



NIA/NINR

Resources for Enhancing Alzheimer's Caregiver Health

Bereavement Battery (BR)

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Bereavement Introduction

I appreciate your spending this time with me. About 6 months ago, we asked you a set of questions about you and (CR). Your responses help us to get an idea of what life is like for the two of you. Now that (CR) has passed away, we would like to ask you many of those same questions again, as well as some new questions. The information you give us will be very helpful as we try to find ways to support caregivers, including bereaved caregivers like yourself.

I will need about an hour of your time today. Like before, all of the information you give me will be kept confidential, and if you are uncomfortable with a question, you can decline to answer it. You can also stop the interview at any time, but please remember that the more information you can give us, the more we can learn to help caregivers. Most of the questions have no right or wrong answers. They are questions about your experience, your feelings, or your opinions. If you don't understand a question, feel free to ask me to repeat or clarify it. We can take a break during the session if you would like to. Do you have any questions before we begin?

Next, I would like to ask you about your household income. Some people may not be comfortable answering this question, but I want to assure you that your responses will be kept strictly confidential. This information is very important to the project because it helps us understand how caregiving affects people with different incomes.

3. **Which category on this card [give respondent card] best describes your yearly household income before taxes? Do not give me the dollar amount, just give me the category. Include all income received from employment, social security, support from children or other family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.**

(RC13)

- 0 () **Less than \$5000**
- 1 () **\$5000 - \$9,999**
- 2 () **\$10,000 - \$14,999**
- 3 () **\$15,000 - \$19,999**
- 4 () **\$20,000 - \$29,999**
- 5 () **\$30,000 - \$39,999**
- 6 () **\$40,000 - \$49,999**
- 7 () **\$50,000 - \$59,999**
- 8 () **\$60,000 - \$69,999**
- 9 () **\$70,000 - \$99,999**
- 10 () **\$100,000 or more**
- 3 () Unknown
- 4 () Refused

4. **How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:**

(RC14)

- 0 () **Not difficult at all**
- 1 () **Not very difficult**
- 2 () **Somewhat difficult**
- 3 () **Very difficult**
- 3 () Unknown
- 4 () Refused

5. **What best describes the type of dwelling that you live in currently?**

(RC15)

- 1 () **Single-story single family home**
- 2 () **Multiple-story single family home**
- 3 () **Condominium**
- 4 () **Apartment**
- 5 () **Assisted living facility**
- 6 () **Other**

↓

6.1 specify _____

- 3 () Unknown
- 4 () Refused

6. **How many people are living with you in your home excluding yourself? _____ persons**

TRANSITION FORMAL CARE AND SERVICES

Now I have some questions about services that you may have received in the past month from an agency or from someone paid privately to provide this help.

1. **In the past month, did you have a homemaker who helped with shopping, cleaning, laundry, preparing meals, etc?**
(RC1)

No Yes Unknown Refused
0 () 1 () -3 () -4 ()



1.1 **In the past month how often did you make use of/receive this service?** _____
times/month

2. **In the past month, did you have a home health aide come to the home to help with personal care (i.e. bathing, feeding, and health care tasks)?**
(RC1)

No Yes Unknown Refused
0 () 1 () -3 () -4 ()



2.1 **In the past month how often did you make use of/receive this service?** _____
times/month

3. (If applicable), **Is your homemaker and home health aide the same person?**
(RC1)

No Yes Not Applicable Unknown Refused
0 () 1 () -2 () -3 () -4 ()

4. **In the past month, did you go to a center for low cost meals or have cooked meals delivered to you at home?**
(RC1)

No Yes Unknown Refused
0 () 1 () -3 () -4 ()



4.1 **In the past month how often did you make use of/receive this service?** _____
times/month

5. **In the past month, did you use a formal service that provided transportation to places outside the home (i.e doctors, clinics, shopping)?**
(RC1)

No Yes Unknown Refused
0 () 1 () -3 () -4 ()



5.1 **In the past month how often did you make use of/receive this service?** _____
times/month

6. ***In the past month, did you have a visiting nurse come to check medications, blood pressure or other medical needs?***
 (RC1)

No Yes Unknown Refused
 0 () 1 () -3 () -4 ()



6.1	<i>In the past month how often did you make use of/receive this service?</i>	_____ times/month
-----	-------------------------------------------------------------------------------------	-------------------

7. ***In the past month, did you attend a senior day care or senior day health program?***
 (RC1)

No Yes Unknown Refused
 0 () 1 () -3 () -4 ()



7.1	<i>In the past month how often did you make use of/receive this service?</i>	_____ times/month
-----	-------------------------------------------------------------------------------------	-------------------

8. ***Are you participating in any support groups on a regular basis?***
 (RC1)

No Yes Unknown Refused
 0 () 1 () -3 () -4 ()



8.1	<i>In the past month how often did you make use of/receive this service?</i>	_____ times/month
-----	-------------------------------------------------------------------------------------	-------------------

