

**EFFECTS OF PATIENT ILLNESS ON YOUNG  
ADULT FAMILY MEMBERS**

**Honors Thesis**

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For the Degree of Bachelor of Biology**

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## **Abstract**

The full impact of disease on a patient's life and on immediate family is often unseen or unknown. Salem State students were surveyed on how family members' ailments make them feel emotionally and affect family relationships and home life. Results indicate that Salem State students with illness in their immediate family have close relationships with family members, feel negatively about familial illness and do not take on family responsibilities other than household chores. Support within the family is adequate for coping with illness, though outside support could be beneficial in the expression of fears and concerns or suppressing negative emotions associated with familial illness.

## **Introduction**

Occupations in the medical field are in constant demand due to the necessary contributions of researchers and healthcare professionals to the treatment and management of disease. In the day-to-day course of healthcare professions, a researcher may advance pharmaceutical or therapeutic treatment of disease through creating and executing scientific experiments. A physician may ease the symptoms of a patient's disease by prescribing medication or use various tests as a mechanism to provide a diagnosis. However, these professionals do not see how a person's disease affects their life at home.

Previous research has shown that chronic illness negatively affects family members of the patients emotionally and financially while also putting stress on the overall relationship of the family. Golics et al. (2013) examined the effects of

some illnesses including cardiovascular disease, diabetes, dementia, and cancer on family members of patients with these illnesses. A majority of respondents reported feeling emotionally impacted by patient illness with some experiencing emotions such as frustration, worry, and guilt. Most respondents also felt that their daily lives were burdened by having to care for their family members, thus resulting in feeling stressed. Finances were an issue for about half of respondents due to more of their income going towards healthcare for the ill family members. Some positive effects were reported by respondents including having a closer relationship with their family members and appreciating life more. Overall, respondents felt a lack of support from healthcare providers in dealing with patient illness, though support groups and talking to others in similar situations helped them cope. A study focusing solely on the effects of COPD on family members of patients yielded similar results demonstrating financial hardship, emotional distress, and a lack of a family social life. Coping mechanisms used by respondents included seeking support from family, friends, and professional networks, and maintaining a positive outlook on caring for the patient (Gabriel et al. 2014). Though these illnesses vary in how they affect patients, the effect on family members remains consistent across all these conditions.

When it comes to family members who are the children of patients, young adults who lived with parental illness through childhood are more likely to have emotional and behavioral issues (Pakenham and Cox 2014). A separate study where cancer, cardiovascular disease, and diabetes were the most common parental illnesses reported by students who grew up with ill parents showed those

students to be negatively impacted by a lack of parental involvement and stress related to the illnesses (Stoeckel and Weissbrod 2015). Conversely, another study showed that some children have exhibited more positive emotions and a greater appreciation for life when dealing with parental illness (Stoeckel et al. 2014). A study examining how typically-aged college students at the University of Nebraska are affected by parent illness yielded common themes among participants, including taking over household responsibilities and avoiding discussing fears and concerns. Support resources that proved helpful for students included their immediate family, their peers, counselors, and school advisors (Wilensky 2015).

This study focuses on exploring the ways that Salem State University students are personally affected by illness of family members, how the illness impacts the relationship of the family overall, if they have received support dealing with the illness and the areas in which additional support may be helpful.

## **Materials and Methods**

### **Experimental Design**

To gain perspective on how patient illness affects family members, a survey was constructed and distributed to students at Salem State University. The survey was approved by the IRB at Salem State University prior to distribution. The survey focused on four common ailments: cardiovascular disease, dementia, cancer, and diabetes. The survey was made using some original questions and some questions from the Family Agpar (Gabriel 1978), the PANAS Questionnaire

(Watson et al. 1988), Family Assessment Measure III (Skinner et al. 1983), and the Family Assessment Device (Epstein et al. 1983). The questions taken from these sources are rated on a scale of strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree. Original questions ask the students if they currently have an immediate family member affected by any of the four conditions, which family member is affected by which ailment (given option to pick among 2 parents, 3 siblings and/or 4 grandparents), how old the student is, how old the student was when the family member became ill, how long the family member has been ill, and if the student and their family have ever found support outside of just each other.

### **Analysis**

A qualitative analysis was first conducted for each illness separately. This included examining which family member (parent, sibling, grandparent) was affected most often, the age of students at the time family member illness started, and how long their family member has been ill. The overlap of multiple diseases in students' families was also taken into consideration the number of students with overlapping illness in their families was calculated. Significant trends in responses to questions about family relations, student mood as a result of family illness and student responsibility to family were examined and reported in terms of percentages. These trends were then compared across all illnesses. Common sources of support for students were determined for each illness separately and all together.

## Results

A total of 70 Salem State University students took the survey. 18 students have a family member with cardiovascular disease, 14 have a family member with dementia, 25 have a family member with cancer, and 35 have a family member with diabetes (Figure 1). 26 students have 2 or more illnesses in their immediate family. 9 students found support through support groups including church, therapy, other faith communities, and youth groups.

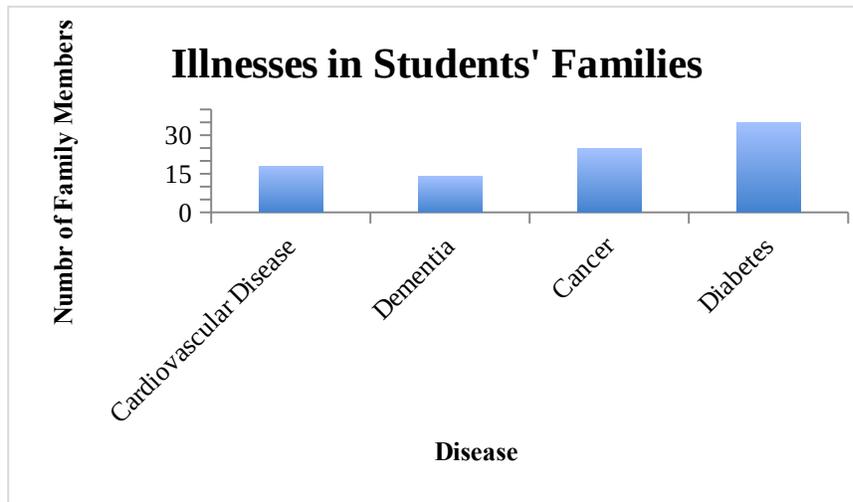


Figure 1. Number of family members with cardiovascular disease, dementia, cancer, and diabetes in students' families.

<b>Years family members have been ill</b>		<b>Cardiovascular Disease</b>	<b>Dementia</b>	<b>Cancer</b>	<b>Diabetes</b>
	0-2	0	6	10	6
	3-6	4	7	8	6
	7-10	8	2	7	10
	10+	10	1	1	19
<b>Students' age when family members became ill (years)</b>					
	0-4	5	0	1	15
	5-10	7	2	2	4
	11-14	6	3	10	13
	15-18	3	7	3	1
	19+	1	4	13	11

Table 1. Number of years family members have been ill and students' age upon diagnosis of family illness.

