

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? _____