good things that have come out of the situation." **[not caregiver specific]**
9. Religiosity	Taylor & Chatters, 1986	15	6-point scale: from "daily" to "never" 5-point scale: from "daily" to "almost never" 4-point scale: from "very religious" to "not at all religious" 4-point scale: from "very much" to "none at all"	.78 - .90	NA	Measures caregivers' active religious participation, personal religious beliefs, and satisfaction with support from their religious community with items such as: "How often do you attend religious services or activities", "Would you describe yourself as [very religious] to [not religious at all]."

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[71] This scale is part of a larger instrument: Finding Meaning Through Caregiving Scale. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
10. Spiritual History Scale in Four Dimensions (SHS-4)	Hays et al., 2001	23	5-point scale, responses range from: "strongly agree" to "strongly disagree"	.57 - .95	construct, convergent	Measures lifetime religious and spiritual experience and its value in explaining late-life health. Items include statements such as, "Overall, my religious life has taught me to have a positive attitude," [and] "For most of my life, my social life has revolved around the (church)/ (synagogue)." **[not caregiver specific]**
11. Ways of Coping Checklist	Lazarus & Folkman, 1984; Vitaliano et al., 1985	42	4-point scale, responses include: "not used/not applicable," "used somewhat," "used quite a bit," to "used a great deal"	.76 - .88	construct	Measures coping with 5 subscales: problem-focused coping, wishful thinking, avoidance, seeks social support, and blames self. Items include statements such as: "Talked to someone about how I was feeling" , "Tried to make myself feel better by eating, drinking, smoking, using drugs or medication, and so forth", and "Didn't let it get to me; refused to think about it too much."
VII. POTENTIAL RESOURCES THAT CAREGIVERS COULD CHOOSE TO USE: Financial Resources (healthcare service benefits, entitlements such as VA, Medicare)						
1. Unmet Needs: ***g. Legal and Financial Issues***[72]	Bass et al., 2003; Bass et al., 2012	4	2-point scale: yes or no	.92	structural	Measures respondent's need for information or help with legal and financial issues. Measure may be administered to caregiver or care recipient at multiple points in time to measure change.
VII. POTENTIAL RESOURCES THAT CAREGIVERS COULD CHOOSE TO USE: Nursing Home Support						
1. Nursing Home Stressors: ***a. Nursing assistants' communication with residents family***[73]	Whitlatch et al., 2001	6	3-point scale, responses include: "most of the time," "some of the time," and "hardly ever"	.73	NA	Measures caregivers' perceptions of how well they were treated by the nursing assistants when they visited the nursing home. It includes the following questions: "Do Nursing Assistants….greet you when you visit", "have all the information they need to care for your relative properly" and "act rude or unpleasant?"

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[72] This scale is part of a larger instrument: Unmet Needs. See also Multidimensional Measures at the end of this inventory.

[73] This scale is part of a larger instrument: Nursing Home Stressors. See also Multidimensional Measures at the end of this inventory.

Measure	Source	# of items	Item responses	Reliability (Cronbach's alpha)	Validity	Description
b. Nursing assistants support for families[74]	Whitlatch et al., 2001	5	3-point scale, responses include: "most of the time," "some of the time," and "hardly ever"	.76	NA	Measures caregivers' perceptions that Nursing Assistants provided support and reassurance to family caregivers with statements such as: "The Nursing Assistant….reassures me that my family member's behavior is not unusual", "encourages me to talk about my fears and concerns" and "understands that having my family member in a home is stressful for me."
c. Measures of positive and negative interactions[75]	Whitlatch et al., 2001	10	3-point scale, responses include: "most of the time," "some of the time," and "hardly ever"	.65-.80	NA	Measures the positive and negative interactions family caregivers have with their institutionalized relatives, the staff at the facility, other residents, and the families of other residents. Positive items include whether caregivers feel they are able "to confide in relative/staff/families", and whether the care recipient, the staff, and families of other care recipients are "capable of reassuring them when they are upset." Negative items included assess whether relative, staff or families of other residents make the caregiver feel "frustrated", "angry", or "guilty."
2. Unmet Needs: ***h. Alternate Living Arrangements Scale***[76]	Bass et al., 2003; Bass et al., 2012	3	2-point scale: yes or no	.92	structural	Measures respondent's need for information or help finding alternate living arrangements. Measure may be administered to caregiver or care recipient at multiple points in time to measure change.

[74, 75] This scale is part of a larger instrument: Nursing Home Stressors. See also Multidimensional Measures at the end of this inventory.

[76] This scale is part of a larger instrument: Unmet Needs. See also Multidimensional Measures at the end of this inventory.

