

**AWARD NUMBER:** W81XH-17-C-0022

**TITLE:** Interventions for Parent Caregivers of Injured Military/Veteran Personnel

**PRINCIPAL INVESTIGATOR:** Linda O. Nichols, PhD

**CONTRACTING ORGANIZATION:** VA Medical Center  
Memphis, TN 38104

**REPORT DATE:** April 2018

**TYPE OF REPORT:** Annual

**PREPARED FOR:** U.S. Army Medical Research and Materiel Command  
Fort Detrick, Maryland 21702-5012

**DISTRIBUTION STATEMENT:** Approved for Public Release;  
Distribution Unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.

# REPORT DOCUMENTATION PAGE

*Form Approved*  
*OMB No. 0704-0188*

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.**

<b>1. REPORT DATE</b> April 2018		<b>2. REPORT TYPE</b> Annual		<b>3. DATES COVERED</b> 1-Apr-2017 through 31-Mar-2018	
<b>4. TITLE AND SUBTITLE</b> Interventions for Parent Caregivers of Injured Military/Veteran Personnel				<b>5a. CONTRACT NUMBER</b> W81XWH-17-C-0022	
				<b>5b. GRANT NUMBER</b>	
				<b>5c. PROGRAM ELEMENT NUMBER</b>	
<b>6. AUTHOR(S)</b> Linda O. Nichols, PhD <a href="mailto:linda.nichols@va.gov">linda.nichols@va.gov</a> Jennifer Martindale-Adams, EdD <a href="mailto:jennifer.martindale-adams@va.gov">jennifer.martindale-adams@va.gov</a>				<b>5d. PROJECT NUMBER</b>	
				<b>5e. TASK NUMBER</b>	
				<b>5f. WORK UNIT NUMBER</b>	
<b>7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)</b> Memphis VA Medical Center 1030 Jefferson Memphis, TN 38104				<b>8. PERFORMING ORGANIZATION REPORT NUMBER</b>	
<b>9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)</b> U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012				<b>10. SPONSOR/MONITOR'S ACRONYM(S)</b>	
				<b>11. SPONSOR/MONITOR'S REPORT NUMBER(S)</b>	
<b>12. DISTRIBUTION / AVAILABILITY STATEMENT</b> Approved for Public Release; Distribution Unlimited					
<b>13. SUPPLEMENTARY NOTES</b>					
<b>14. ABSTRACT</b> This randomized clinical trial of 160 parent caregivers of combat wounded adult children, half in each arm, will compare 6 30-minute online webinars to 6 one-hour individual sessions modeled on the REACH VA caregiver intervention, focusing on education, skills building and support over three months. Study aims are to Modify/refine REACH intervention and Caregiver materials for Parent Caregivers, Determine adherence to the intervention and barriers to adherence, Determine if Caregivers respond to individual and elearning interventions with improvements in depression, burden, anxiety, Caregiver frustrations, and management of Veteran problems, Determine Caregivers' subjective benefit from the two interventions (satisfaction, usefulness, suggested changes, topics, strategies missing or needing expansion, and relevance), and Determine appropriateness of eligibility criteria to identify Caregivers who experience subjective and objective benefit. Data are collected at baseline, 3, and 6 months.					
<b>15. SUBJECT TERMS</b> None listed					
<b>16. SECURITY CLASSIFICATION OF:</b>			<b>17. LIMITATION OF ABSTRACT</b>	<b>18. NUMBER OF PAGES</b>	<b>19a. NAME OF RESPONSIBLE PERSON</b>
<b>a. REPORT</b>	<b>b. ABSTRACT</b>	<b>c. THIS PAGE</b>			USAMRMC
Unclassified	Unclassified	Unclassified	Unclassified	43	<b>19b. TELEPHONE NUMBER</b> (include area code)

## TABLE OF CONTENTS

	<u>Page No.</u>
1. Introduction.....	4
2. Keywords.....	4
3. Accomplishments.....	4
4. Impact.....	6
5. Changes/Problems.....	7
6. Products.....	9
7. Participants & Other Collaborating Organizations.....	12
8. Special Reporting Requirements.....	14
a. Quad Chart.....	15
b. Recruitment and Retention.....	16
c. Consort Diagram.....	17
9. Appendices	
a. Recruitment Postcard.....	18
b. Baseline Data Collection Battery.....	19

**1. INTRODUCTION:**

This randomized clinical trial of 160 parent caregivers of combat wounded adult children, half in each arm, will compare 6 30-minute online webinars to 6 one-hour individual sessions modeled on REACH VA caregiver intervention, focusing on education, skills building and support over three months. Hypothesis is that caregivers in REACH will improve in depression, burden, anxiety, frustrations, and management of Veteran problems. Data collected at baseline, 3, and 6 months.

**2. KEYWORDS:**

Parents, Adult Children, Caregivers, Military Personnel, Veterans, Multiple Trauma, Stress Disorders, Post-Traumatic

**3. ACCOMPLISHMENTS:** The PI is reminded that the recipient organization is required to obtain prior written approval from the awarding agency Grants Officer whenever there are significant changes in the project or its direction.

**What were the major goals of the project?**

*List the major goals of the project as stated in the approved SOW. If the application listed milestones/target dates for important activities or phases of the project, identify these dates and show actual completion dates or the percentage of completion.*

1. Prepare regulatory documents – target SEPT 17 – completed SEPT 17
2. Obtain study staff – target JUL 17 – completed OCT 17
3. Finalize protocol – target SEPT 17 – completed AUG 17
4. Screen and recruit participants – target JUN 19 – 20% completed
5. Randomize and deliver intervention – target SEPT 20 – 18% completed
6. Collect and enter data – target FEB 20 – 13% completed
7. Analyze data – target MAR 20 – 0% completed
8. Prepare and disseminate results – target MAR 20 – 0% completed

**What was accomplished under these goals?**

*For this reporting period describe: 1) major activities; 2) specific objectives; 3) significant results or key outcomes, including major findings, developments, or conclusions (both positive and negative); and/or 4) other achievements. Include a discussion of stated goals not met. Description shall include pertinent data and graphs in sufficient detail to explain any significant results achieved. A succinct description of the methodology used shall be provided. As the project progresses to completion, the emphasis in reporting in this section should shift from reporting activities to reporting accomplishments.*

During the first year, 1) all regulatory documents prepared and approved by VA IRB and ORP/HRPO, 2) study staff hired and trained, 3) research protocol and Manual of Operations completed, 3) intervention materials modified, 4) comparison group videos developed and recorded, 5) recruitment materials sent to multiple sites, 6) 68 potential participants have been screened, 7) 29 participants randomized, 8) 29 participants had baseline interviews, and 9) 6 participants had 3 month follow up interviews. Recruitment, screening, randomization, and data collection databases have been developed in Access, and all data so far have been entered.

