



Memory Management Program

Instructions: The following is a list of statements, which reflect how people sometimes feel when taking care of another person. After each statement, indicate how often you feel that way, never, rarely, sometimes, quite frequently, or nearly always. There is no right or wrong answers.

1. Do you feel that your relative asks for more help than he or she needs?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

4. Do you feel embarrassed over your relative's behavior?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

5. Do you feel angry when you are around your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

6. Do you feel that your relative currently affects your relationship with other family members or friends in a negative way?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

7. Are you afraid what the future holds for your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

8. Do you feel your relative is dependent upon you?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

9. Do you feel strained when you are around your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

10. Do you feel your health has suffered because of your involvement with your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

11. Do you feel that you don't have as much privacy as you would like, because of your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

12. Do you feel that your social life has suffered because you are caring for your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

13. Do you feel uncomfortable having your friends over because of your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

14. Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

15. Do you feel you don't have enough money to care for your relative in addition to the rest of your expenses?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

16. Do you feel that you will be unable to take care of your relative much longer?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

17. Do you feel you have lost control of your life since your relative's illness?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

18. Do you wish you could just leave the care of your relative to someone else?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

19. Do you feel uncertain about what to do about your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

20. Do you feel that you should be doing more for your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

21. Do you feel you could do a better job in caring for your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

22. Overall, how burdened do you feel in caring for your relative?

0 Never 1 Rarely 2 Sometimes 3 Quite Frequently 4 Nearly Always

Do you have any of the following?

Parkinson's	YES	NO	Heart Attack	YES	NO
Diabetes	YES	NO	High Cholesterol	YES	NO
Stroke	YES	NO	High Blood Pressure	YES	NO
Alzheimer's	YES	NO			

Does anyone in your family have any of these diseases?

Parkinson's	YES	NO	Heart Attack	YES	NO
Diabetes	YES	NO	High Cholesterol	YES	NO

Stroke	YES	NO	High Blood Pressure	YES	NO
Alzheimer's	YES	NO			

MEDICATIONS:

Please list all medications that you are currently taking: (include vitamins and herbal medicines)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Geriatric Depression Scale

- | | | | |
|-----|----------------------------------------------------------------|------------|-----------|
| 1. | Are you basically satisfied with your life? | YES | NO |
| 2. | Have you dropped many of your activities? | YES | NO |
| 3. | Do you feel that your life is empty? | YES | NO |
| 4. | Do you often get bored? | YES | NO |
| 5. | Are you in good spirits most of the time? | YES | NO |
| 6. | Are you afraid that something bad is going to happen to you? | YES | NO |
| 7. | Do you feel happy most of the time? | YES | NO |
| 8. | Do you feel helpless? | YES | NO |
| 9. | Do you prefer to stay home, than go out to do new things? | YES | NO |
| 10. | Do you feel that you have more problems with memory than most? | YES | NO |
| 11. | Do you think it is wonderful to be alive now? | YES | NO |

- | | | | |
|-----|------------------------------------------------------------|-----|----|
| 12. | Do you feel pretty worthless the way you are now? | YES | NO |
| 13. | Do you feel full of energy? | YES | NO |
| 14. | Do you feel that your situation is hopeless? | YES | NO |
| 15. | Do you think that most people are better off than you are? | YES | NO |

ACTIVITIES OF DAILY LIVING

Please circle the one that best applies. ONLY ONE answer per category.

TOILETING

1. Cares for self at toilet completely, no incontinence.
2. Needs to be reminded or needs help in cleaning self, or has rare (weekly at most) accidents.
3. Soiling or wetting while asleep more than once a week.
4. Soiling or wetting while awake more than once a week.
5. No control of bowels or bladder.

FEEDING

1. Eats with out assistance.
2. Eats with minor assistance at mealtimes and/or with special preparation of food, or help in cleaning up after meals.
3. Feeds self with moderate assistance and is untidy.
4. Requires extensive assistance for all meals.
5. Does not feed self at all and resists efforts of other to feed him/her.

DRESSING

1. Dresses, undresses and selects clothes from own wardrobe.
2. Dresses and undresses self with minor assistance.
3. Needs moderate assistance in dressing or selection of clothes.
4. Needs major assistance in dressing but cooperates with efforts of other to help.
5. Completely unable to dress self and resists efforts of other to help.