### **Cardiovascular Disease**

A total of 18 surveyed students have an immediate family member(s) with cardiovascular disease. There are 15 grandparents, 10 parents, and 1 sibling with cardiovascular disease among the families of the 18 students (Figure 2). These family members have been ill anywhere from 3 to 10+ years (Table 1). Early childhood, adolescence, and teenage years were the periods of time most students were first exposed to cardiovascular disease in their families (Table 1). Most surveyed students are in their early twenties.

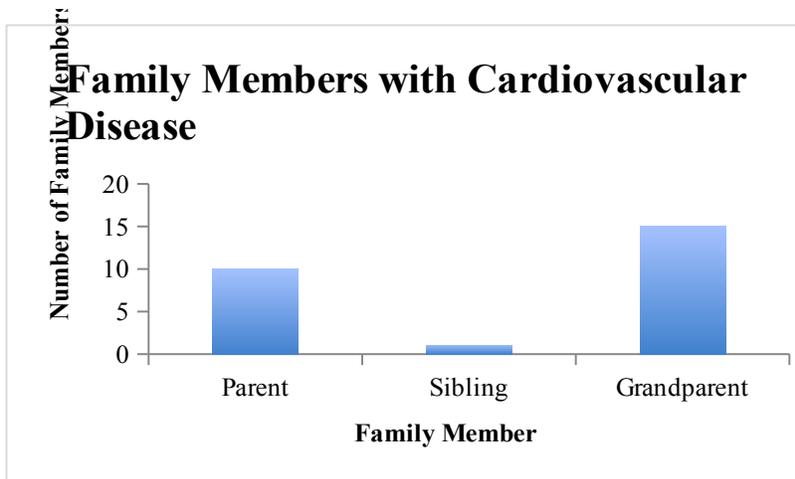


Figure 2. Number of parents, siblings, and grandparents with cardiovascular disease.

Some strong trends appear in students' responses to how cardiovascular disease affects their families. The strongest agreement trend is that 83% of students agree that their family member(s) takes their share of responsibilities. About 78% say family members support each other in times of crisis and 56% of students say that their family expresses feelings to each other. Only 50% of students report that having a family member with cardiovascular disease brought their family closer and 44% of students feel that their family is happy most of the time (Figure 3).

## How Cardiovascular Disease Affects Students' Families

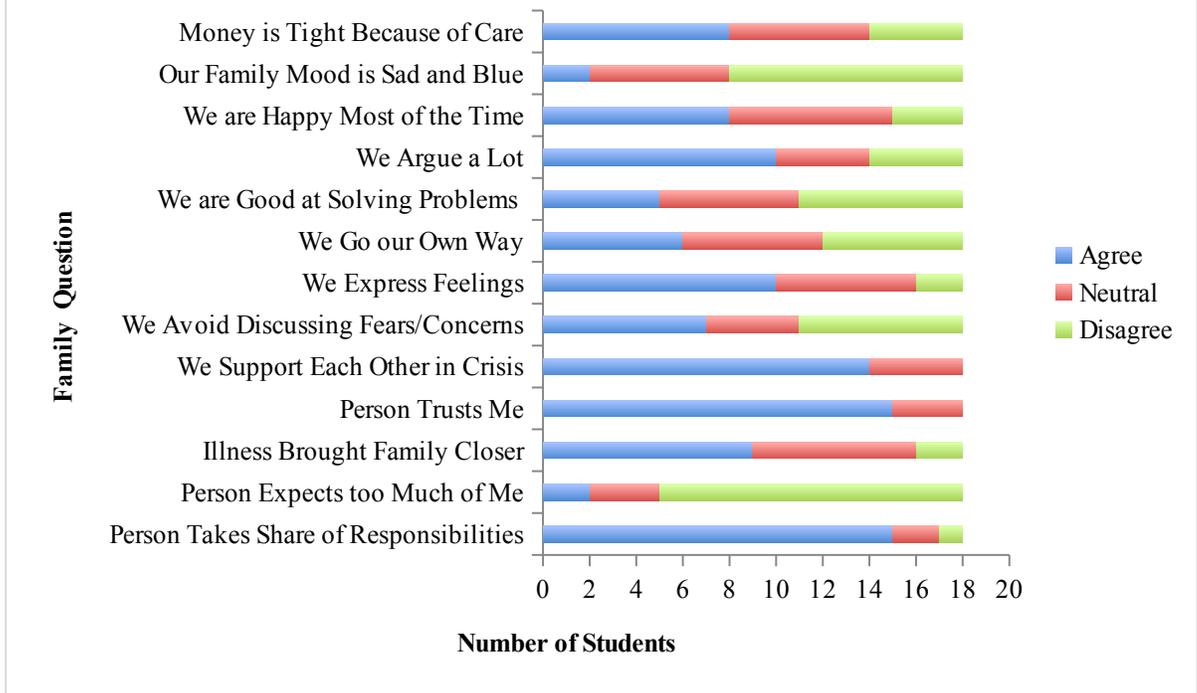


Figure 3. Effect of family members' cardiovascular disease on students' family function and relationship.

When it comes to trends in mood, the strongest trends where students take a position is in feelings of nervousness, stress, and upset. 83% feel nervous about family illness, 67% feel stressed and 61% of students feel upset. Feelings of neutrality are the most prominent in pride (56%), strength (67%), and inspiration (56%). The strongest disagreement is in guilt, where 39% of students deny feeling guilty (Figure 4).