**What opportunities for training and professional development has the project provided?**

*If the project was not intended to provide training and professional development opportunities or there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe opportunities for training and professional development provided to anyone who worked on the project or anyone who was involved in the activities supported by the project. “Training” activities are those in which individuals with advanced professional skills and experience assist others in attaining greater proficiency. Training activities may include, for example, courses or one-on-one work with a mentor. “Professional development” activities result in increased knowledge or skill in one’s area of expertise and may include workshops, conferences, seminars, study groups, and individual study. Include participation in conferences, workshops, and seminars not listed under major activities.*

Nothing to report

**How were the results disseminated to communities of interest?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how the results were disseminated to communities of interest. Include any outreach activities that were undertaken to reach members of communities who are not usually aware of these project activities, for the purpose of enhancing public understanding and increasing interest in learning and careers in science, technology, and the humanities.*

Nothing to report

**What do you plan to do during the next reporting period to accomplish the goals?**

*If this is the final report, state “Nothing to Report.”*

*Describe briefly what you plan to do during the next reporting period to accomplish the goals and objectives.*

During the next reporting period, we will expand recruitment by contacting additional avenues of recruitment. We will also continue to screen, enroll, randomize, deliver interventions, and collect and enter data.

- 4. IMPACT:** Describe distinctive contributions, major accomplishments, innovations, successes, or any change in practice or behavior that has come about as a result of the project relative to:

**What was the impact on the development of the principal discipline(s) of the project?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how findings, results, techniques that were developed or extended, or other products from the project made an impact or are likely to make an impact on the base of knowledge, theory, and research in the principal disciplinary field(s) of the project. Summarize using language that an intelligent lay audience can understand (Scientific American style).*

Nothing to report.

**What was the impact on other disciplines?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how the findings, results, or techniques that were developed or improved, or other products from the project made an impact or are likely to make an impact on other disciplines.*

Nothing to report.

**What was the impact on technology transfer?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe ways in which the project made an impact, or is likely to make an impact, on commercial technology or public use, including:*

- *transfer of results to entities in government or industry;*
- *instances where the research has led to the initiation of a start-up company; or*
- *adoption of new practices.*

Nothing to report.

**What was the impact on society beyond science and technology?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe how results from the project made an impact, or are likely to make an impact, beyond the bounds of science, engineering, and the academic world on areas such as:*

- *improving public knowledge, attitudes, skills, and abilities;*
- *changing behavior, practices, decision making, policies (including regulatory policies), or social actions; or*
- *improving social, economic, civic, or environmental conditions.*

Nothing to report.

**5. CHANGES/PROBLEMS:** The Project Director/Principal Investigator (PD/PI) is reminded that the recipient organization is required to obtain prior written approval from the awarding agency Grants Officer whenever there are significant changes in the project or its direction. If not previously reported in writing, provide the following additional information or state, “Nothing to Report,” if applicable:

**Changes in approach and reasons for change**

*Describe any changes in approach during the reporting period and reasons for these changes. Remember that significant changes in objectives and scope require prior approval of the agency.*

Nothing to report.

**Actual or anticipated problems or delays and actions or plans to resolve them**

*Describe problems or delays encountered during the reporting period and actions or plans to resolve them.*

Recruitment began slowly. We have identified additional avenues in the VA and Military and have reached out to them to assist with recruitment. We have contacted parent Caregivers who are part of the VA’s national Family Caregiving Program. This has increased enrollment in the past two months. As of the middle of April, we are almost on-track.

**Changes that had a significant impact on expenditures**

*Describe changes during the reporting period that may have had a significant impact on expenditures, for example, delays in hiring staff or favorable developments that enable meeting objectives at less cost than anticipated.*

We did not have full staffing at the beginning of the project. This has now been remedied, although we may need additional assistance with data collection.

**Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents**

*Describe significant deviations, unexpected outcomes, or changes in approved protocols for the use or care of human subjects, vertebrate animals, biohazards, and/or select agents during the reporting period. If required, were these changes approved by the applicable institution committee (or equivalent) and reported to the agency? Also specify the applicable Institutional Review Board/Institutional Animal Care and Use Committee approval dates.*

**Significant changes in use or care of human subjects**

Nothing to report.

**Significant changes in use or care of vertebrate animals.**

N/A

**Significant changes in use of biohazards and/or select agents**

N/A

**6. PRODUCTS:** List any products resulting from the project during the reporting period. If there is nothing to report under a particular item, state “Nothing to Report.”

- **Publications, conference papers, and presentations**  
Report only the major publication(s) resulting from the work under this award.

**Journal publications.** *List peer-reviewed articles or papers appearing in scientific, technical, or professional journals. Identify for each publication: Author(s); title;*

*journal; volume: year; page numbers; status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Nothing to report.

**Books or other non-periodical, one-time publications.** *Report any book, monograph, dissertation, abstract, or the like published as or in a separate publication, rather than a periodical or series. Include any significant publication in the proceedings of a one-time conference or in the report of a one-time study, commission, or the like. Identify for each one-time publication: Author(s); title; editor; title of collection, if applicable; bibliographic information; year; type of publication (e.g., book, thesis or dissertation); status of publication (published; accepted, awaiting publication; submitted, under review; other); acknowledgement of federal support (yes/no).*

Nothing to report.

**Other publications, conference papers, and presentations.** *Identify any other publications, conference papers and/or presentations not reported above. Specify the status of the publication as noted above. List presentations made during the last year (international, national, local societies, military meetings, etc.). Use an asterisk (\*) if presentation produced a manuscript.*

An abstract entitled “Supporting Parents of Injured Service Members” was submitted to the MHSRS meeting call for abstracts in March. This abstract describes the rationale and methods of the project.

- **Website(s) or other Internet site(s)**

*List the URL for any Internet site(s) that disseminates the results of the research activities. A short description of each site should be provided. It is not necessary to include the publications already specified above in this section.*

[www.memphis.va.gov/reachparent](http://www.memphis.va.gov/reachparent) - information and recruitment website

- **Technologies or techniques**

*Identify technologies or techniques that resulted from the research activities. In addition to a description of the technologies or techniques, describe how they will be shared.*

Nothing to report.

- **Inventions, patent applications, and/or licenses**

*Identify inventions, patent applications with date, and/or licenses that have resulted from the research. State whether an application is provisional or non-provisional and indicate the application number. Submission of this information as part of an interim research performance progress report is not a substitute for any other invention reporting required under the terms and conditions of an award.*

Nothing to report.

- **Other Products**

*Identify any other reportable outcomes that were developed under this project. Reportable outcomes are defined as a research result that is or relates to a product, scientific advance, or research tool that makes a meaningful contribution toward the understanding, prevention, diagnosis, prognosis, treatment, and/or rehabilitation of a disease, injury or condition, or to improve the quality of life. Examples include:*

- *data or databases;*
- *biospecimen collections;*
- *audio or video products;*
- *software;*
- *models;*
- *educational aids or curricula;*
- *instruments or equipment;*
- *research material (e.g., Germplasm; cell lines, DNA probes, animal models);*
- *clinical interventions;*
- *new business creation; and*
- *other.*

Six videos for the webinar arm were developed on post deployment challenges for parents; these are on the Sprout video warehouse site (<https://sproutvideo.com/login>) Topics are Overview/Safety, Problem Behaviors, Your Physical Health, Your Emotional Health, Social Support, and Red Flags/Review.

## 7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS

### What individuals have worked on the project?

*Provide the following information for: (1) PDs/PIs; and (2) each person who has worked at least one person month per year on the project during the reporting period, regardless of the source of compensation (a person month equals approximately 160 hours of effort). If information is unchanged from a previous submission, provide the name only and indicate “no change.”*

*Example:*

*Name:* Mary Smith  
*Project Role:* Graduate Student  
*Researcher Identifier (e.g. ORCID ID):* 1234567  
*Nearest person month worked:* 5

*Contribution to Project:* Ms. Smith has performed work in the area of combined error-control and constrained coding.  
*Funding Support:* The Ford Foundation (Complete only if the funding support is provided from other than this award).

