Wisconsin Quality of Life Caregiver Questionnaire

Wisconsin Quality of Life Associates
University of Wisconsin - Madison

Interview Information:

Your Name: _____ ID#: _____

Date of Completion: __/__/__ Age: _____ Sex: _____

Relationship to Client: _____

Directions:

We are interested in learning about how mental health treatment, including medication, affect the Quality of Life of your family member, friend or neighbor. We also want to know about your experience as a family member, friend or neighbor of someone with mental illness. We are interested in your views and feelings. Please indicate the response which most closely reflects your opinion.

THIS INSTRUMENT IS NOT FOR
CIRCULATION OR CITATION

BACKGROUND INFORMATION

1. Please list members residing in your household:

Name (First names only)	Relationship to client
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Do you have a job at the present time? □ Yes □ No (if no, please skip to #5)

3. How many hours a week do you work or go to school? _____ hours per week

4. What is your occupation? _____

5a. Who was your relative/friend/neighbor living with when he/she first became ill? (Check all that apply)

- □ alone
- □ friend/roommate
- □ with children
- □ with parents
- □ with significant other/spouse
- □ other, please specify; _____

5b. Where was you neighbor/relative friend living when he/she first became ill? (Check one)

- □ in an apartment/home
- □ in a boarding home
- □ in an group home or halfway house
- □ homeless
- □ at school/college
- □ in an institution (i.e. hospital or nursing home)
- □ in jail/prison
- □ other, please specify:_____

6. How old was your relative/friend/neighbor when he/she first became ill? _____years

7a. Who is your relative/friend/neighbor living with now? (Check one)

- □ alone
- □ friend/roommate
- □ with parents
- □ with significant other/spouse

 with children other, please specify; _____

7b. Where is you relative/friend/neighbor living now? (Check one)

 in an apartment/home at school/college
 in a boarding home in an institution (i.e. hospital or nursing home)
 in an group home or halfway house in jail/prison
 homeless other, please specify:_____

8. When was the last time the patient spent more than 7 consecutive overnights in your household?

 Currently Within the past year
 Within the past month Longer than a year ago
 Within the past six months

9. In the time that you have been involved with the patient, how many times has he/she been hospitalized? None _____ # times

10. What services has the patient received during the **past 6 months?** Don't know
Please check all that apply.

Community Support Program/
Assertive Case Management with Regular Community Outreach .....
Job/Vocational Training.....
Individual Psychiatrist Appointments.....
Medication Group .....
Case Management.....
Individual Therapy other than Case Manager.....
Groups including Living Skills, Social, Recreational, and Therapy groups.....
Day Treatment .....
General Medical Health.....
Housing Support .....
Any Other Services? .....
Please Specify:_____

SERVICES

11. People are often required to talk with mental health professionals in trying to help their relative/friend/neighbor with mental illness. To what extent do the following statements reflect experiences you have had in getting treatment for your relative/friend/neighbor?

For each statement below, please tell us whether you **strongly agree, agree, have no opinion, disagree, strongly disagree** with it or **don't know.** Under each statement please check the corresponding box that best reflects your feelings.

a. The health care professionals that I have dealt with feel that I can play an important role in the treatment process.

□ Strongly Agree □ Agree □ No Opinion □ Disagree □ Strongly Disagree □ Don't Know/ Doesn't Apply

b. The health care professionals that I have dealt with have given me as much information as I have needed.

□ Strongly Agree □ Agree □ No Opinion □ Disagree □ Strongly Disagree □ Don't Know/ Doesn't Apply

c. I am comfortable questioning health care professionals about advice they give me.

□ Most of the time □ Some of the time □ No Opinion □ Rarely □ Never □ Don't Know/ Doesn't Apply

d. I would like to have more say than I do now about the services and medication my relative/friend/neighbor receives.

□ Strongly Agree □ Agree □ No Opinion □ Disagree □ Strongly Disagree □ Don't Know/ Doesn't Apply

e. Sometimes I feel that the health care professionals that I work with do not understand the problems people face in caring for a person with a mental illness.

