

## Caregiver Strain Index (CSI)

I am going to read a list of things that other people have found to be difficult. ***Would you tell me whether any of these apply to you? (GIVE EXAMPLES)***

|                                                                                                                                                                           | <b>Yes = 1</b> | <b>No = 0</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|
| Sleep is disturbed (e.g., because . . . is in and out of bed or wanders around at night)                                                                                  |                |               |
| It is inconvenient (e.g., because helping takes so much time or it's a long drive over to help)                                                                           |                |               |
| It is a physical strain (e.g., because of lifting in and out of a chair; effort or concentration is required)                                                             |                |               |
| It is confining (e.g., helping restricts free time or cannot go visiting)                                                                                                 |                |               |
| There have been family adjustments (e.g., because helping has disrupted routine; there has been no privacy)                                                               |                |               |
| There have been changes in personal plans (e.g., had to turn down a job; could not go on vacation)                                                                        |                |               |
| There have been emotional adjustments (e.g., because of severe arguments)                                                                                                 |                |               |
| Some behavior is upsetting (e.g., because of incontinence; . . . has trouble remembering things; or . . . accuses people of taking things)                                |                |               |
| It is upsetting to find . . . has changed so much from his/her former self (e.g., he/she is a different person than he/she used to be)                                    |                |               |
| There have been work adjustments (e.g., because of having to take time off)                                                                                               |                |               |
| It is a financial strain                                                                                                                                                  |                |               |
| Feeling completely overwhelmed (e.g., because of worry about . . . ; concerns about how you will manage)                                                                  |                |               |
| <b>Total Score</b> (Count yes responses. Any positive answer may indicate a need for intervention in that area. A score of 7 or higher indicates a high level of stress.) |                |               |

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