Name: Linda Nichols

Project Role: PI

Person month: 1.8

Contribution: Overall direction and approval, writing and editing of materials

Name: Jennifer Martindale-Adams

Project Role: Co-P, Co-II

Person month: 2.4

Contribution: Staff supervision, writing and editing of materials

Name: Jeffrey Zuber

Project Role: Data analyst

Person month: 6.0

Contribution: Development of data collection materials and databases, data integrity

Name: Carolyn Clark

Project Role: Research specialist

Person month: 12

Contribution: Writing and editing MOP and Parent Caregiver Notebook, recruiting, screening, c enrolling, onsenting, data collection

Name: Evelyn Wright

Project Role: Interventionist/Program Coach

Person month: 12

Contribution: Recruiting, screening, enrolling, consenting, delivery of interventions

Name: Jessica Roxy Martin

Project Role: Interventionist/Program Coach

Person month: 6.0

Contribution: Recruiting, screening, enrolling, consenting, delivery of interventions

**Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?**

*If there is nothing significant to report during this reporting period, state "Nothing to Report."*

*If the active support has changed for the PD/PI(s) or senior/key personnel, then describe what the change has been. Changes may occur, for example, if a previously active grant has closed and/or if a previously pending grant is now active. Annotate this information so it is clear what has changed from the previous submission. Submission of other support information is not necessary for pending changes or for changes in the level of effort for active support reported previously. The awarding agency may require prior written approval if a change in active other support significantly impacts the effort on the project that is the subject of the project report.*

Grant support for Drs. Nichols and Martindale-Adams - W81XWH-11-2-0087, Telephone Support During Overseas Deployment for Military Spouses, ended 30-Sept-2017.

**What other organizations were involved as partners?**

*If there is nothing significant to report during this reporting period, state “Nothing to Report.”*

*Describe partner organizations – academic institutions, other nonprofits, industrial or commercial firms, state or local governments, schools or school systems, or other organizations (foreign or domestic) – that were involved with the project. Partner organizations may have provided financial or in-kind support, supplied facilities or equipment, collaborated in the research, exchanged personnel, or otherwise contributed.*

*Provide the following information for each partnership:*

*Organization Name:*

*Location of Organization: (if foreign location list country)*

*Partner’s contribution to the project (identify one or more)*

- *Financial support;*
- *In-kind support (e.g., partner makes software, computers, equipment, etc., available to project staff);*
- *Facilities (e.g., project staff use the partner’s facilities for project activities);*
- *Collaboration (e.g., partner’s staff work with project staff on the project);*
- *Personnel exchanges (e.g., project staff and/or partner’s staff use each other’s facilities, work at each other’s site); and*
- *Other.*

Nothing to report.

**8. SPECIAL REPORTING REQUIREMENTS**

**COLLABORATIVE AWARDS:** For collaborative awards, independent reports are required from BOTH the Initiating PI and the Collaborating/Partnering PI. A duplicative report is acceptable; however, tasks shall be clearly marked with the responsible PI and research site. A report shall be submitted to <https://ers.amedd.army.mil> for each unique award.

**QUAD CHARTS:** If applicable, the Quad Chart (available on <https://www.usamraa.army.mil>) should be updated and submitted with attachments.

**RECRUITMENT AND RETENTION**

**CONSORT DIAGRAM**

# Interventions for Parent Caregivers of Injured Military/Veteran Personnel

Log #:14029002

Contract #:W81XWH-17-C-0022



PI: Linda Nichols

Org: Research, Inc/VA Memphis

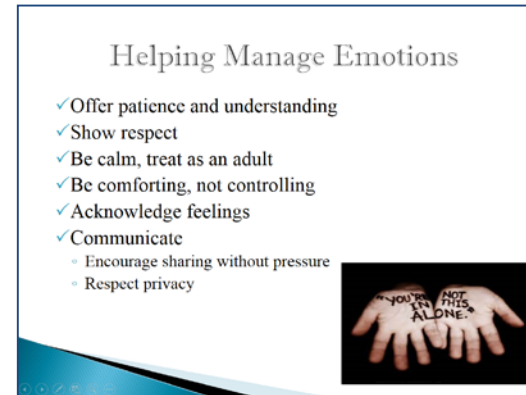
Award Amount: \$1,258,621

## Study/Product Aim(s)

1. Modify/refine REACH intervention and Caregiver materials.
2. Determine adherence to the intervention and barriers.
3. Determine if Caregivers respond to individual and elearning interventions with improvements in depression, burden, anxiety, Caregiver frustrations, and management of Veteran problems.
4. Determine Caregivers' subjective benefit.
5. Determine appropriateness of eligibility criteria to identify Caregivers who experience subjective and objective benefit.

## Approach

Randomized clinical trial of 160 parent caregivers of combat wounded adult children, half in each arm. Compare 6 30 minute online webinars to 6 one-hour individual session, focusing on education, skills building and support over three months. Data collected at baseline, 3, and 6 months.



Part of webinar presentation

Accomplishment: Study begun, 29 participants enrolled, randomized, and begun interventions; 3 participants completed intervention

## Timeline and Cost

Activities	CY	17	18	19	20
Finalize materials, obtain approval, print materials		■	■		
Recruit subjects		■	■	■	
Administer interventions		■	■	■	
Collect, analyze, and process data		■	■	■	■
Disseminate findings				■	■
<b>Estimated Budget (\$K)</b>		<b>\$210</b>	<b>\$419</b>	<b>\$420</b>	<b>\$210</b>

Updated: April 15, 2018

## Goals/Milestones

### CY17-18 Goals Completed

- Obtain regulatory approvals
- Hire/train staff
- Develop materials

### CY18 Goal

- Recruit, enroll, and randomize

### CY18-CY20 Goals

- Administer interventions
- Collect, analyze, process data
- Disseminate findings

### Comments/Challenges/Issues/Concerns

- If timelines change, comment here.
- If off by more than one quarter in spending, comment here.