□ Strongly Agree □ Agree □ No Opinion □ Disagree □ Strongly Disagree □ Don't Know/ Doesn't Apply

f. I often wish that I knew more about mental illness when I talk with health care professionals.

□ Strongly Agree □ Agree □ No Opinion □ Disagree □ Strongly Disagree □ Don't Know/ Doesn't Apply

g. I am comfortable in getting a second opinion when I have questions about advice I get from a health care professional.

□ Strongly Agree □ Agree □ No Opinion □ Disagree □ Strongly Disagree □ Don't Know/ Doesn't Apply

12. In general, how many contacts does your relative/friend/neighbor have with members of your household? Please fill in the blanks as appropriate.

Patient resides with you. □ Yes □ No

If Yes, patient has spent _____ overnights away.

I and other members of my household and the client have seen each other ___times in the past month

I and other members of my household and the client have talked on the telephone __times in the past month.

I and other members of my household and the client have corresponded in the past month. □ Yes □ No

No contact in the past two months □ Yes □ No

Other, please specify: _____

13. In the **past six months** have you or any other member of your household had any meetings, any visits or phone calls **to** or **from** individuals who are treating the patient? (Doctors, Social workers, Psychologists, Counselors, Welfare workers).

If **Yes**, please complete the following information:

	Number	Agencies involved
Personal Visits	_____	_____
Phone Contacts	_____	_____
Other:	_____	_____

Were any of these contacts of any help to you?

□ Yes □ No, please specify why not:_____

_____

If no, i.e., you haven't had contact, would you like to have had contact with any of these people?

□ Yes □ No

FAMILY ASSISTANCE

14. Family and friends often take on responsibilities to provide care and support for a person with mental illness. During the **past four weeks** how much support or supervision did you give to your relative/friend/neighbor in dealing with these particular problems/difficulties shown below and how did you feel about giving this support?

a. **Maintaining personal hygiene**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
b. **Taking prescribed medication**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
c. **Preparing meals**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
d. **Getting up and getting dressed**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
e. **Doing household chores**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
f. **Managing money**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
g. **Shopping for food, clothing, etc.**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
h. **Making use of leisure time**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied

15. During the past four weeks, how much support or supervision did you give to help the patient control (overcome) the particular behaviors shown below?

a. **Socially embarrassing behavior**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
b. **Attention-seeking behavior**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
c. **Inappropriate sexual behavior**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
d. **Threatening or violent behavior**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
e. **Talk or threats of suicide**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied
f. **Disturbing behavior at night**	□ None	□ Little	□ Some	□ Much
How did you feel about giving such support?		□ Satisfied	□ Accepted	□ Dissatisfied

16. What is the hardest part in giving support to your relative/friend/neighbor? Please list the three hardest things to you, in order from most difficult to least difficult.
    1.
    2.
    3.

17. Are there things that you enjoy about supporting your relative/friend/neighbor? Please explain:
    _____
    _____
    _____

LIFE ACTIVITIES AND GOALS

Now we are interested in knowing about your relative/friend/neighbor's abilities during the **past four weeks.**

18. ACTIVITY During the **past four weeks**, my relative/friend/neighbor has:
    - ☐ not been working or studying and/or going out at all
    - ☐ been working or studying; but requiring assistance or a reduction in hours worked
    - ☐ been working or studying in usual manner

19. DAILY LIVING During the **past four weeks,** my relative/friend/neighbor has:
    - ☐ not been managing personal care and/or not leaving home or institution at all
    - ☐ been requiring assistance for daily activities and transport, but performing very light tasks
    - ☐ been self-reliant in daily tasks; using public transport or driving

20. HEALTH During the **past four weeks**, my relative/friend/neighbor has:
    - ☐ been feeling ill or poorly most of the time
    - ☐ been lacking energy or not feeling well more than just occasionally
    - ☐ been feeling well or great most of the time

21. SUPPORT During the **past four weeks,** my relative/friend/neighbor has:
    - ☐ had infrequent support from family and friends or only when absolutely necessary
    - ☐ been receiving only moderate support from family and friends
    - ☐ been having good relationships with others and receiving support from family and friends

22. OUTLOOK During the **past four weeks,** my relative/friend/neighbor has:
    - ☐ been seriously confused, frightened, or consistently anxious and depressed
    - ☐ been having some periods of anxiety or depression because not fully in control of personal circumstances
    - ☐ felt calm and positive in outlook and been accepting of personal circumstances

23. From your perspective, what do you think are the important treatment goals for your relative/friend/neighbor?

Goal 1: _____

How important is this goal to your relative/friend/neighbor?