9. ***In the past month, did you have any visits to a physician and/or psychiatrist?***
 (RC1)

No Yes Unknown Refused
 0 () 1 () -3 () -4 ()



9.1	<i>In the past month how often did you make use of/receive this service?</i>	_____ times/month
-----	-------------------------------------------------------------------------------------	-------------------

10. ***In the past month, have you seen a counselor, psychologist, or clergy for help with personal or family problems?***
 (RC1)

No Yes Unknown Refused
 0 () 1 () -3 () -4 ()



10.1	<i>In the past month how often did you make use of/receive this service?</i>	_____ times/month
------	-------------------------------------------------------------------------------------	-------------------

11. **In the past month, did you have any visits to an emergency room?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

11.1 **In the past month how often did you make use of/receive this service?** _____
times/month

12. **In the past month, have you been a patient in a hospital overnight or admitted as a patient to a hospital and discharged on the same day?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

12.1 **In the past month how often did you make use of/receive this service?** _____
times/month

13. **Do you receive any other service from an agency or organization** (such as overnight respite; professional service that calls regularly such as Telephone Reassurance Service or Friendly Visitor; help from a social worker or case manager in getting social or health services; see a physical/occupational therapist; receive help with home repairs or maintenance from an agency; receive recreational services such as trips arranged by a senior center), **and if so how often, per month, do you receive the service?**

(RC1)
(RC25)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

13.1 **Specify:** _____ **How often?** 13.2 _____
times/month

14. **Any other service?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

14.1 **Specify:** _____ **How often?** 14.2 _____
times/month

15. **Any other service?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

15.1 **Specify:** _____ **How often?** 15.2 _____
times/month

16. **How difficult is it for you to pay for the services you are getting?**

(RC26)

Very Difficult	Somewhat Difficult	Not At All Difficult	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

17. **Are there other services you would like that you can not afford?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

Specify (up to 3):

17.1 _____

17.2 _____

17.3 _____

CAREGIVER HEALTH AND HEALTH BEHAVIORS

Now I would like to ask you some questions about your health.

1. ***In general, would you say your health is:***

(RC28)

Excellent	Very Good	Good	Fair	Poor	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

2. ***Compared to 6 months ago, how would you rate your health in general now?***

(RC29)

Much better now	Somewhat better now	About the same	Somewhat worse now	Much worse now	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

3. ***During the past month, how would you rate your sleeping quality overall?***

(RC30)

Very Bad	Fairly Bad	Fairly Good	Very Good	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

4. ***During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?***

(RC31)

Never	Less than once a week	Once or twice a week	Three or more times a week	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

5. ***Have you been smoking more than usual in the past month?***

(RC1)

No	Yes	N / A	Unknown	Refused
0 ()	1 ()	-2 ()	-3 ()	-4 ()

6. ***Have you been drinking (alcohol) more than usual in the past month?***

(RC1)

No	Yes	N / A	Unknown	Refused
0 ()	1 ()	-2 ()	-3 ()	-4 ()

7. ***In the past 6 months, have you found that you had the time to see your doctor when you thought you should?***

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

8. ***In the past 6 months, have you found that you were able to slow down and get enough rest when you were sick?***

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

Do you currently have, or has a doctor told you that you currently have, any of the following health problems?

	No	Yes	Unknown	Refused
9. Arthritis (RC1)	0 ()	1 ()	-3 ()	-4 ()
10. High Blood Pressure (RC1)	0 ()	1 ()	-3 ()	-4 ()
11. Heart Condition (RC1) <i>(Specifically heart disease, heart attack, chest pain due to your heart, congestive heart failure, angina, MI)</i>	0 ()	1 ()	-3 ()	-4 ()
12. Chronic Lung Disease such as chronic bronchitis or emphysema (not asthma) (RC1)	0 ()	1 ()	-3 ()	-4 ()
13. Diabetes (RC1)	0 ()	1 ()	-3 ()	-4 ()
14. Stroke (RC1)	0 ()	1 ()	-3 ()	-4 ()
15. Stomach ulcers, irritable bowel syndrome, or any other serious problems with your stomach or bowels (RC1)	0 ()	1 ()	-3 ()	-4 ()
16. Problems with your kidneys (RC1)	0 ()	1 ()	-3 ()	-4 ()
17. Cirrhosis or any other serious liver problem (RC1)	0 ()	1 ()	-3 ()	-4 ()
18. Do you currently have cancer? (RC1) <i>If yes: What type? _____</i>	0 ()	1 ()	-3 ()	-4 ()
19. Problems with your vision or hearing (RC1)	0 ()	1 ()	-3 ()	-4 ()
20. Do you currently have any other health problems that I have not asked about? (RC1) <i>If yes: What _____</i>	0 ()	1 ()	-3 ()	-4 ()
21. In the past, have you ever been diagnosed with, or received treatment for, emotional or psychiatric problems? (RC1) <i>If yes: Please describe the nature of the problem(s) and time frame: _____</i>	0 ()	1 ()	-3 ()	-4 ()
22. Because of any physical or health problem, do you need the help of other persons for your personal care needs, such as eating, bathing, dressing, or getting around the home? (RC1)	0 ()	1 ()	-3 ()	-4 ()
23. Because of any physical or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping or getting around for other purposes? (RC1)	0 ()	1 ()	-3 ()	-4 ()

In the past month, have you experienced any of the following symptoms?