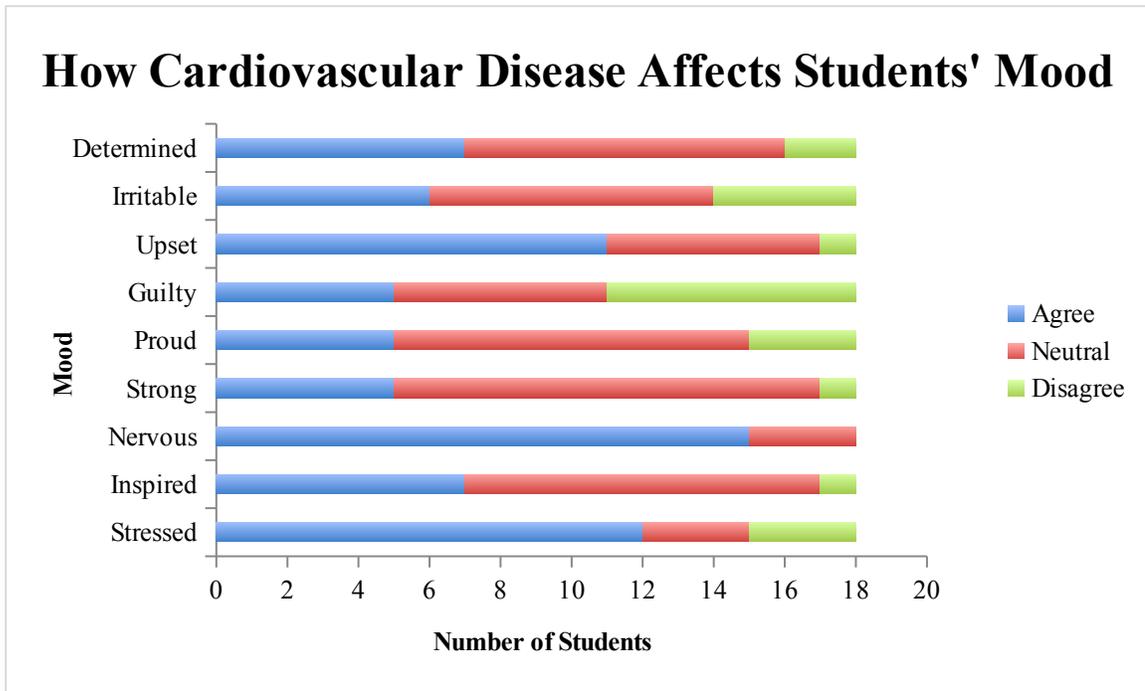


Figure 4. Effect of family members' cardiovascular disease on students' mood.

In responses to questions about what life at home is like in relation to family member illness, a large majority of students do not feel responsible for the care of their family financially or in managing taking care of the family. 78% of students are not responsible for solving family problems, 72% are not responsible for taking care of their ill family member(s), and 61% are not responsible for transportation to appointments. 72% of students disagree that they contribute personal finances to their family for care of their ill family member. The strongest agreement is for taking care of household chores, where 50% of students feel responsible (Figure 5).

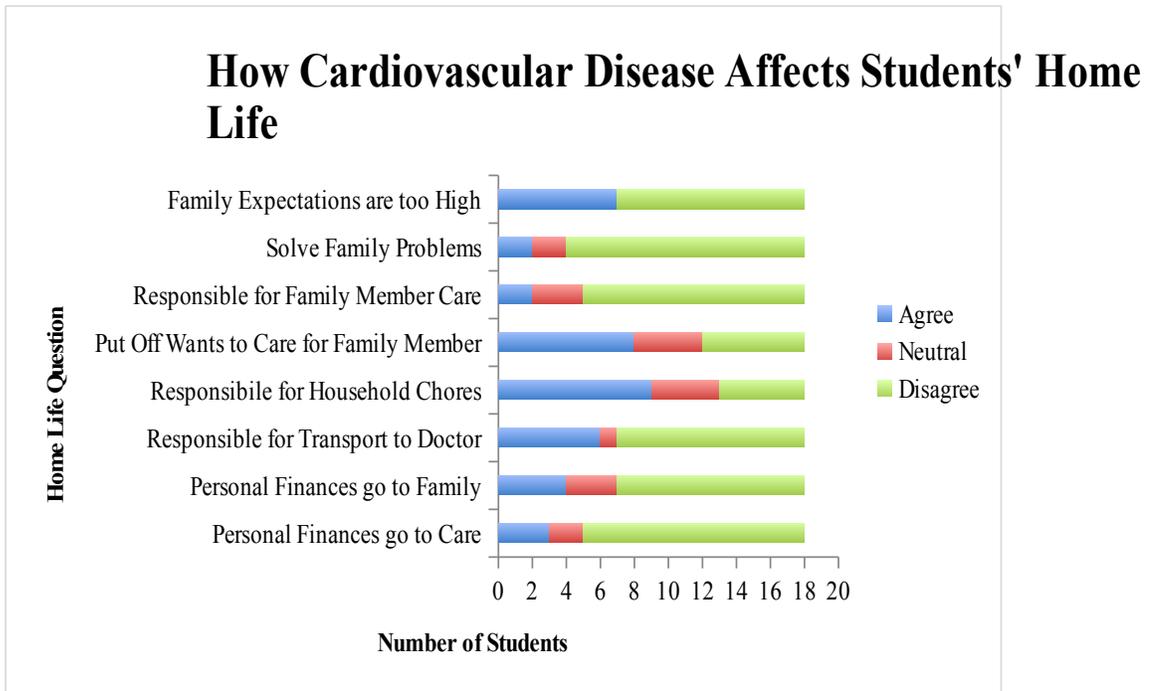


Figure 5. Effect of family members' cardiovascular disease on students' home life and responsibilities.

### Dementia

No parents or siblings of surveyed students have dementia. 14 students have a total of 16 grandparents with dementia (Figure 6). Students were mostly in their late teens when their grandparents became ill and the illness has primarily been present for 0-6 years (Table 1). Most surveyed students are 20-21 years old.

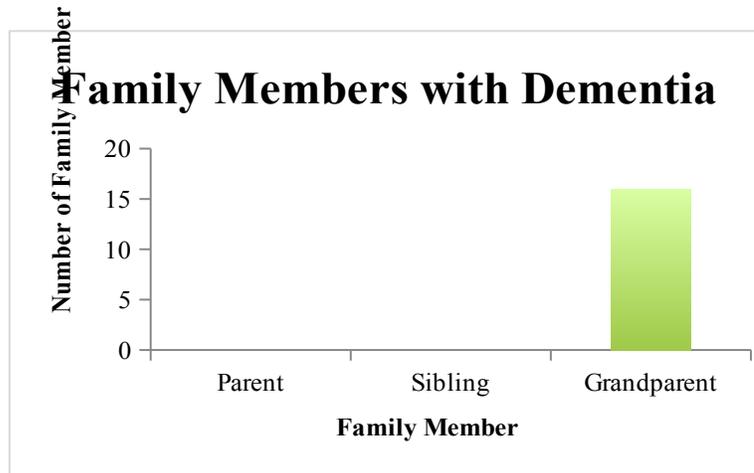


Figure 6. Number of parents, siblings, and grandparents with dementia.

The strongest trends in agreement for the family relations category include 79% of students feel that their ill family member has a lot of trust for them, 71% of students agree that their family is happy most of the time, 64% report that their family members express feelings to one another, and another 64% report that they support each other in times of crisis. Trends are not as strong in areas including dementia bringing the family closer together and money being tight due to patient care. Trends in disagreement are highest in the family member expecting too much and the family mood being sad and blue, with 86% and 93% of students in disagreement respectively (Figure 7).