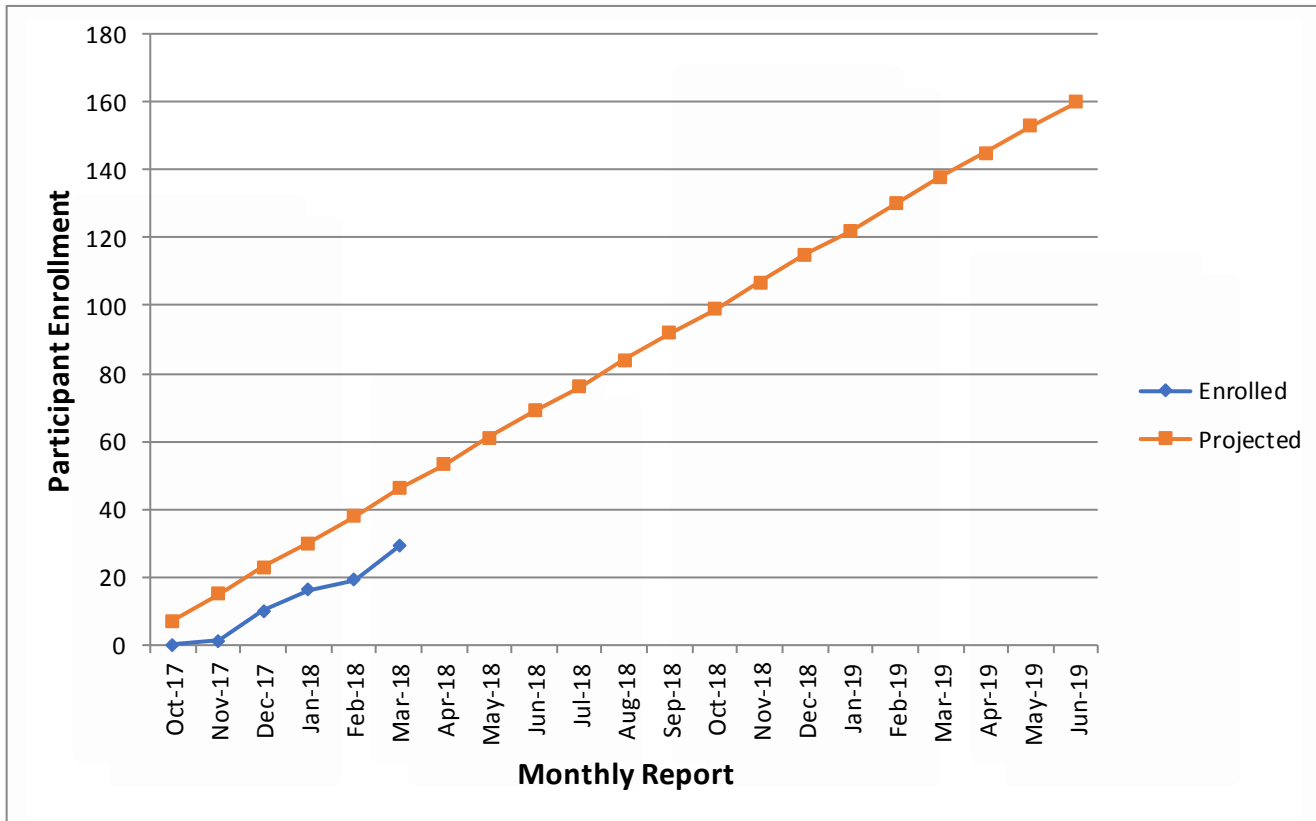
### Budget Expenditure to Date

Projected Expenditure: \$419,540.33

Actual Expenditure: \$146,021.99

# Recruitment and Retention

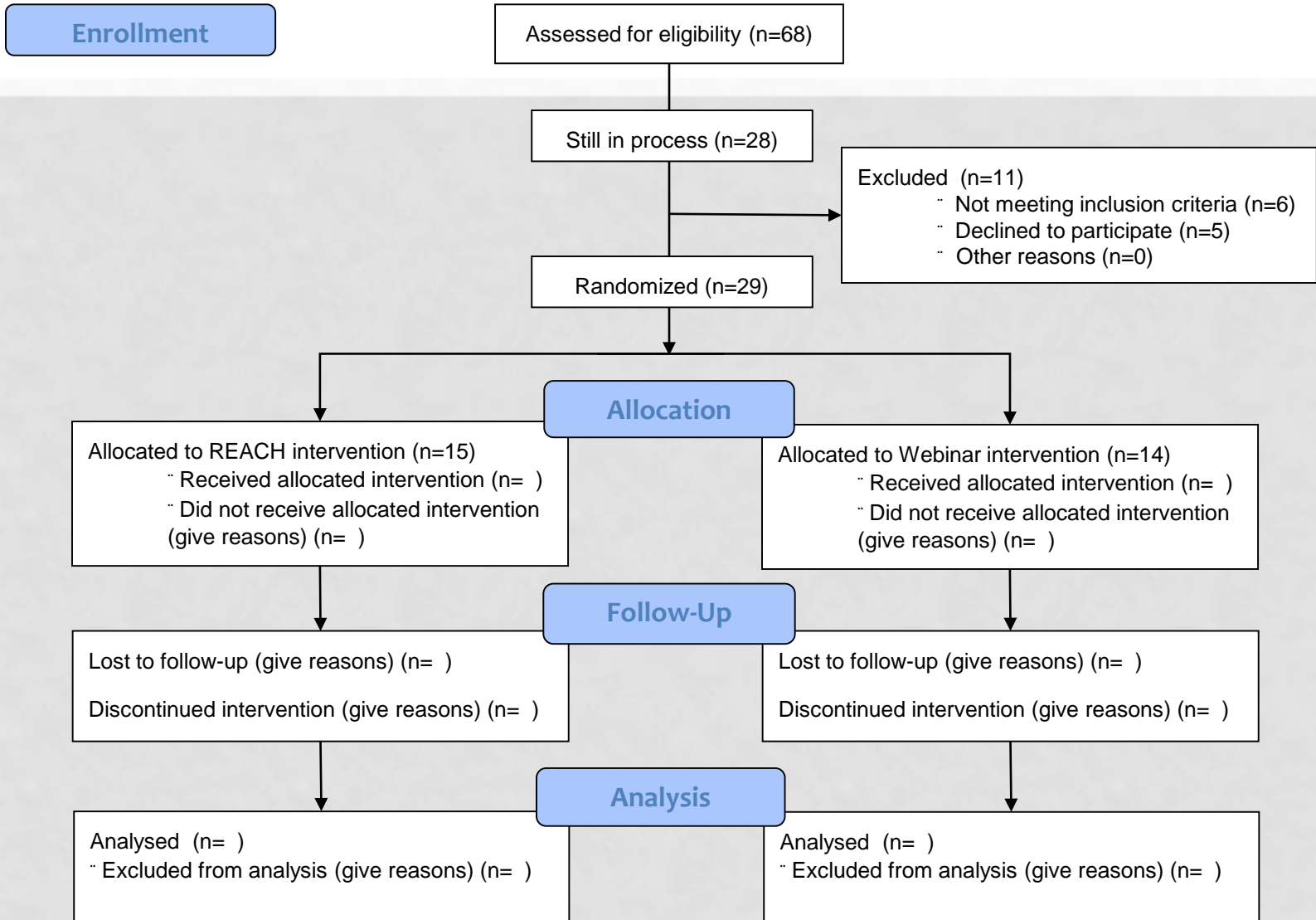
## W81XWH-17-C-0022



<b>Percent of participants that complete study</b>	<b>%</b>
--	----------

# W81XWH-17-C-0022 CONSORT Diagram

4/1/17 – 3/31/18



9. **APPENDICES:** Attach all appendices that contain information that supplements, clarifies or supports the text. Examples include original copies of journal articles, reprints of manuscripts and abstracts, a curriculum vitae, patent applications, study questionnaires, and surveys, etc.

Recruitment postcard attached.

Baseline data collection battery attached.

### Recruitment Postcard



## Interventions for Parent Caregivers of Injured Military/Veteran Personnel

Are you a parent caring for an injured post 9/11 Veteran or Service Member (including PTSD, TBI, or any other physical or mental injury)?

If so, we would like to talk with you about a 6 month research project.

The research program will be completed over the phone or online and provides information on:

- Caregiving
- Safety concerns
- Emotional well-being
- Health concerns
- Social support
- Patient problem behaviors

Sponsored by Department of Defense (DoD) & Veteran Affairs Medical Center, Memphis, TN



## What Will I Do?

During this 6-month project you will be assigned by chance to one of two groups. One group will participate in 6 individual REACH (Resources for Enhancing All Caregivers Health) sessions for 3 months, receiving stress reduction and coping skills (mood management, communication, problem solving). The second group will participate in 6 online informational webinar sessions for 3 months.