	No	Yes	Unknown	Refused
24. Temperature of 100 degrees F (37.7C) or more (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
25. Headache lasting more than 1 hour (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
26. Skin rash or hives (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
27. Painful, irritated, or burning eyes (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
28. Ear ache or ear infection (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
29. Toothache (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
30. Sore throat (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
31. Sneezing, stuffy, or runny nose (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
32. Dry cough (more than occasional) (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
33. Coughing up substances other than saliva, or thin phlegm (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
34. Wheezing (from chest) (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
35. Unusual shortness of breath (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
36. Unplanned weight loss (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
37. Nausea and/or vomiting (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
38. Stomach pain or abdominal cramps (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
39. Heartburn (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()
40. Chest pain other than heartburn (RC1) <i>If yes: total days with symptoms</i> _____	0 ()	1 ()	-3 ()	-4 ()

	No	Yes	Unknown	Refused
41. Rapid or pounding heart (RC1) If yes: total days with symptoms _____	0 ()	1 ()	-3 ()	-4 ()
42. Diarrhea (RC1) If yes: total days with symptoms _____	0 ()	1 ()	-3 ()	-4 ()
43. Bloody or black stools (RC1) If yes: total days with symptoms _____	0 ()	1 ()	-3 ()	-4 ()
44. Discomfort from hemorrhoids (RC1) If yes: total days with symptoms _____	0 ()	1 ()	-3 ()	-4 ()

45. (Enter N/A if CG does not work) **In the past month, how many work days have you lost due to illness?** _____

46. **In the past month, how many days did you need to cut down on activities due to illness?** _____

47. **In the past month, how many days did you spend most of the day in bed due to illness?** _____

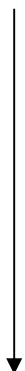
48. **In the past six months, do you feel your physical health has improved?**
(RC1)

No
0 ()

Yes
1 ()

Unknown
-3 ()

Refused
-4 ()



48.1 Was the improvement minimal or substantial? (RC18)				
Minimal improvement	Substantial improvement	Unknown	Refused	
1 ()	2 ()	-3 ()	-4 ()	

48.2 Was there no change, minimal decline or substantial decline? (RC19)				
No change	Minimal decline	Substantial decline	Unknown	Refused
1 ()	2 ()	3 ()	-3 ()	-4 ()

CES-D

This section deals with statements people might make about how they feel. For each of the statements, please indicate how often you felt that way during the past week.

		<i>Rarely or none of the time</i>	<i>Some or a little of the time</i>	<i>Occasionally or a moderate amount of time</i>	<i>Most or almost all of the time</i>	Unknown	Refused
		(<1 day)	(1-2 days)	(3-4 days)	(5-7 days)		
1. (RC32)	<i>I was bothered by things that don't usually bother me.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
2. (RC32)	<i>I had trouble keeping my mind on what I was doing.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
3. (RC32)	<i>I felt depressed.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
4. (RC32)	<i>I felt that everything I did was an effort</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
5. (RC32)	<i>I felt hopeful about the future.*</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
6. (RC32)	<i>I felt fearful.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
7. (RC32)	<i>My sleep was restless.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
8. (RC32)	<i>I was happy.*</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
9. (RC32)	<i>I felt lonely.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
10. (RC32)	<i>I could not get "going".</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
11. (RC32)	<i>People were unfriendly.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
12. (RC32)	<i>I felt that people disliked me.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

13. ***In the past six months, do you feel your mood or emotional well-being has improved?***
 (RC1)

No 0 () Yes 1 () Unknown -3 () Refused -4 ()



13.1 Was the improvement minimal or substantial?
 (RC18)

<i>Minimal Improvement</i> 1 ()	<i>Substantial Improvement</i> 2 ()	Unknown -3 ()	Refused -4 ()
--------------------------------------------	------------------------------------------------	-------------------	-------------------

13.2 Was there no change, minimal decline or substantial decline in these areas?
 (RC19)

<i>No change</i> 1 ()	<i>Minimal decline</i> 2 ()	<i>Substantial decline</i> 3 ()	Unknown -3 ()	Refused -4 ()
----------------------------------	----------------------------------------	--------------------------------------------	-------------------	-------------------

14. CES-D Score (questions 1 – 10): ____ (* questions are reverse scored)

15. Is the CES-D score greater than or equal to **15**?

No 0 ()

Yes 1 ()



15.1 Has the Principal Investigator or appropriate site personnel been notified?

No 0 ()	Yes 1 ()
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→ Please notify the Principal Investigator or appropriate site personnel.

TRANSITION SOCIAL SUPPORT

Now I would like to ask you some questions about your friends and family.

