Kingston Caregiver Stress Scale (KCSS)

Care recipient’s Name: _____________________________ Case #: __________

Caregiver: __________________ Relation to Care recipient __________ Date: __________

Lives in: Community ___ Long Term Care Facility ___ Other ___

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

<table>
<thead>
<tr>
<th>Feeling NO Stress</th>
<th>Some Stress</th>
<th>Moderate Stress</th>
<th>A lot of Stress</th>
<th>Extreme Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Coping fine, no problems)</td>
<td>Feeling at “end of rope”, health at risk</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### CARE GIVING ISSUES

1. Are you having feelings of being overwhelmed, over worked, and/or over burdened?  
2. Has there been a change in your relationship with your spouse, relative or other?  
3. Have you noticed any changes in your social life?  
4. Are you having any conflicts with your previous daily commitments (work/volunteering)?  
5. Do you have feelings of being confined or trapped by the responsibilities or demands of care giving?  
6. Do you ever have feelings related to a lack of confidence in your ability to provide care?  
7. Do you have concerns regarding the future care needs of your spouse, relative or other?  

### FAMILY ISSUES

8. Are you having any conflicts within your family over care decisions?  
9. Are you having any conflicts within your family over the amount of support you are receiving in providing care?  

### FINANCIAL ISSUES

10. Are you having any financial difficulties associated with care giving?