You will receive payment for answering questions during three interviews and a program evaluation, for a total of \$100. There is no cost to participate.

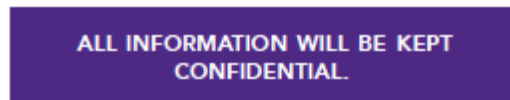
## How Do I Enroll?

**PHONE:**  
(901) 577-7485 or  
(800) 636-8262 Ext. 7485

**EMAIL:**  
vhamemreach@va.gov

**WEB:**  
[www.memphis.va.gov/reachparent](http://www.memphis.va.gov/reachparent)

**LET US CALL YOU.**



**REACH PARENT**  
**BASELINE INTERVIEW (BL)**

<b>Completion Log</b>		
	<b>Person</b>	<b>Date</b>
Data collected		___ ___/___ ___/___ ___
Data entered		___ ___/___ ___/___ ___
System ID		
Data verified and cleaned		___ ___/___ ___/___ ___
Subject ID		

**BASELINE INTERVIEW**

*Introduction*

**Hello, my name is \_\_\_\_\_ from the Memphis VA Medical Center. It is time to complete your baseline interview. This interview will take about 30 to 45 minutes. Do you have time to complete the interview now?**

( ) Yes      ( ) No

***If no:* When would be a better time for me to call you back?**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

***If yes:* I mailed you a response card that contains the answer choices for today’s interview. Please get it out at this time.**

**Baseline Battery Table of Contents**

<b>Form Name</b>	<b>Form Abbreviation</b>	<b>Page</b>
Introduction		4
Risk Assessment	RA	4
Generalized Anxiety Disorder (GAD-7)	GA	9
Patient Health Questionnaire (PHQ-9)	PH	10
Zarit Burden Interview (ZBI-12)	ZB	11
Social Support	SS	12
Impact of Caregiving on Family Life	CF	13
Career Impact	CI	14
WHODAS 2.0	WD	14
Financial Strain	FI	17
Patient Health Questionnaire/Physical Symptoms (PHQ-15)	PQ	18
Health and Health Services Use	HS	19
Participant Sociodemographics	SO	21



**BASELINE INTERVIEW SCRIPT**








**Thank you for participating in the REACH Parent Project. The following questions will help us learn more about how to help people like yourself who are caring for injured post 9/11 adult children. The questions that I will ask take about 30 to 45 minutes. There are no right or wrong answers; we are interested in your opinions and feelings. If you do not understand a question, please feel free to ask me to repeat or clarify, and if you would like to take a break at any time during the session, just let me know.**

**As a reminder, all of the information that you give me will be kept strictly , and no information that could identify you will be available to anyone outside the study.**

**RISK ASSESSMENT (RA)**

**Please answer the following questions about your caregiving situations.**

**SAFETY**

- |   |  |   |
|---|--|---|
| 1. Does your loved one have access to a gun?  | 0 ( ) No   | 1 ( ) Yes   |
| 1.1 If yes, is it a concern?  | 0 ( ) No   | 1 ( ) Yes    |
| 2. Does your loved one drive?   | 0 ( ) No   | 1 ( ) Yes   |
| 2.1 If yes, is it a concern?  | 0 ( ) No   | 1 ( ) Yes   |
| 3. Are you concerned about your loved one's use of alcohol, prescription medications, or illegal drugs? | 0 ( ) No   | 1 ( ) Yes  |
| 3.1 If yes, which substances are you concerned about?   | _____  |   |
| 4. Has your loved one engaged in aggression or violence toward others?                                  | 0 ( ) No   | 1 ( ) Yes  |
| 5. Are there any concerns about your loved one harming self?  | 0 ( ) No   | 1 ( ) Yes  |
| 5.1 If yes, do you have a safety plan?  | 0 ( ) No  | 1 ( ) Yes   |
| 6. Are there any concerns about your loved one harming others?  | 0 ( ) No   | 1 ( ) Yes  |
| 6.1 If yes, do you have a safety plan?  | 0 ( ) No  | 1 ( ) Yes   |



BASELINE INTERVIEW

23. (RC 1) How often in the past six months, have you felt like screaming or yelling at your loved one because of the way he/she behaved? 0 ( ) Never 1 ( ) **Sometimes** 2 ( ) **Often**
24. (RC 1) How often in the past month, have you had to keep from hitting or slapping your loved one because of the way he/she behaved? 0 ( ) Never 1 ( ) **Sometimes** 2 ( ) **Often**
25. (RC 1) How often in the past six months have you cut back or avoided participating in joint activities with your loved one that you previously enjoyed? 0 ( ) Never 1 ( ) **Sometimes** 2 ( ) **Often**
26. (RC 1) Within the past month, have you at any time...
- 26.1 Felt overwhelmed? 0 ( ) Never 1 ( ) **Sometimes** 2 ( ) **Often**
- 26.2 Felt like you needed to cry? 0 ( ) Never 1 ( ) **Sometimes** 2 ( ) **Often**
- 26.3 Been frustrated as a result of your caregiving? 0 ( ) Never 1 ( ) **Sometimes** 2 ( ) **Often**
- 26.4 Felt cut off from your family/friends? 0 ( ) Never 1 ( ) **Sometimes** 2 ( ) **Often**
- 26.5 Felt lonely or alone? 0 ( ) Never 1 ( ) **Sometimes** 2 ( ) **Often**
27. On a scale of 1 to 10, with 1 being “not stressed” to 10 being “extremely stressed,” please rate your current level of stress. — —
28. About how many hours a day do you feel the need to "be there" or "on duty" to care for your loved one? [**24 hours acceptable**] — — hours
29. About how many hours a day do you estimate that you are actually doing things for your loved one? [**Subtract sleeping & other activity hours from 24 if Caregiver has difficulty**] — — hours

**BEHAVIORAL CONCERNS**

**The following is a list of problems patients sometimes have. Please indicate if (CR) has had any of these problems during the past month. If Caregiver answers yes; then ask - Did it bother or concern you?**

<i>If Caregiver answers yes; also ask how much control do you feel your loved one has over the symptom on a scale from 1 to 5 with 1 being zero and 5 being complete control?</i>	<b>Has it occurred?</b> (in past month)		<input checked="" type="checkbox"/> <b>Bother or Concern</b>	<b>(If yes), How much control does your loved one have over symptom on a scale from 1 to 5?</b>				
	NO	YES		Zero control				Complete control
1. Losing interest in activities he/she previously enjoyed	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Difficulty concentrating on a task	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Refusing to take medications or not taking as prescribed	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Resistant to getting help for mental health issues (PTSD, depression...)	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Being hypervigilant, jumpy, easily startled	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6. Problems managing pain	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7. Aggressive, arguing, irritable, and/or complaining to you or others	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8. Significant changes or losses in relationships – romantic, friendship, family	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9. Lost or gained a great deal of weight (10 lbs. or more)	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10. Waking you or other family members up at night	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11. Hearing problems affecting function	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12. Vision problems affecting function	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13. Keeping feelings and thoughts to self or makes you feel like outsider	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. Avoiding people or places, isolating from others, or avoiding social contact	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15. Problems with breathing	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
16. Problems with skin such as wounds or pressure sores	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
17. Accidents of bowel or bladder	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18. Problems with dressing or grooming	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