1. **Overall, how satisfied have you been in the past month with the help you have received from family members, friends, or neighbors?**
(RC33)

Not at all	A little	Moderately	Very	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

2. **How many relatives, friends, neighbors do you see or hear from at least once a month?**
(RC34)

None	One	Two	Three or Four	Five to eight	Nine or more	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()

3. **How many relatives, friends, neighbors, do you feel close to? That is, how many do you feel at ease with, can talk to about private matters, or can call on for help?**
(RC34)

None	One	Two	Three or Four	Five to eight	Nine or more	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()

4. **How many relatives, friends, neighbors, do you feel you can call on for help with chores, transportation etc.?**
(RC34)

None	One	Two	Three or Four	Five to eight	Nine or more	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()

5. **When other people you know have an important decision to make, do they talk to you about it?**
(RC35)

Never	Seldom	Sometimes	Often	Very Often	Always	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()

6. **In the past month, how often has someone, such as a family member, friend or neighbor, provided transportation, pitched in to help you do something that needed to get done, like household chores or yardwork, and/or helped you with shopping?**
(RC36)

Never	Once in a while	Fairly often	Very often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

7. **Overall, how satisfied have you been in the past month with the help you have received with transportation, housework and yardwork, and shopping?**
(RC33)

Not at all	A little	Moderately	Very	N/A	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-2 ()	-3 ()	-4 ()

8. ***In the past month, how often has someone been there with you (physically) in a stressful situation, provided comfort to you, or expressed concern about your well-being?***
(RC36)

Never	Once in a while	Fairly often	Very often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

9. ***In the past month, how satisfied have you been with the support, comfort, interest and concern you have received from others?***
(RC33)

Not at all	A little	Moderately	Very	N/A	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-2 ()	-3 ()	-4 ()

10. ***In the past month, how often has someone given you information and guidance on some action? For example, they made a difficult situation clearer and easier to understand or told you what they did in a similar situation?***
(RC36)

Never	Once in a while	Fairly often	Very often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

11. ***Overall, how satisfied in the past month have you been with the suggestions, clarifications, and sharing of similar experiences you have received from others?***
(RC33)

Not at all	A little	Moderately	Very	N/A	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-2 ()	-3 ()	-4 ()

I'd like to ask you a few more questions about your relationship with others. Remember, when the term "others" is used, it includes friends, neighbors, or family member.

12. ***In the past month, how often have others made too many demands on you?***
(RC36)

Never	Once in a while	Fairly often	Very often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

13. ***In the past month, how often have others been critical of you?***
(RC36)

Never	Once in a while	Fairly often	Very often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

14. ***In the past month, how often have others pried into your affairs?***
(RC36)

Never	Once in a while	Fairly often	Very often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

15. ***In the past month, how often have others taken advantage of you?***
 (RC36)

Never	Once in a while	Fairly often	Very often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

16. ***In the past six months, do you feel the amount of help and support that you receive from others has improved?*** (RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()



16.1 Was the improvement minimal or substantial? (RC18)				
	Minimal improvement	Substantial improvement	Unknown	Refused
	1 ()	2 ()	-3 ()	-4 ()

16.2 Was there no change, minimal decline or substantial decline? (RC19)					
16.1	No change	Minimal decline	Substantial decline	Unknown	Refused
	1 ()	2 ()	3 ()	-3 ()	-4 ()

TRANSITION RELIGIOUS/SPIRITUAL COPING

The next set of questions is about your religious or spiritual beliefs. We would like to know if religion or spirituality affects caregiving. Please respond to the following statements.

1. ***I think about how my life is part of a larger spiritual force.***

(RC37)

A great deal	Quite a bit	Somewhat	Not at all	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

2. ***I work together with God as partners to get through hard times.***

(RC37)

A great deal	Quite a bit	Somewhat	Not at all	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

3. ***I look to God (or a higher force) for strength, support, and guidance in times of trouble.***

(RC37)

A great deal	Quite a bit	Somewhat	Not at all	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

4. ***I feel that stressful situations are God's way of punishing me for my sins or lack of spirituality.***

(RC37)

A great deal	Quite a bit	Somewhat	Not at all	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

5. ***I wonder whether God has abandoned me.***

(RC37)

A great deal	Quite a bit	Somewhat	Not at all	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

6. ***I try to make sense of the situation and decide what to do without relying on God.***

(RC37)

A great deal	Quite a bit	Somewhat	Not at all	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

Now I am going to ask you about your religious practices.

7. **How often do you usually attend religious services, meetings and/or activities?**

(RC38)

- | | | |
|----|-----|------------------------------|
| 0 | () | Never |
| 1 | () | Once a year |
| 2 | () | A few times a year |
| 3 | () | At least once a month |
| 4 | () | At least once a week |
| 5 | () | Nearly every day |
| -3 | () | Unknown |
| -4 | () | Refused |

8. **How often do you pray or meditate?**

(RC38)

- | | | |
|----|-----|------------------------------|
| 0 | () | Never |
| 1 | () | Once a year |
| 2 | () | A few times a year |
| 3 | () | At least once a month |
| 4 | () | At least once a week |
| 5 | () | Nearly every day |
| -3 | () | Unknown |
| -4 | () | Refused |

SOCIAL ACTIVITIES

We are interested in how satisfied you are with the amount of time you have been able to spend in various activities that you might enjoy.