VIII. Multi-Dimensional Measures

Measure	Source	Subscales	# of Items	Page #
1. Appraisal of Caregiving	Folkman & Lazarus, 1986; Pakenham, 2007	a. Stress	1	44
		b. Challenge	5	44
		c. Controllability	3	44
2. Aspects of the Caregiving Role	Turner et al., 1983; Pearlin et al., 1990; Schofield et al., 1997; Bradburn, 1969; Watson et al., 1988	a. Life Satisfaction Scale	6	16
		b. Positive and Negative Affect Scales	20	12
		c. Health	5	12
		d. Social Support	7	43
		e. Overload	3	20
		f. Family Environment	6	30
		g. Caring Role Satisfaction	15	35
		h. Resentment and Anger	15	20
3. Caregiver Appraisal Measure	Lawton et al., 1989	a. Subjective Caregiving Burden	13	20
		b. Impact of Caregiving	9	20
		c. Caregiving Satisfaction	9	35
		d. Caregiving Mastery	12	37
		e. Caregiving Ideology	4	9
4. Caregiver Burden Inventory	Novak & Guest, 1989; Caserta et al., 1996	a. Time dependence burden	5	20
		b. Developmental burden	5	21
		c. Physical burden	4	21
		d. Social burden	5	21
		e. Emotional Burden	4	21
5. Caregiver Reaction Assessment	Given et al., 1992	a. Disrupted Schedule	5	17
		b. Financial Problems	3	29
		c. Lack of Family Support	5	31
		d. Health Problems	4	26
		e. Caregiver Esteem	7	35
6. Care Recipient Impairment	Nagi, 1979; Bass et al.,1999; Golden, Teresi, & Gurland, 1984; Deimling & Bass, 1986b; Noelker & Wallace, 1985	a. Physical Disability	7	3
		b. Cognitive Impairment	6	5
		c. Problem Behaviors	6	5
7. Caregiver Strain Instrument	Bass, Noelker & Reschlin, 1996; Bass et al., 1994b	a. Restrictions in caregivers' activities	5	17
		b. Health Strain	5	27
		c. Relationship Strain	5	31
		d. Caregiver Mastery	4	38
8. Caregiver Well-Being	George & Gwyther, 1986	a. Physical Health	2	11
		b. Mental Health	4	14
		c. Financial Resources	7	29
		d. Social Participation	2	16

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Measure	Source	Subscales	# of Items	Page #
9. Caregiver Well-Being Scale	Tebb, 1995	a. Basic Needs	22	16
		b. Activities of Living	23	16
10. Caregiver Well-Being Scale	Zarit & Whitlatch, 1992	a. Low affect scale	7	13
		b. Cognitive depression	6	13
		c. Anxiety	4	13
		d. Anger	4	13
11. Cost of Care Index	Kosberg & Cairl, 1986; Kosberg et al., 1991	a. Value investment in caregiving	4	7
		b. Personal and social restrictions	4	18
		c. Physical and emotional health	4	27
		d. Economic Costs	4	30
		e. Perception of the Care Recipient as a Provocateur	4	31
12. Family Caregiving Factors Inventory	Shyu, 2000	a. Caregiving Resources	17	38
		b. Caregiver Self-Expectations	9	8
		c. Caregiving Task Difficulty	6	3
		d. Knowledge of the Care Recipient	10	4
13. Family Caregiving Inventory	Archbold et al., 1990; 1992	a. Preparedness for Caregiving	5	38
		b. Mutuality	15	4
		c. Strain[77]	78	n/a
14. Finding Meaning Through Caregiving Scale	Farran et al., 1991	a. Loss/Powerlessness	19	28
		b. Provisional Meaning	19	36
		c. Ultimate Meaning	5	45
15. Measures of Strain	Bass & Bowman, 1990; Bass et al., 1991	a. Appraised difficulty of caregiving	3	23
		b. Negative consequences of caregiving	3	23
		c. Perceptions of Negative Consequences of Caregiving on the Family	2	33
16. Mental Health Effects	Pruchno & Resch, 1989a	a. Perceived Burden	1	24
		b. Consequences of Caring	17	24
		c. Social Change Index	13	18
17. Nursing Home Stressors	Whitlatch et al., 2001	a. Nursing assistants' communication with residents' family	6	46
		b. Nursing assistants' support for families	5	47
		c. Measures of positive and negative interactions	10	47

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[77] This scale is not included within this document. It contains 9 subscales and 78 items.

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Measure	Source	Subscales	# of Items	Page #
18. Sense of Competence Questionnaire	Scholte op Reimer et al., 1998	a. Satisfaction With… as a Recipient of Care b. Satisfaction With One's Own Performance as a Caregiver c. Consequences of Involvement for the Personal Life of the Caregiver	7 12 8	36 39 18
19. Share Care Instrument-3 (SCI-3) Caregiver Version	Sebern, 2005; Sebern, 2009	a. Communication b. Decision Making c. Reciprocity	5 6 8	34 8 34
20. Unmet Needs	Bass et al., 2003; Bass et al., 2012	a. Understanding Memory Problems b. Medical Follow-up and Medications Scale c. Accessing Services Scale d. Daily Task Scale e. Organizing Family Care f. Emotional Support Scale g. Legal and Financial Issues h. Alternate Living Arrangements Scale	7 6 6 4 6 4 4 3	5 40 42 42 42 43 46 47

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[Please note: In addition to the above-cited references, a thorough review of Ericae.net, PubMed, PsychInfo, Current Contents, and databases of *Gerontological Journals was conducted for articles referencing the use, testing and validation of caregiver assessment measures.]*

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