BASELINE INTERVIEW

	Has it occurred? (in past month)		<input checked="" type="checkbox"/> Bother or Concern	(If yes), How much control does your loved one have over symptom on a scale from 1 to 5?				
	NO	YES		Zero control				Complete control
19. Engaging in unpredictable and inconsistent behavior or communication	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
20. Problems in your relationship	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21. Problems with decision making, confusion, or doing multiple tasks	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
22. Problems with mobility and accessibility (assistive equipment/devices, access to buildings, driving, transportation, transferring)	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
23. Expressing feelings of sadness or appearing sad or depressed	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
24. Experiencing nightmares	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
25. Behaving excessively anxious, worried, or panicked	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
26. Problems with sleeping	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
27. Reporting or behaving as if having flashbacks of the traumatic event	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
28. Reckless or self-destructive behavior (cutting, risk taking...)	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
29. Problems with impulsive spending, debt accrual	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
30. Problems functioning at work or in school	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
31. Parenting difficulties	0 <input type="checkbox"/>	1 <input type="checkbox"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>


**GAD-7 (GA)**

(RC 4) Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
★ 1. Feeling nervous, anxious or on edge	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
★ 2. Not being able to stop or control worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Worrying too much about different things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Trouble relaxing	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Being so restless that it is hard to sit still	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Becoming easily annoyed or irritable	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Feeling afraid as if something awful might happen	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>


★ = items for Program Coach to note


**PHQ-9 (PH)**


	Not at all	Several days	More than half the days	Nearly every day
★ 1. Little interest or pleasure in doing things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
★ 2. Feeling down, depressed, or hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4. Feeling tired or having little energy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5. Poor appetite or overeating	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Thoughts that you would be better off dead, or of hurting yourself in some way 	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

★ = items for Program Coach to note

Add columns: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Total: \_\_\_\_\_   
(cumulative total of all columns)

10. Is the score of the PHQ-9  $\geq 15$ ? No 0 ( ) Yes 1 ( ) 

11. Is the answer to #9 anything other than Not at all? No 0 ( ) Yes 1 ( ) 

**ZARIT BURDEN INTERVIEW (ZB)**

(RC 5) Please choose the response that best describes how you feel currently.

DO YOU FEEL...	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
★ 1. that because of the time you spend with your relative that you don't have enough time for yourself?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
★ 2. stressed between caring for your relative and trying to meet other responsibilities (work/family)?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. angry when you are around your relative?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. that your relative currently affects your relationship with family members or friends in a negative way?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
★ 5. strained when you are around your relative?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. that your health has suffered because of your involvement with your relative?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. that you don't have as much privacy as you would like because of your relative?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. that your social life has suffered because you are caring for your relative?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. that you have lost control of your life since your relative's illness?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
★ 10. uncertain about what to do about your relative?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. you should be doing more for your relative?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. you could do a better job in caring for your relative?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

★ = items for Program Coach to note

**SOCIAL SUPPORT (SS)**

Now I would like to ask you some questions about your friends and family.

	Never	Once in a while	Fairly often	Very often
<b>1. (RC 6) In the past month, how often has someone, such as a family member, friend, or neighbor, other than CR, helped with transportation, housework and yardwork, and shopping?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	Not at all	A little	Moderately	Very
<b>2. (RC 7) Overall, how satisfied have you been in the past month with the help you have received with transportation, housework and yardwork, and shopping?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	Never	Once in a while	Fairly often	Very often
<b>3. (RC 6) In the past month, how often has someone been there with you (physically) in a stressful situation, provided comfort to you, or expressed concern about your well-being?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	Not at all	A little	Moderately	Very
<b>4. (RC 7) In the past month, how satisfied have you been with the support, comfort, interest and concern you have received from others?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
	Never	Once in a while	Fairly often	Very often
<b>5. (RC 6) In the past month, how often has someone given you information and guidance on some action? (For example, they made a difficult situation clearer or easier to understand or told you what they did in a similar situation?)</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

	Not at all	A little	Moderately	Very
<b>6. (RC 7) Overall, how satisfied in the past month have you been with the suggestions, clarification, and sharing of similar experiences you have received from others?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

(RC 6) I would like to ask you a few more questions about your relationship with others. When the term “others” is used, it includes friends, neighbors, or family members other than CR.

	Never	Once in a while	Fairly often	Very often
<b>7. In the past month, how often have others made too many demands on you?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>8. In the past month, how often have others been critical of you?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>9. In the past month, how often have others pried into your affairs?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>10. In the past month, how often have others taken advantage of you?</b>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**IMPACT OF CAREGIVING ON FAMILY LIFE (CF)**

*If Caregiver doesn't have other children under the age of 18, skip this set of questions.*

(RC 8) On a scale from 1 to 5 with 1 being strongly disagree and 5 being strongly agree, how would you rate your level of agreement or disagreement, for yourself, currently.

	Strongly Disagree				Strongly Agree
<b>1. My children and I work together to care for [CR].</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>2. I spend less “quality” time with my children because I am busy caring for [CR].</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>3. Caring for [CR] has brought my children and me closer together as a family.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>4. Caring for [CR] has created a lot of tension in the household.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>5. Caring for [CR] has made me a better parent.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>6. Caring for [CR] has made me a worse parent.</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**CAREER IMPACT (CI)**

(RC 9) Since caring for your injured child, have you had to:

	No	Yes
1. Go in late, leave early, etc.	0 <input type="checkbox"/>	1 <input type="checkbox"/>
2. Take leave of absence	0 <input type="checkbox"/>	1 <input type="checkbox"/>
3. Go from full-time to part-time	0 <input type="checkbox"/>	1 <input type="checkbox"/>
4. Give up work entirely	0 <input type="checkbox"/>	1 <input type="checkbox"/>
5. Lose any job benefits	0 <input type="checkbox"/>	1 <input type="checkbox"/>
6. Turn down a promotion	0 <input type="checkbox"/>	1 <input type="checkbox"/>
7. Choose early retirement	0 <input type="checkbox"/>	1 <input type="checkbox"/>
8. Other (specify) _____	0 <input type="checkbox"/>	1 <input type="checkbox"/>

**WHODAS 2.0 (WD)**

(RC 10) This questionnaire asks about difficulties due to health conditions experienced by the person about whom you are responding. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and, to the best of your knowledge, answer these questions thinking about how much difficulty your relative had while doing the following activities.