Not <u>at all</u>	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Extremely									
important	1	2	3	4	5	6	7	8	9	10
	Important									

To what extent has your relative/friend/neighbor achieved this goal?

Not at all	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Completely									
achieved	1	2	3	4	5	6	7	8	9	10
	achieved									

Goal 2:

_____

How important is this goal to your relative/friend/neighbor?

Not <u>at all</u>	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Extremely									
important	1	2	3	4	5	6	7	8	9	10
	Important									

To what extent has your relative/friend/neighbor achieved this goal?

Not at all	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Completely									
achieved	1	2	3	4	5	6	7	8	9	10
	achieved									

Goal 3:

_____

How important is this goal to your relative/friend/neighbor?

Not <u>at all</u>	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Extremely									
important	1	2	3	4	5	6	7	8	9	10
	Important									

To what extent has your relative/friend/neighbor achieved this goal?

Not at all	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	Completely									
achieved	1	2	3	4	5	6	7	8	9	10
	achieved									

24. Please check a box below to indicate your rating of your relative/friend/neighbor's quality of life

during the **past four weeks.**

Lowest quality means your relative/friend/neighbor's life is as bad as it could be.
Highest quality means your relative/friend/neighbor's life is the best it could be.

LOWEST	□	□	□	□	□	□	□	□	□	□
HIGHEST										
QUALITY	1	2	3	4	5	6	7	8	9	10
QUALITY										

If your relative/friend/neighbor's quality of life is less than he/she hoped for, how hopeful are **you** that he/she will eventually achieve his/her desired quality of life? (Check one)

□ Not at all □ Somewhat □ Moderately
□ Very

How much control do **you** feel your relative/friend/neighbor has over the important areas of his/her life?

□ None □ Some □ A moderate amount □ A Great amount

25. How confident are you that your rating of your relative/friend/neighbor's quality of life is accurate? Please check the appropriate box.

□ Not at all Confident	□ Very Doubtful	□ Not very Confident	□ Quite Confident	□ Very Confident	□ Absolutely Confident

26. Which of the following factors do you think are most important in determining your relative/friend/ neighbor's quality of life?	Not important	Slightly important	Mildly important	Moderately important	Extremely important
Work, school or other occupational activities	□	□	□	□	□
Your relative/friend/neighbor's feelings about him/herself	□	□	□	□	□
Your relative/friend/neighbor's physical health	□	□	□	□	□
Friends, family, people your relative/ friend/neighbor spends time with	□	□	□	□	□
Having enough money	□	□	□	□	□
Your relative/friend/neighbor's ability to take care of him/herself	□	□	□	□	□
Mental health	□	□	□	□	□
Other, please specify:	□	□	□	□	□

27. Have there been any important factors which would influence your relative/friend/neighbor's quality of life (i.e., deaths in the family, serious physical illness, accidents)? Please briefly explain.

_____
_____
_____

28. Is there anything else you would like to tell us?

_____
_____
_____

29. What is the most important thing that now needs to be done for your relative/friend/neighbor?

_____
_____
_____

This is the end of the questionnaire. Thank you for giving your opinion and sharing your responses with us. If you have any questions about this questionnaire, please call or write Marion Becker, Ph.D., University of South Florida, Department of Community Mental Health, 13301 Bruce B. Downs Blvd., MHC 1423, Tampa, Florida 33612-3899 Telephone: (813)974-7188 Fax: (813)974-6469 E-Mail: .becker@fmhi.usf.edu