Caregiver Strain Questionnaire

Child’s name: ____________________
Parent’s name: ____________________
Date:____________________________

Please answer the questions using the following scale:
1 = Not at all
2 = A little
3 = Somewhat
4 = Quite a bit
5 = Very much

a) Interruption of personal time resulting from your child’s feeding difficulties? ________
b) Missing work or neglecting other duties because of your child’s feeding difficulties?________
c) Disruption of family routines due to your child’s feeding difficulties? ________
d) Any family member having to do without things because of your child’s feeding difficulties? ___
e) Any family member suffering negative mental or physical health effects as a result of your child’s feeding difficulties? ________
f) Financial strain for your family as a result of your child’s feeding difficulties? ________
g) Less attention paid to any family member because of attention paid to your child? ________
h) Disruption or upset of relationships within the family due to your child’s feeding difficulties? ___
i) Disruption of your family’s social activities resulting from your child’s feeding difficulties? _____

Please answer the following questions for the past 6 weeks:
j) How socially isolated did you feel as a result of your child’s feeding difficulties? ________
k) How sad or unhappy did you feel as a result of your child’s feeding difficulties? ________
l) How embarrassed did you feel about your child’s feeding difficulties? ________
m) How well did you relate to your child? ________
n) How angry did you feel toward your child? ________
o) How worried did you feel about your child’s future? ________
p) How worried did you feel about your family’s future? ________
q) How guilty did you feel about your child’s feeding difficulties? ________
r) How resentful did you feel toward your child? ________
s) How tired or emotional strained did you feel as a result of your child’s feeding difficulties? ________
t) In general, how much of a toll has your child’s feeding difficulties been on your family? ________