## How Dementia Affects Students' Families

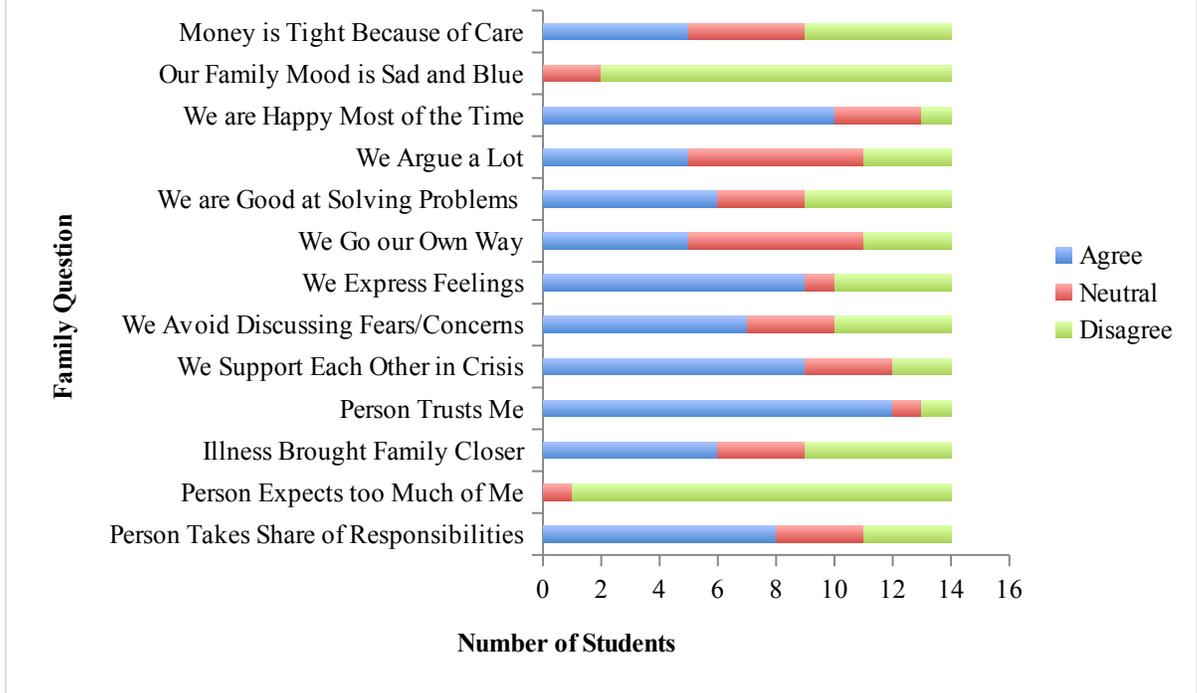


Figure 7. Effect of family members' dementia on students' family function and relationship.

The strongest trends in mood related to family illness are in agreement of feeling upset (93%), nervous (86%), and stressed (64%). Neutrality is the strongest in irritability (50%), pride (50%), and strength (43%) (Figure 8).

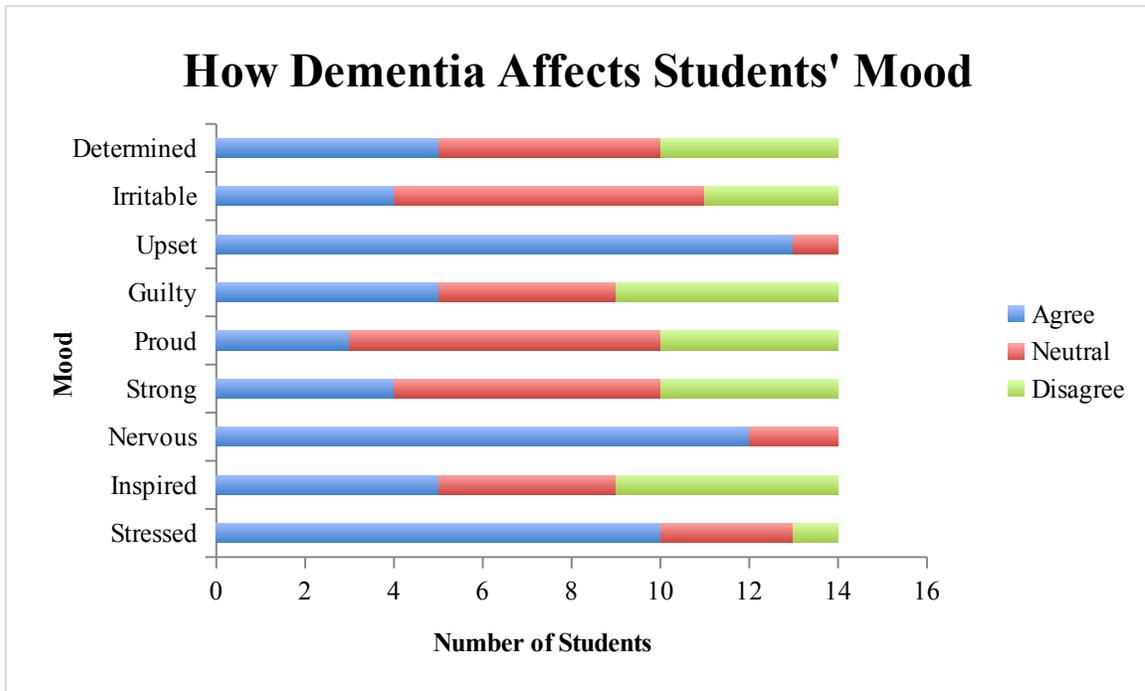


Figure 8. Effect of family members' dementia on students' mood.

Most students disagree with most questions in the section regarding how dementia affects students' home life. Only the question regarding student responsibility for household chores had notable agreement, with 50% of students feeling responsible (Figure 9).

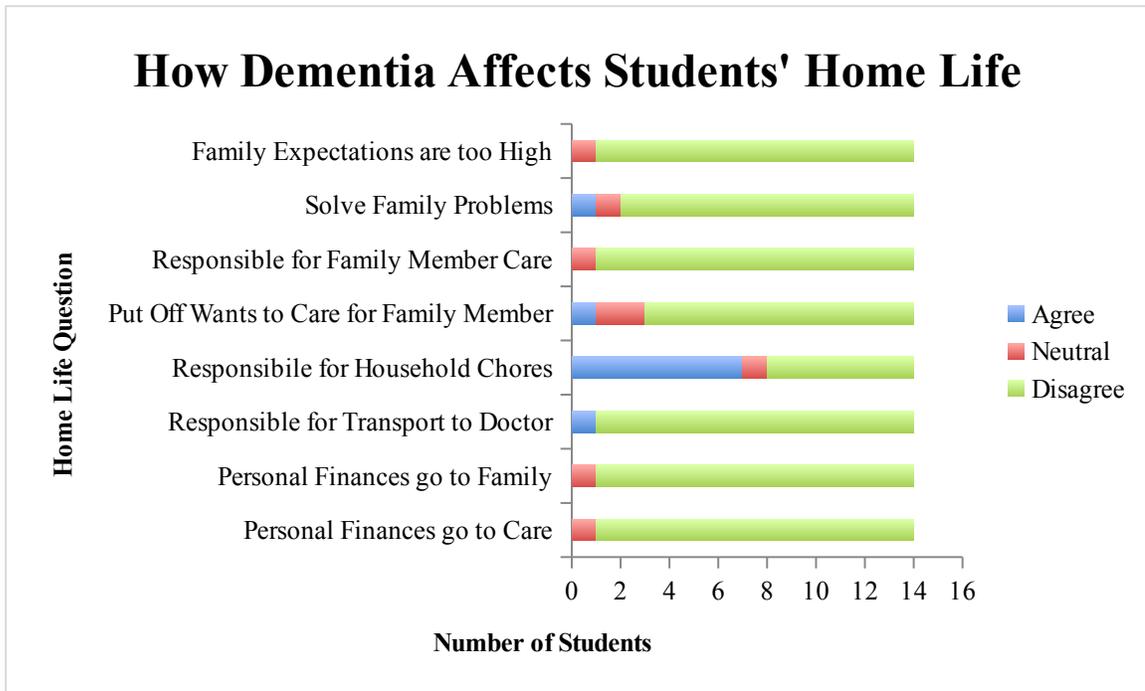


Figure 9. Effect of family members' dementia on students' home life and responsibilities.

