

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.

1	2	3	4	5
Feeling NO Stress <i>(Coping fine, no problems)</i>	Some Stress	Moderate Stress	A lot of Stress	Extreme Stress <i>(Feeling at "end of rope", health at risk)</i>

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

FAMILY ISSUES					
TO WHAT EXTENT...					
8	Are you having any conflicts within your family over care decisions?	1	2	3	4 5
9	Are you having any conflicts within your family over the amount of support you are receiving in providing care?	1	2	3	4 5

FINANCIAL ISSUES					
TO WHAT EXTENT...					
10	Are you having any financial difficulties associated with care giving?	1	2	3	4 5

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

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