

Kingston Caregiver Stress Scale (KCSS)



Patient Name: _____ Case #: _____

Caregiver: _____ Relation to Patient _____ 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 or relative? 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 (Coping fine, no problems) | Some Stress | Moderate Stress | A lot of Stress | Extreme Stress (Feeling at “end of rope”, health at risk) |

| 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? | 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? | 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.org

or email: kscales@queensu.ca

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