### Cancer

For the 25 students surveyed, there are 11 parents, 2 siblings, and 18 grandparents with Cancer (Figure 10). Students were of all ages when their family members became ill, though most students were in their early and late teens. Family members have been ill primarily for the past 0-10 years, with 38% diagnosed within the last 2 years and 69% within the last 6 years (Table 1). Most students surveyed are 20-21 or 24+ years old. A total of 15 different Cancers are represented across the students' families with breast, cervical, and lung cancer being the top 3 most reported (Figure 11).

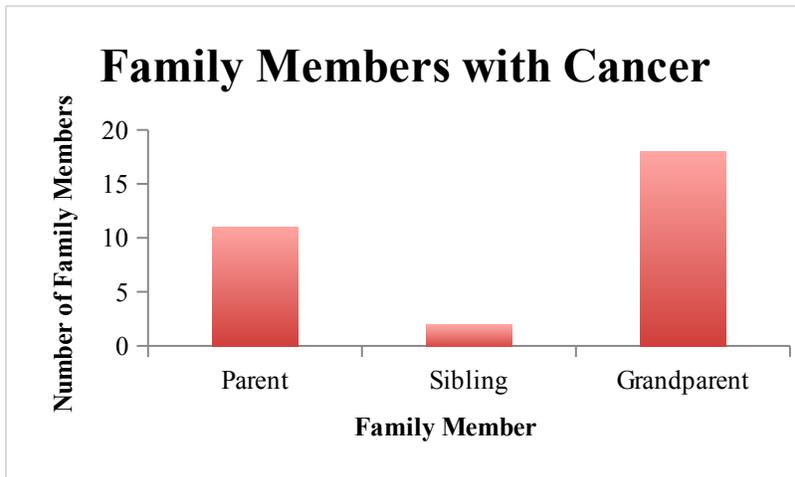


Figure 10. Number of parents, siblings, and grandparents with cancer.

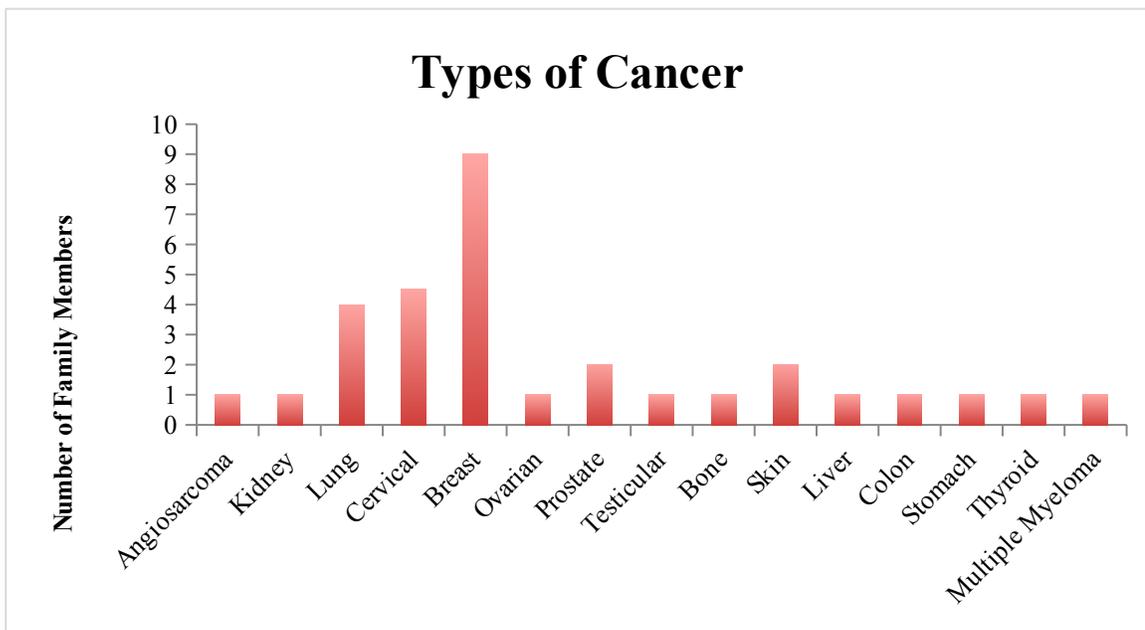


Figure 11. Types of cancer represented in students' families.

For the family relations category, the strongest trend in agreement is that 92% of students agree that their family member(s) take their share of responsibilities. Other strong trends include 84% of students agree that their ill

family member has a lot of trust for them, 64% agree their family members support each other in crisis, and 60% agree their family members go their own way most of the time. Less strong trends include 52% of students agree that their family expresses feelings to each other and 44% agree that cancer has brought their family closer together. The strongest trends in disagreement include the mood in students' families is sad and blue (64%), students' ill family member expects too much of them (60%), and money is tight due to the care required by the students' ill family member (44%) (Figure 12).