		<i>Not at all</i>	<i>A little</i>	<i>A lot</i>	<i>Unknown</i>	<i>Refused</i>
1. (RC39)	Over the past month, how often have you been able to engage in activities that you enjoy?	0 ()	1 ()	2 ()	-3 ()	-4 ()
1.1 (RC39)	How satisfied are you with this amount of time?	0 ()	1 ()	2 ()	-3 ()	-4 ()
2. (RC39)	Over the past month, how often have you been able to spend quiet time by yourself?	0 ()	1 ()	2 ()	-3 ()	-4 ()
2.1 (RC39)	How satisfied are you with this amount of time?	0 ()	1 ()	2 ()	-3 ()	-4 ()
3. (RC39)	Over the past month, how often have you been able to attend church or go to other meetings of groups or organizations?	0 ()	1 ()	2 ()	-3 ()	-4 ()
3.1 (RC39)	How satisfied are you with this amount of time?	0 ()	1 ()	2 ()	-3 ()	-4 ()
4. (RC39)	Over the past month, how often have you been able to take part in hobbies or other interests?	0 ()	1 ()	2 ()	-3 ()	-4 ()
4.1 (RC39)	How satisfied are you with this amount of time?	0 ()	1 ()	2 ()	-3 ()	-4 ()
5. (RC39)	Over the past month, how often have you been able to go out for meals or other social activities?	0 ()	1 ()	2 ()	-3 ()	-4 ()
5.1 (RC39)	How satisfied are you with this amount of time?	0 ()	1 ()	2 ()	-3 ()	-4 ()

Not at all A little A lot Unknown Refused

6. (RC39)	Over the past month, how often have you been able to do fun things with other people?	0 ()	1 ()	2 ()	-3 ()	-4 ()
6.1 (RC39)	How satisfied are you with this amount of time?	0 ()	1 ()	2 ()	-3 ()	-4 ()
7. (RC39)	Over the past month, how often have you been able to visit with family and friends?	0 ()	1 ()	2 ()	-3 ()	-4 ()
7.1 (RC39)	How satisfied are you with this amount of time?	0 ()	1 ()	2 ()	-3 ()	-4 ()

BEREAVEMENT

I would like to ask you some questions about how you are feeling, since (CR) passed away. Some of these questions may seem a little repetitive, and I apologize for that, but your responses to all of these questions are very important to us. For each of the following statements, please tell me to what extent each of the following statements applies to you. Are they completely false, mostly false, true and false, mostly true, or completely true? Give response card to (CG).

		Completely False	Mostly False	True and False	Mostly True	Completely True	Unknown	Refused
1. (RC45)	<i>I still cry when I think of (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
2. (RC45)	<i>I still get upset when I think about (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
3. (RC45)	<i>I cannot accept (CR)'s death.</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
4. (RC45)	<i>Sometimes I very much miss (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
5. (RC45)	<i>Even now it's painful to recall memories of (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
6. (RC45)	<i>I am preoccupied with thoughts (often think) about (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
7. (RC45)	<i>I hide my tears when I think about (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
8. (RC45)	<i>No one will ever take the place in my life of (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
9. (RC45)	<i>I can't avoid thinking about (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()

		Completely False	Mostly False	True and False	Mostly True	Completely True	Unknown	Refused
10. (RC45)	<i>I feel it's unfair that (CR) died.</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
11. (RC45)	<i>Things and people around me still remind me of (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
12. (RC45)	<i>I am unable to accept the death of (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()
13. (RC45)	<i>At times, I still feel the need to cry for (CR).</i>	1 ()	2 ()	3 ()	4 ()	5 ()	-3 ()	-4 ()

14.
(RC46) ***Where did (CR) die?***

Home	1	()
Hospital	2	()
Nursing home	3	()
Other	4	()
14.1	Specify	_____
Unknown	-3	()
Refused	-4	()

		Not at all	Somewhat	Very much	Unknown	Refused
15. (RC47)	<i>To what extent were you helping to care for (CR) before he/she passed away?</i>	1 ()	2 ()	3 ()	-3 ()	-4 ()
16. (RC47)	<i>Overall, how satisfied were you with your ability to help care for (CR) before his/her death?</i>	1 ()	2 ()	3 ()	-3 ()	-4 ()
17. (RC47)	<i>To what extent do you feel that (CR)'s death was a relief for him/her?</i>	1 ()	2 ()	3 ()	-3 ()	-4 ()
18. (RC47)	<i>To what extent was (CR)'s death a relief to you?</i>	1 ()	2 ()	3 ()	-3 ()	-4 ()
19. (RC47)	<i>To what extent did you expect (CR)'s death?</i>	1 ()	2 ()	3 ()	-3 ()	-4 ()
20. (RC47)	<i>To what extent were you prepared for (CR)'s death (e.g., were future plans made)?</i>	1 ()	2 ()	3 ()	-3 ()	-4 ()

