

STRESSFUL CAREGIVING ADULT RESPONSE TO EXPERIENCE OF DYING (SCARED)

I am going to list a series of experiences that may have happened to _____ while you were present before he/she died.

For each, can you tell me how often these happened to _____ **in the month** before _____ died? (0 = never; 1 = once or twice; 2 = 5 or 6 times; 3 = every day)

For each of these experiences that happened in that last month, how fearful did they make you feel? (0 – not fearful; 1 – somewhat fearful; 2 – very fearful)

For each of these experiences that happened in that last month, how helpless did they make you feel? (0 – not helpless; 1 – somewhat helpless; 2 – very helpless)

Traumatic Experience	A) Frequency				B) Fear			C) Helplessness		
Caregiver witnessed patient:										
1. Experience severe pain/discomfort	0	1	2	3	0	1	2	0	1	2
2. Unable to eat or swallow/choking	0	1	2	3	0	1	2	0	1	2
3. Vomiting	0	1	2	3	0	1	2	0	1	2
4. Dehydrated	0	1	2	3	0	1	2	0	1	2
5. Insomnia	0	1	2	3	0	1	2	0	1	2
6. Falling, collapsing, passing out	0	1	2	3	0	1	2	0	1	2
7. Confused, delirious	0	1	2	3	0	1	2	0	1	2
Caregiver's Perception:										
8. Felt _____ had had enough	0	1	2	3	0	1	2	0	1	2
9. Thought _____ was dead	0	1	2	3	0	1	2	0	1	2
10. Other (specify): _____ _____ _____	0	1	2	3	0	1	2	0	1	2
Total Scores:										

Scoring

SCARED Event Frequency Score - ____
Sum (frequency score 1-10)

SCARED Total Score - ____
Sum (frequency score + fear score + helplessness score)