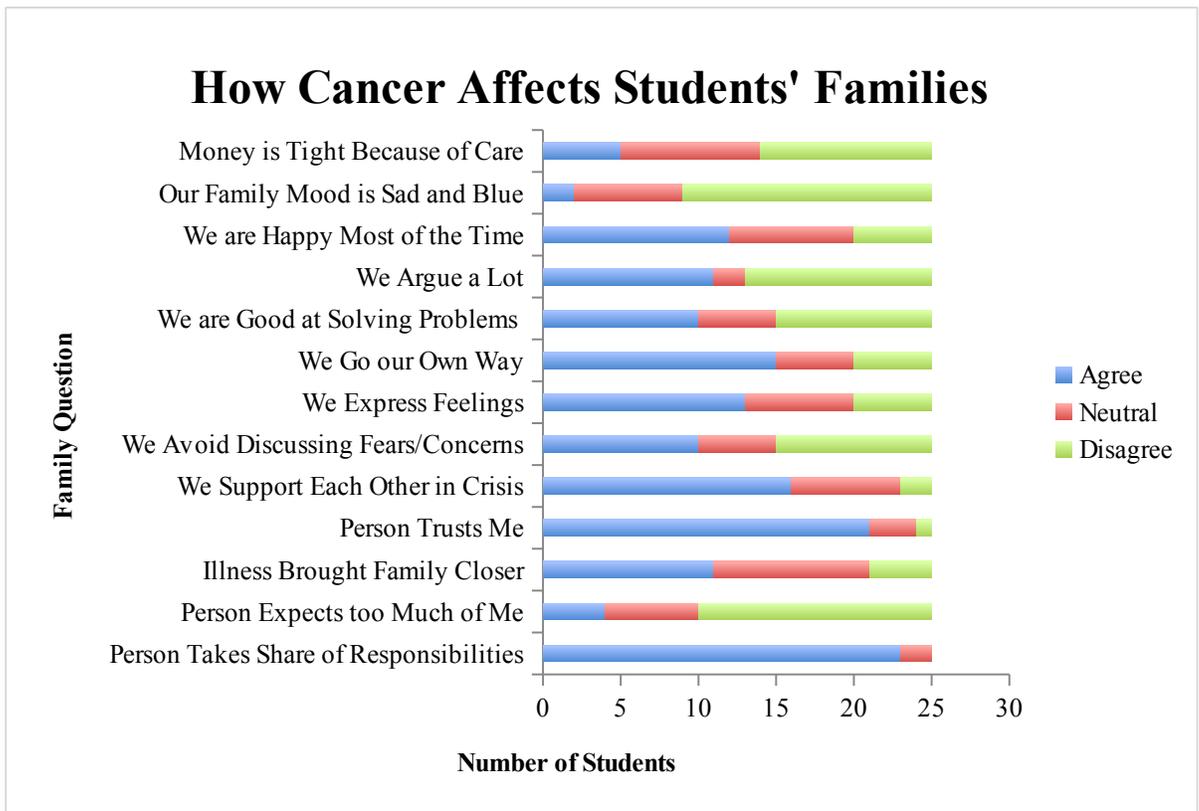


Figure 12. Effect of family members' cancer on students' family function and relationship.

There are several strong trends in agreement for how patient illness affects students' mood. 80% of students feel nervous about their family members' illness, 72% feel stressed, 56% feel upset and determined, and 48% feel strong. Neutrality is the strongest in irritability, with 44% of students feeling this way. No mood has more students in disagreement than agreement or neutrality, though guilt is tied with 40% of students being neutral and in disagreement (Figure 13).

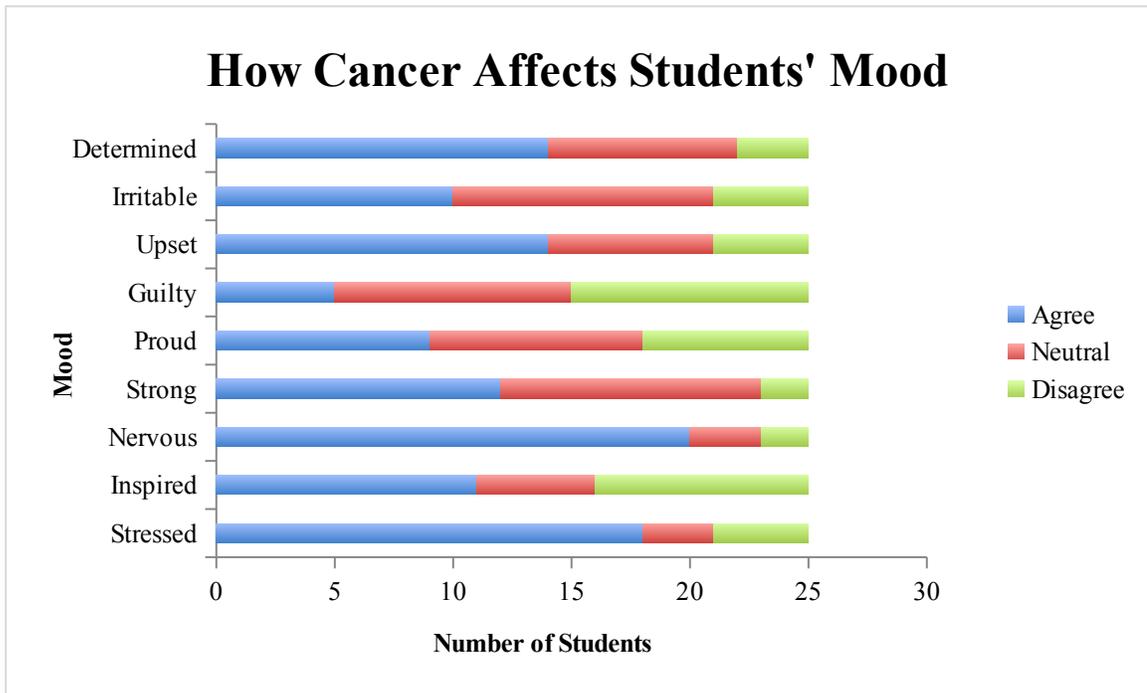


Figure 13. Effect of family members' cancer on students' mood.

The home life category yielded only one strong trend in agreement where 56% of students agree they are responsible for household chores. Every other category had disagreement being the strongest trend. 64% of students disagree that their family's expectations are too high, 60% disagree that they are responsible for the care of their family member and have to solve family

problems, and 56% disagree that they are responsible for bringing their family member to doctor appointments and contribute personal finances to their family (Figure 14).