		Never	Seldom	Often	All the time	Unknown	Refused
21. (RC48)	Overall, how much of the time did (CR) seem to be feeling pain or physical discomfort before he/she passed away?	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
22. (RC48)	Overall, how much of the time did he/she seem to be feeling upset, depressed, or anxious before he/she passed away?	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
				No	Yes	Unknown	Refused
23. (RC1)	Are you currently receiving any type of counseling or other support services to help you cope with the death of (CR)?			0 ()	1 ()	-3 ()	-4 ()

If yes, *which ones are you using?*

23.1 (RC1)	Support group for family members of bereaved dementia caregivers			0 ()	1 ()	-3 ()	-4 ()
23.2 (RC1)	Other support group			0 ()	1 ()	-3 ()	-4 ()
23.3 (RC1)	Individual counseling			0 ()	1 ()	-3 ()	-4 ()
23.4 (RC1)	Family counseling			0 ()	1 ()	-3 ()	-4 ()
23.5 (RC1)	Clergy/pastoral counseling			0 ()	1 ()	-3 ()	-4 ()
23.6 (RC1)	Informal family support			0 ()	1 ()	-3 ()	-4 ()
23.7 (RC1)	Informal support from friends			0 ()	1 ()	-3 ()	-4 ()
23.8 (RC1)	Medication or assistance from my physician			0 ()	1 ()	-3 ()	-4 ()
23.9 (RC1)	Other			0 ()	1 ()	-3 ()	-4 ()
	23.9.1 Specify						

		No	Yes	Unknown	Refused
24. (RC1)	Do you believe you need any kind of additional assistance to help you cope with the death of (CR)?	0 ()	1 ()	-3 ()	-4 ()

If yes, *what kind of help do you think you need?*

24.1 (RC1)	Support group for family members of bereaved dementia caregivers	0 ()	1 ()	-3 ()	-4 ()
24.2 (RC1)	Other support group	0 ()	1 ()	-3 ()	-4 ()
24.3 (RC1)	Individual counseling	0 ()	1 ()	-3 ()	-4 ()
24.4 (RC1)	Family counseling	0 ()	1 ()	-3 ()	-4 ()
24.5 (RC1)	Clergy/pastoral counseling	0 ()	1 ()	-3 ()	-4 ()
24.6 (RC1)	Informal family support	0 ()	1 ()	-3 ()	-4 ()
24.7 (RC1)	Informal support from friends	0 ()	1 ()	-3 ()	-4 ()
24.8 (RC1)	Medication or assistance from my physician	0 ()	1 ()	-3 ()	-4 ()
24.9 (RC1)	Other	0 ()	1 ()	-3 ()	-4 ()
	24.9.1 <i>Specify</i>				

25. (RC1)	Would you like the telephone numbers of (or information about) organizations or people that may be able to help you cope better with the death of (CR)?	0 ()	1 ()	-3 ()	-4 ()
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BEREAVEMENT RISK APPRAISAL

We are nearing the end the interview. I would now like to ask you questions that will cover all the areas we've discussed today as a general overview. We realize that many of these questions may seem repetitive, and we appreciate your patience and participation.

Safety

1. **Is there a working smoke detector and fire extinguisher in your house?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

Social Support

2. **Do you have someone you can talk to about important decisions or difficult situations?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

3. **Do you have someone, like a family member, friend, or neighbor who can take you places if you needed help?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

4. **Do you have someone to comfort you, listen to your feelings, or express concern for you?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

5. **Do you feel isolated from your family/friends?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

Caregiver Emotional and Physical Well-being

6. **In the past month, have you lost or gained weight without meaning to?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

7. **In the past year, have you seen your primary care physician for a routine check up?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

8. **In the past 6 months, have you missed any scheduled doctor's appointments?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

9. **In the past year, have you had your eyesight checked?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

10. **In the past year, have you had your hearing checked?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

11. **In the past year, have you had your teeth/dentures examined by a dentist?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

12. **In the past year, have you had a flu shot?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

13. **In the past year, have you had your blood pressure checked?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

14. FEMALE ONLY: **In the past two years, have you had a mammogram?**

(RC1)

No	Yes	N/A	Unknown	Refused
0 ()	1 ()	-2 ()	-3 ()	-4 ()

15. FEMALE ONLY: **In the past two years, have you had a pap smear?**

(RC1)

No	Yes	N/A	Unknown	Refused
0 ()	1 ()	-2 ()	-3 ()	-4 ()

16. MALE ONLY: **In the past year, have you had a prostate examination?**

(RC1)

No	Yes	N/A	Unknown	Refused
0 ()	1 ()	-2 ()	-3 ()	-4 ()