In the past 30 days, <u>how much difficulty</u> did your relative have in:	None	Mild	Moderate	Severe	Extreme or cannot do
<i>Understanding and communicating</i>					
1.1. Concentrating on doing something for ten minutes?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1.2. Remembering to do important things?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1.3. Analyzing and finding solutions to problems in day-to-day life?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1.4. Learning a new task, for example, learning how to get to a new place?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1.5. Generally understanding what people say?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

<b>In the past 30 days, <u>how much</u> difficulty did your relative have in:</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme or cannot do</b>
<b>1.6. Starting and maintaining a conversation?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<i>Getting around</i>					
<b>2.1. Standing for long periods such as 30 minutes?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>2.2. Standing up from sitting down?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>2.3. Moving around inside their home?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>2.4. Getting out of their home?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>2.5. Walking a long distance such as a half mile?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<i>Self-care</i>					
<b>3.1. Washing his or her whole body?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>3.2. Getting dressed?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>3.3. Eating?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>3.4. Staying by himself or herself for a few days?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<i>Getting along with people</i>					
<b>4.1. Dealing with people he or she does not know?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>4.2. Maintaining a friendship?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>4.3. Getting along with people who are close to him or her?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>4.4. Making new friends?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>4.5. Sexual activities?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<i>Life activities</i>					
<b>5.1. Taking care of his or her household responsibilities?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>5.2. Doing his or her most important household tasks well?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>5.3. Getting all the household work done that is needed?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>5.4. Getting the household work done as quickly as needed?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

*If relative works (paid, non-paid, self-employed) or goes to school, complete 5.5-5.8.*

*Otherwise, skip to 6.1.*

<b>In the past 30 days, <u>how much difficulty</u> did your relative have in:</b>	<b>None</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	<b>Extreme or cannot do</b>
<b>5.5. His or her day-to-day work/school?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>5.6. Doing his or her most important work/school tasks well?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>5.7. Getting all the work done that is needed?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>5.8. Getting the work done as quickly as needed?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<i>Participation in society</i>					
<b>6.1. How much of a problem did your relative have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>6.2. How much of a problem did your relative have because of barriers or hindrances in the world around him or her?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>6.3. How much of a problem did your relative have living with dignity because of the attitudes and actions of others?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>6.4. How much time did your relative spend on his or her health condition, or its consequences?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>6.5. How much has your relative been emotionally affected by his or her health condition?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>6.6. How much has his or her health been a drain on his or her financial resources or on the financial resources of other relatives?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>6.7. How much of a problem did you or the rest of his or her family have because of his or her health problems?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>6.8. How much of a problem did your relative have in doing things by himself or herself for relaxation or pleasure?</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**1. Overall, in the past 30 days, how many days were these difficulties present? \_\_\_\_\_**

2. In the past 30 days, for how many days was your relative totally unable to carry out his or her usual activities or work because of any health condition? \_\_\_\_\_

3. In the past 30 days, not counting the days that your relative was totally unable, for how many days did your relative cut back or reduce his or her usual activities or work because of any health condition? \_\_\_\_\_

**FINANCIAL STRAIN (FI)**

1. How much of a financial strain would you say that caring for your son or daughter is on a scale from 1 to 5 with 1 being Not a strain at all and 5 being Very much a strain?

Not a strain at all

Very much a strain

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

2. How much do you estimate you spend out of pocket per month for your loved one's care? Include medical/dental/vision expenses, household expenses, personal care items expenses, education, legal, travel, and other expenses, caregiver personal expenses/respice (aides, help, etc.) \_\_\_\_\_

Have you had to do any of the following as a result of caregiving?

	No	Yes
3. Dip into your personal savings to cover expenses	0 <input type="checkbox"/>	1 <input type="checkbox"/>
4. Dip into your retirement savings to cover expenses	0 <input type="checkbox"/>	1 <input type="checkbox"/>
5. Reduce how much you save for retirement	0 <input type="checkbox"/>	1 <input type="checkbox"/>
6. Take out a loan, borrow from a friend or family member or assume other debts to cover expenses	0 <input type="checkbox"/>	1 <input type="checkbox"/>
7. Cut back on personal spending to cover expenses, such as trips, your children's education	0 <input type="checkbox"/>	1 <input type="checkbox"/>
8. Cut back on spending for your own health care, such as going to the doctor or buying medicine	0 <input type="checkbox"/>	1 <input type="checkbox"/>

**PATIENT HEALTH QUESTIONNAIRE/PHYSICAL SYMPTOMS (PHQ-15) (PQ)**

(RC 11) The next set of questions is about physical symptoms you may be experiencing. During the past 4 weeks, how much have you been bothered by any of the following problems?

	Not bothered at all	Bothered a little	Bothered a lot
1. Stomach pain	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Back pain	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Pain in your arms, legs, or joints (knees, hips, etc.)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. <b>WOMEN ONLY:</b> Menstrual cramps or other problems with your periods	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Headaches	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. Chest pain	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7. Dizziness	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
8. Fainting spells	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
9. Feeling your heart pound or race	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
10. Shortness of breath	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
11. Pain or problems during sexual intercourse	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
12. Constipation, loose bowels, or diarrhea	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
13. Nausea, gas, or indigestion	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
14. Feeling tired or having little energy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
15. Trouble sleeping	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**HEALTH AND HEALTH SERVICES USE (HS)**

The next questions are about your health and use of health services.

1. Have you been admitted to the hospital **during the last 6 months?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

1.1. *If Yes*, What were you admitted for?  
 \_\_\_\_\_

1.2. How many days were you in the hospital? \_\_\_\_\_ days

2. Has (CR) been admitted to the hospital **during the last 6 months?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

2.1. *If Yes*, What were you admitted for?  
 \_\_\_\_\_

2.2. How many days were you in the hospital? \_\_\_\_\_ days

3. Are you using any formal home care services for you or your loved one (home based primary care, professional caregiver services)?

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

3.1. *If Yes*, Who is receiving formal home care services?

**CG**                      **CR**                      **Both**                      *Unknown*                      *Refused*  
 1                       2                       3                       -3                       -4

4. Are you receiving any counseling services (individual, couples, family counseling)?

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

5. Are you receiving any support services (support group, online education/support)?

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

6. In the past 6 months, have you found that you had the time to see your doctor when you thought you should?

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

7. **In the past 6 months, have you found that you were able to slow down and get enough rest when you were sick?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

8. **In the past year, have you seen your primary care physician for a routine checkup?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

9. **In the past year, have you had your eyesight checked?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

10. **In the past year, have you had your hearing checked?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

11. **In the past year, have you had your teeth/dentures examined by a dentist?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

12. **In the past year, have you had a flu shot?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

13. **In the past year, have you had your blood pressure checked?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

14. **FEMALE ONLY: In the past two years, have you had a mammogram?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

15. **FEMALE ONLY: In the past two years, have you had a pap smear?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

16. **MALE ONLY: In the past year, have you had a prostate examination?**

**No**                      **Yes**                      *Unknown*                      *Refused*  
 0                       1                       -3                       -4

17. (RC 1) **In the past month, has it been hard to eat healthy or well-balanced meals on a regular basis?**

**Never**                      **Sometimes**                      **Often**                      *Unknown*                      *Refused*  
 0                       1                       2                       -3                       -4

18. Do you miss taking your prescription medication on a regular basis?

- No                      Yes                      Unknown                      Refused  
 0                       1                       -3                       -4

19. (RC 12) At what point did you begin providing care for your loved one?

- 1 ( ) As soon as your loved one returned injured  
 2 ( ) When your loved one could no longer care for him/herself  
 3 ( ) When a previous Caregiver could no longer care for your loved one  
 4 ( ) Other: \_\_\_\_\_

20. Have any of these life events happened to you in the past year?

	No	Yes
20.1 Death of a close family member	0 ( )	1 ( )
20.2 Personal injury or illness	0 ( )	1 ( )
20.3 Change in health of family member	0 ( )	1 ( )
20.4 Gain a new family member	0 ( )	1 ( )
20.5 Change in financial state	0 ( )	1 ( )
20.6 Change in responsibilities at work	0 ( )	1 ( )
20.7 Begin or end school	0 ( )	1 ( )
20.8 Change in living conditions	0 ( )	1 ( )
20.9 Change in working hours or conditions	0 ( )	1 ( )
20.10 Change in sleeping habits	0 ( )	1 ( )

**SOCIODEMOGRAPHIC QUESTIONS (SO)**

Finally, some general information about you and your loved one.