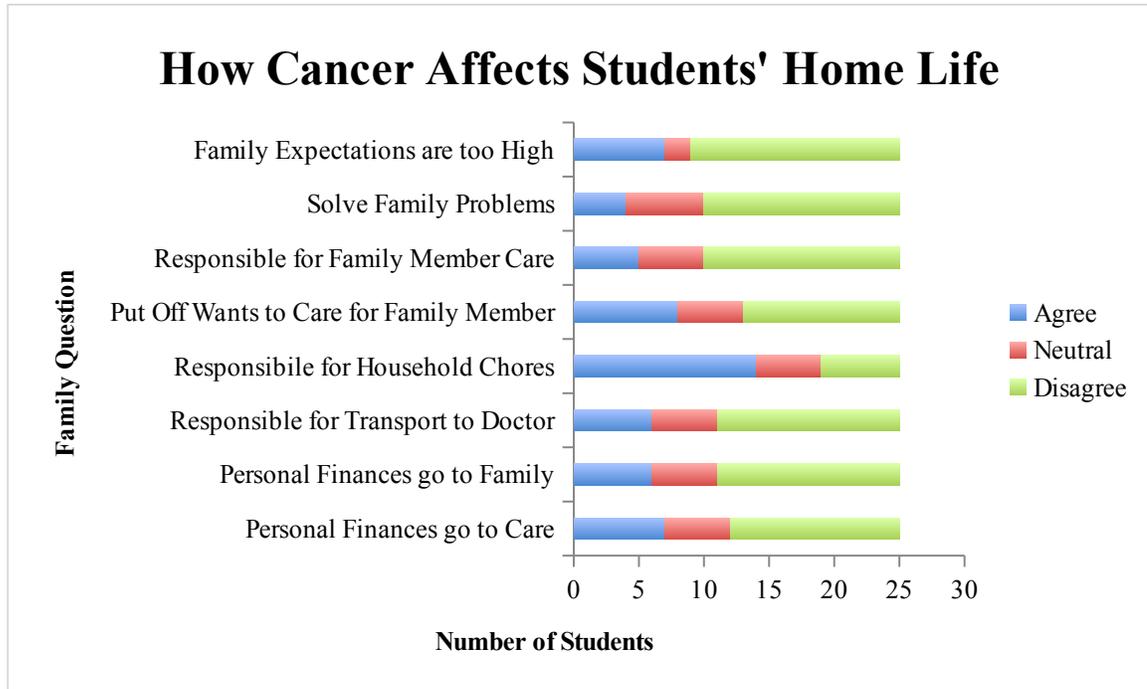


Figure 14. Effect of family members' cancer on students' home life and responsibilities.

### Diabetes

There are 24 parents, 1 sibling, and 28 diabetic grandparents among the 36 students surveyed (Figure 15). Students were mostly in early childhood, early teens and late teens when their family member became ill. Almost half (46%) of family members have been ill primarily for 10+ years and a total of 71% have been ill for 7 years or more (Table 1). Surveyed students are mostly 18-21 years old.

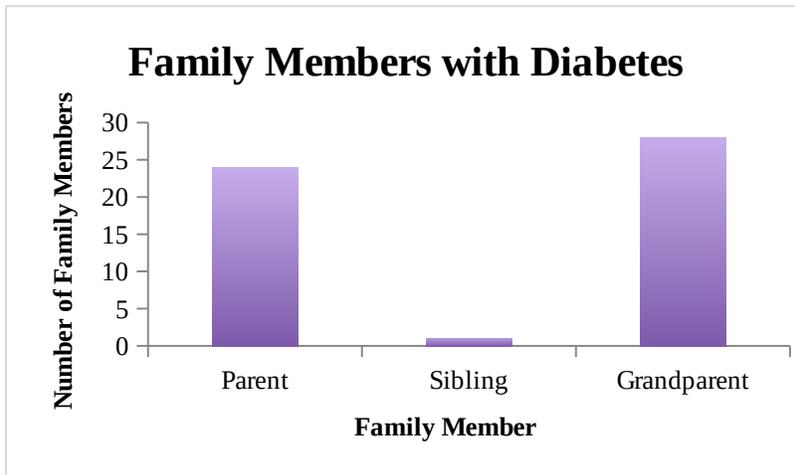


Figure 15. Number of parents, siblings, and grandparents with diabetes.

A few strong agreement trends are present in the family relations category. 89% of students agree that their ill family member takes their share of responsibilities, 83% agree that their ill family member trusts them, and 78% agree that their family members support each other in times of crisis. One strong trend in neutrality is present where 53% of students feel neutral about their family members' illness bringing the family closer together. The strongest trends in disagreement include the mood in students' families is sad and blue (64%), ill family members expect too much of students (56%), and students and their families avoid discussing fears and concerns (44%) (Figure 16).

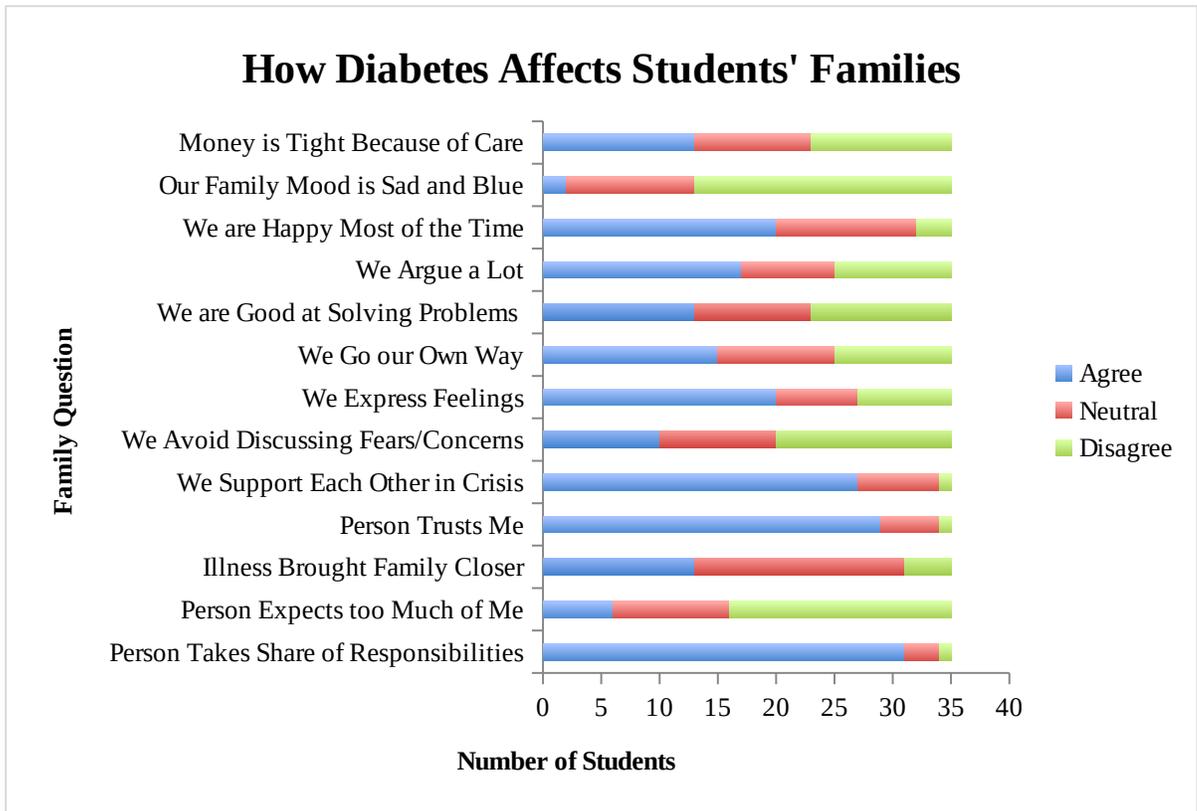


Figure 16. Effect of family members' diabetes on students' family function and relationship.

Strong trends in agreement, neutrality, and disagreement come up in how family member illness affects students' mood. Trends in agreement are highest for nervousness (75%), stress (61%), and determination (50%). Neutrality is the strongest for feeling irritable (50%) and strong (47%). The only mood where disagreement is the strongest is for guilt (56%) (Figure 17).