17. **Have you cut back on your physical activities, like exercise and walking since (CR) died?**

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

18. **In the past month, have you felt depressed, sad, had crying spells or felt like you often needed to cry?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

19. **Is it hard for you to have quiet time for yourself or time to do the things you enjoy?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

20. **In the past month or so, have you had headaches, a sore throat, the flu, or a cold?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

21. **In the past month, have you had stomach or intestinal problems, like cramps, heartburn, or diarrhea?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

22. **In the past month, have you had trouble falling asleep, staying asleep, or waking up too early in the morning?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

23. **In the past month, has your back hurt, or have you had pains in other muscles or joints?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

24. **In the past month, has it been hard to eat healthy or well-balanced meals on a regular basis?**

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

25. **Do you miss taking your prescription medication on a regular basis?**

(RC41)

Never	Sometimes	Often	N/A	Unknown	Refused
0 ()	1 ()	2 ()	-2 ()	-3 ()	-4 ()

CAREGIVER MEDICATIONS

Copy the name of the medications that (CG) takes onto each blank line below. Include both prescription and non-prescription medications in pill and liquid form. Include medications obtained outside the U.S. Include all medications that (CG) has taken within the past month even if they were prescribed for someone else.

1. Are you currently taking any medication?

(RC1)

No 0 () Yes 1 () Unknown -3 () Refused -4 ()

Medication Code	Medication Name	Is the medication being taken for...		
		Anxiety	Depression	Stress
1.1 _____	1.1.1 _____	()	()	()
1.2 _____	1.2.1 _____	()	()	()
1.3 _____	1.3.1 _____	()	()	()
1.4 _____	1.4.1 _____	()	()	()
1.5 _____	1.5.1 _____	()	()	()
1.6 _____	1.6.1 _____	()	()	()
1.7 _____	1.7.1 _____	()	()	()
1.8 _____	1.8.1 _____	()	()	()
1.9 _____	1.9.1 _____	()	()	()
1.10 _____	1.10.1 _____	()	()	()
1.11 _____	1.11.1 _____	()	()	()
1.12 _____	1.12.1 _____	()	()	()
1.13 _____	1.13.1 _____	()	()	()
1.14 _____	1.14.1 _____	()	()	()
1.15 _____	1.15.1 _____	()	()	()
1.16 _____	1.16.1 _____	()	()	()
1.17 _____	1.17.1 _____	()	()	()
1.18 _____	1.18.1 _____	()	()	()
1.19 _____	1.19.1 _____	()	()	()
1.20 _____	1.20.1 _____	()	()	()
1.21 _____	1.21.1 _____	()	()	()
1.22 _____	1.22.1 _____	()	()	()
1.23 _____	1.23.1 _____	()	()	()
1.24 _____	1.24.1 _____	()	()	()
1.25 _____	1.25.1 _____	()	()	()
1.26 _____	1.26.1 _____	()	()	()
1.27 _____	1.27.1 _____	()	()	()
1.28 _____	1.28.1 _____	()	()	()
1.29 _____	1.29.1 _____	()	()	()
1.30 _____	1.30.1 _____	()	()	()

2. Are you (CG) currently taking any of these medications for anxiety, depression or stress?

(RC1)

No 0 () Yes 1 () Unknown -3 () Refused -4 ()

(if YES, check the appropriate column on the immediate right of the medication name to identify that it is being taken for anxiety, depression or stress).

PROJECT EVALUATION

This final set of questions asks about your experiences as a participant in the REACH II project. Your feedback is one of the most effective ways we have of developing future services and projects for caregivers.

Before we begin, I want to remind you that all of the information you give me will be kept confidential, and if you are uncomfortable with a question, you can refuse to answer it. If you don't understand a question, please feel free to ask me to repeat it or clarify it. You can stop the interview at any time, but please remember that the more information you can give us, the better we can help caregivers like you in the future.

We want your honest feedback about your experiences, your feelings, and your opinions about the REACH project. None of your responses will affect your relationship with the REACH project in any way. Do you have any questions before we begin?

1. Was the REACH project clearly explained to you from the time we first contacted you to now?

(RC1)

<i>No</i>	0	()
<i>Yes</i>	1	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

2. Do you feel that you and your relative were treated with proper respect during the course of this project?

(RC1)

<i>No</i>	0	()
<i>Yes</i>	1	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

3. Overall, how much do you think you benefited from participating in this project?

(RC49)

Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

4. How much did participation in the project help you better understand memory loss and its effects on people?

(RC49)

Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

5. **How much did participation in the project help you feel more confident in dealing with (CR's) memory problems?**

(RC49)

Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

6. **How much did participation in the project help make your life easier?**

(RC49)

Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

7. **How much did participation in the project help enhance your ability to care for (CR)?**

(RC49)

Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

8. **How much did participation in the project help improve (CR's) life?**

(RC49)

Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

9. **How much did participation in the project help to keep (CR) living at home with you?**

(RC49)

Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

10. **Did the project require too much work or effort?**

(RC1)

- No 0 ()
- Yes 1 ()
- Unknown -3 ()
- Refused -4 ()

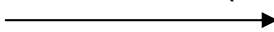


10.1 If yes, please explain _____

11. **Did you (CG) participate in the REACH II Intervention (receive a phone, notebook and home visits)?**

(RC1)

- No 0 ()
- Yes 1 ()



If no, skip to questions 24.