1. Sex of the CR: 1  Male 2  Female

2. Is CR's primary ethnic group Latino/Hispanic?

- No                      Yes                      Unknown                      Refused  
 0                       1                       -3                       -4

3. What is CR's racial group?

- 1  White/Caucasian  
 2  Black/African American  
 3  American Indian/Alaska Native  
 4  Asian  
 5  Native Hawaiian/Pacific Islander  
 6  More than one race  
 7  Other

3.1 If "More than one race" or "Other," specify race(s): \_\_\_\_\_

4. What is CR's age? \_\_\_\_\_

5. How many years did CR serve in the military? \_\_\_\_\_

6. Which branch of the military did CR serve?

- 1 ( ) Army
- 2 ( ) Navy
- 3 ( ) Air Force
- 4 ( ) Marines
- 5 ( ) Coast Guard

7. (RC 13) What is CR's current military status?

- 1 ( ) Active-duty
- 2 ( ) National Guard
- 3 ( ) Reserve
- 4 ( ) Retired
- 5 ( ) Discharged
- 6 ( ) Separated (in process of being discharged)

7.1 If CR is Discharged, was it a medical discharge?

- |                            |                            |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|
| <b>No</b>                  | <b>Yes</b>                 | <i>Unknown</i>              | <i>Refused</i>              |
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | -3 <input type="checkbox"/> | -4 <input type="checkbox"/> |

7.2 If CR is Retired, Discharged, or Separated, was CR...?

- 1 ( ) Regular/fulltime military
- 2 ( ) Guard
- 3 ( ) Reserve

8. (RC 14) What level of education did you complete?

0 ( ) No formal education	9 ( ) Grade 9
1 ( ) Grade 1	10 ( ) Grade 10
2 ( ) Grade 2	11 ( ) Grade 11
3 ( ) Grade 3	12 ( ) Grade 12/High School Diploma/GED
4 ( ) Grade 4	13 ( ) Vocational/training school after high school
5 ( ) Grade 5	14 ( ) Some college/associate degree
6 ( ) Grade 6	15 ( ) College graduate (4 or 5 year program)
7 ( ) Grade 7	16 ( ) Master's degree (or other post-graduate training)
8 ( ) Grade 8	17 ( ) Doctoral degree (PhD, MD, EdD, DVM, DDS, JD etc)

9. How many people are currently living with you in your home excluding yourself? \_\_\_\_\_

9.1. How many are adults (excluding yourself)? \_\_\_\_\_

9.2. How many are children (under 18)? \_\_\_\_\_

10. (RC 15) What is your current marital status?

- 1 ( ) Married
- 2 ( ) Single
- 3 ( ) Divorced
- 4 ( ) Separated
- 5 ( ) Widowed
- 6 ( ) Single, living as married
- 7 ( ) Other: \_\_\_\_\_

11. (RC 15) What is CR's current marital status?

- 1 ( ) Married
- 2 ( ) Single
- 3 ( ) Divorced
- 4 ( ) Separated
- 5 ( ) Widowed
- 6 ( ) Single, living as married
- 7 ( ) Other: \_\_\_\_\_

12. Does CR live with you?

- |                            |                            |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|
| No                         | Yes                        | Unknown                     | Refused                     |
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | -3 <input type="checkbox"/> | -4 <input type="checkbox"/> |

12.1 *If no*, where does CR live (with friends, by self, with spouse, homeless, etc)?

\_\_\_\_\_

13. Does CR have children?

- |                            |                            |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|
| No                         | Yes                        | Unknown                     | Refused                     |
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | -3 <input type="checkbox"/> | -4 <input type="checkbox"/> |

13.1 *If yes*, where does CR's children live (with mom, with CR, with CG, etc)?

\_\_\_\_\_

13.2 How many children? \_\_\_\_\_

14. (RC 16) What is your current employment status?

- 1 ( ) Employed at a job for pay, full-time
- 2 ( ) Employed at a job for pay, part-time
- 3 ( ) Homemaker, not currently working for pay
- 4 ( ) Not currently employed, retired
- 5 ( ) Not currently employed, not retired
- 6 ( ) Not currently employed, disabled

15. (RC 16) What is CR's current employment status?

- 1 ( ) Employed at a job for pay, full-time
- 2 ( ) Employed at a job for pay, part-time
- 3 ( ) Homemaker, not currently working for pay
- 4 ( ) Not currently employed, retired
- 5 ( ) Not currently employed, not retired
- 6 ( ) Not currently employed, disabled

16. What is your current monthly household income before taxes? \_\_\_\_\_

17. (RC 17) How hard is it for you to pay for the very basics like food, housing, medical care, and heating? Would you say it is:

- |                                 |                               |                               |                            |
|---------------------------------|-------------------------------|-------------------------------|----------------------------|
| <b>Not at all<br/>Difficult</b> | <b>Not Very<br/>Difficult</b> | <b>Somewhat<br/>Difficult</b> | <b>Very<br/>Difficult</b>  |
| 0 <input type="checkbox"/>      | 1 <input type="checkbox"/>    | 2 <input type="checkbox"/>    | 3 <input type="checkbox"/> |

18. Are you receiving services as part of the VA's Family Caregivers program (stipend, home visit)?

- |                            |                            |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|
| <b>No</b>                  | <b>Yes</b>                 | <i>Unknown</i>              | <i>Refused</i>              |
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | -3 <input type="checkbox"/> | -4 <input type="checkbox"/> |

19. Do you have any injuries/conditions that make it difficult to care for your loved one?

- |                            |                            |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|
| <b>No</b>                  | <b>Yes</b>                 | <i>Unknown</i>              | <i>Refused</i>              |
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | -3 <input type="checkbox"/> | -4 <input type="checkbox"/> |

20. Have you ever served in the military?

- |                            |                            |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|
| <b>No</b>                  | <b>Yes</b>                 | <i>Unknown</i>              | <i>Refused</i>              |
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | -3 <input type="checkbox"/> | -4 <input type="checkbox"/> |

*If Caregiver also served in military, answer 21-24. Otherwise, skip to 25.*

21. How many years have you served in the military? \_\_\_\_\_

22. Which branch of the military did you serve?

- 1 ( ) Army
- 2 ( ) Navy
- 3 ( ) Air Force
- 4 ( ) Marines
- 5 ( ) Coast Guard

23. (RC 13) **What is your current military status?**

- 1 ( ) **Active-duty**
- 2 ( ) **National Guard**
- 3 ( ) **Reserve**
- 4 ( ) **Retired**
- 5 ( ) **Discharged**
- 6 ( ) **Separated** (in process of being discharged)

24. **Have you had any combat deployments?**

- |                            |                            |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|
| <b>No</b>                  | <b>Yes</b>                 | <i>Unknown</i>              | <i>Refused</i>              |
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | -3 <input type="checkbox"/> | -4 <input type="checkbox"/> |

25. **Would you like to know the results of this research once the study has finished?**

- |                            |                            |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|
| <b>No</b>                  | <b>Yes</b>                 | <i>Unknown</i>              | <i>Refused</i>              |
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | -3 <input type="checkbox"/> | -4 <input type="checkbox"/> |

25.1 *If yes, how would you like to be contacted?*

- Email**     **Postal Mail**