

Appendix 1: Caregiver Screening Tool

Caregiver-centric Screening Tool

The caregiver-centric screening tool consists of 12-items including two psychological constructs, mastery and burden. Scoring instructions and risk stratifications are provided to calculate a caregiver's score and risk of depression.

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Please check the appropriate box.

- 1 Highest level of education
 - Tertiary level education
 - Secondary level education
 - Primary level/ no formal education

- 2 The questions below reflect how you sometimes feel when you are taking care of your care recipient. Please check the appropriate box.*

| | Never | Rarely | Sometimes | Quite Frequently | Nearly Always | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| 2.1 Do you feel that because of the time you spend with your care recipient that you don't have enough time for yourself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.2 Do you feel stressed between caring for your care recipient and trying to meet other responsibilities for your family or work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.3 Do you feel strained when you are around your care recipient? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.4 Do you feel uncertain about what to do about your care recipient? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | | Total |

*Scoring:
 Never = 0, Rarely = 1, Sometimes = 2, Quite Frequently = 3, Nearly Always = 4
 High Burden: Total score ≥ 8

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- 3 The following questions are about how much control you have over your life in general (including control over your personal time, family life, social life and work). Please check whether you strongly disagree, disagree, agree or strongly agree with each of these statements.*

| | | Strongly Disagree | Disagree | Agree | Strongly Agree | |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 3.1 | I have little control over the things that happen to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.2 | There really is no way I can solve some of the problems I have. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.3 | I can do just about anything I really set my mind to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.4 | Often I feel helpless in dealing with the problems of life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.5 | Sometimes I feel like I am being pushed around in life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.6 | What happens to me in the future mostly depends on me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.7 | There is little I can do to change many of the important things in my life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | | | Total | |
| <p>*Scoring: Scoring for 3.1, 3.2, 3.4, 3.5: Strongly Disagree = 0, Disagree = 1, Agree = 2, Strongly Agree = 3 Scoring for 3.3, 3.6 : Strongly Disagree = 3, Disagree = 2, Agree = 1, Strongly Agree = 0 Low Mastery: Total score ≥ 10</p> | | | | | | |

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Individual Item Score

| No. | Risk Factor | Scoring Criteria | Score |
|-----|-------------------------|---------------------------|-------|
| 1 | Highest Education Level | Low (Secondary and below) | 0 |
| | | High (Tertiary) | 1 |
| 2 | Burden | Low Burden (0-7) | 0 |
| | | High Burden (8-16) | 2 |
| 3 | Mastery | High Mastery (0-9) | 0 |
| | | Low Mastery (10-21) | 3 |
| | | Total Score | |
| | | Risk Level* | |

Risk Level*

| Total Score | Risk Level |
|-------------|--------------|
| 0 – 1 | Low |
| 2 – 4 | Intermediate |
| 5 – 6 | High |

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