REACH II Intervention group ONLY:

12. **Overall, did you find the REACH II Caregiver Network (the phone and its resources) valuable?**
 (RC49)

- Not at all 1 ()
- Some 2 ()
- A great deal 3 ()
- Unknown -3 ()
- Refused -4 ()

13. **Overall, did you find the REACH II Caregiver Network helpful?**
 (RC49)

- Not at all 1 ()
- Some 2 ()
- A great deal 3 ()
- Unknown -3 ()
- Refused -4 ()

14. **Overall, did you find the REACH II Caregiver Network easy to use?**
 (RC49)


- Not at all 1 ()
- Some 2 ()
- A great deal 3 ()
- Unknown -3 ()
- Refused -4 ()

15. Do you feel that the information provided by the REACH II Caregiver Network was easy to understand?
(RC49)

- Not at all 1 ()
- Some 2 ()
- A great deal 3 ()
- Unknown -3 ()
- Refused -4 ()

16. Did you participate in the on-line support groups?

(RC1)

- No 0 ()
 - Yes 1 ()
 - Unknown -3 ()
 - Refused -4 ()
- 

16.1 Did you find your participation in the on-line support groups to be valuable?
(RC49)

- Not at all 1 ()
- Some 2 ()
- A great deal 3 ()
- Unknown -3 ()
- Refused -4 ()

16.2 Do you feel that your participation in the on-line support groups increased your knowledge of caregiving?
(RC49)

- Not at all 1 ()
- Some 2 ()
- A great deal 3 ()
- Unknown -3 ()
- Refused -4 ()

16.3 Do you feel that your participation in the on-line support groups improved your skills as a caregiver?
(RC49)

- Not at all 1 ()
- Some 2 ()
- A great deal 3 ()
- Unknown -3 ()
- Refused -4 ()

17. Overall, do you feel the information provided in the Caregiver Notebook (3-ring binder) was helpful?
(RC49)

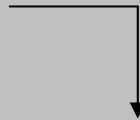
Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

18. Are you currently using the Health Passport?
(RC49)

Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

19. Did you learn about stress management techniques (signal breath, stretching, music)?
(RC1)

No	0	()
Yes	1	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()



19.1 Did you find any of the stress management techniques to be valuable?
(RC49)

Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

19.2 Are you currently using one or more of these techniques?
(RC49)

Not at all	1	()
Some	2	()
A great deal	3	()
<i>Unknown</i>	-3	()
<i>Refused</i>	-4	()

20. **Did you learn about pleasant events?**

- No** 0 ()
- Yes** 1 ()
- Unknown* -3 ()
- Refused* -4 ()



20.1. **Did you find the use of pleasant events either for yourself, or with your CR to be valuable?**

- Not at all** 1 ()
- Some** 2 ()
- A great deal** 3 ()
- Unknown* -3 ()
- Refused* -4 ()

20.2. **Are you currently using this technique?**
(RC49)

- Not at all** 1 ()
- Some** 2 ()
- A great deal** 3 ()
- Unknown* -3 ()
- Refused* -4 ()

21. **Did you learn about using a thought record?**

- No** 0 ()
- Yes** 1 ()
- Unknown* -3 ()
- Refused* -4 ()



21.1. **Did you find the thought record to be valuable?**
(RC49)

- Not at all** 1 ()
- Some** 2 ()
- A great deal** 3 ()
- Unknown* -3 ()
- Refused* -4 ()

21.2. **Are you currently using this technique?**
(RC49)

- Not at all** 1 ()
- Some** 2 ()
- A great deal** 3 ()
- Unknown* -3 ()
- Refused* -4 ()

22. **Did you find the prescriptions (the plans you developed with your interventionist) helpful for managing problems in caregiving?**
(RC49)

- Not at all** 1 ()
- Some** 2 ()
- A great deal** 3 ()
- Unknown* -3 ()
- Refused* -4 ()

23. **Are you currently using a prescription or any behavior management technique taught during the project?**
(RC49)

- Not at all** 1 ()
- Some** 2 ()
- A great deal** 3 ()
- Unknown* -3 ()
- Refused* -4 ()

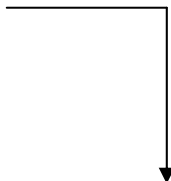
24. **What do you think was the most useful part of the project?**

25. **What was the least useful part of the project?**

26. **What would you change about this project to make it better?**

27. **Would you recommend this project to others in similar situations?**

(RC1)

<i>No</i>	0	()	
<i>Yes</i>	1	()	
<i>Unknown</i>	-3	()	
<i>Refused</i>	-4	()	

27.1 If No, please explain _____