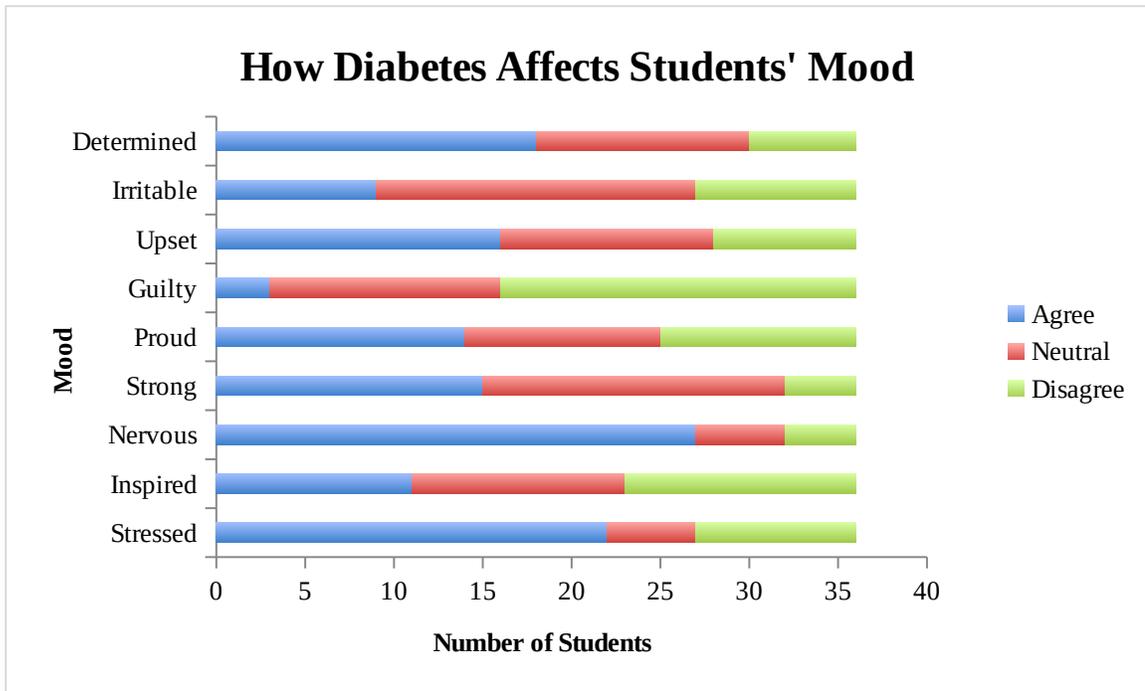


Figure 17. Effect of family members' diabetes on students' mood.

The home life section has one category where agreement is the strongest trend. 44% of students agree that they are responsible for chores in their household. The rest of the questions are strongest in disagreement. The strongest disagreement trend is in the student solving family problems (64%). Other strong disagreement trends include family expectations being too high and the student being responsible for family member care (58%) as well as the student being responsible for transportation to appointments (56%). 47% of students disagree that they contribute personal finances to family member care or their families in general (Figure 18).

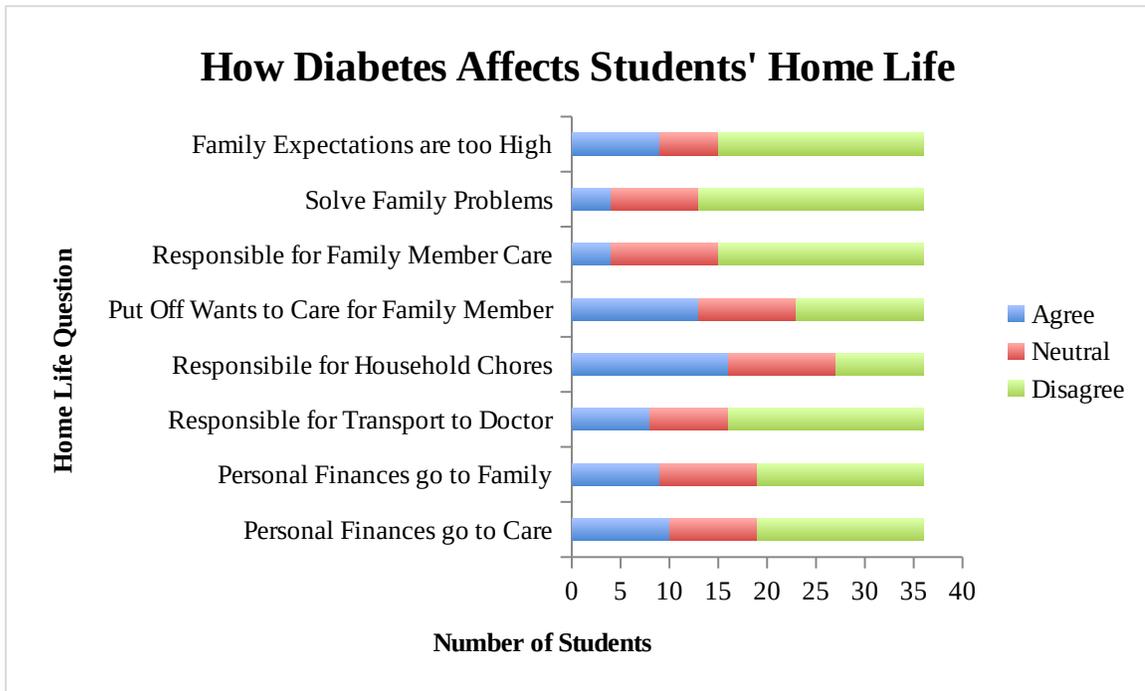


Figure 18. Effect of family members' diabetes on students' home life and responsibilities.

### Students with 2+ Familial Illnesses

The most frequent combination of diseases was diabetes and cancer. Results from these students were consistent with the results from others with one disease in their family. In particular, most students from both groups feel that their family members support each other in crisis, can express feelings to each other, and that their ill family member trusts them. Additionally, students feel nervous, upset and stressed about illness and most do not take on household responsibilities outside of household chores.

### Discussion

Some of the results of this study agree with past studies in some areas, but there are also other major differences between them.

There are several areas where the results of this study agree with previous literature. Studies have shown that respondents dealing with familial illness are closer with their families and demonstrate more positive emotions and outlooks on life (Golics et al. 2013 and Stoeckel et al. 2014). Results from this study have shown that most students agree that their family is able to express feelings to each other, support each other in crisis, and trust each other. In every illness category except diabetes, most students agree that having an ill family member brought their family closer together. Students also generally disagree that the mood in their family is sad and blue and agree that their family is happy most of the time. These trends indicate an overall positive attitude from students towards their family members despite having one or more that are ill, and indicate that support may not be needed in these areas.

Though results indicate that there is a close and positive relationship between students and their families, results also agree with the literature indicating that familial illness is associated with negative emotions (Golics et al. 2013, Stoeckel and Weissbrod 2015). Nervousness was high across all the illnesses as well as feelings of general upset and stress. Even with a strong relationship among family members, it is not unreasonable that students still have negative feelings towards the specific illness of a family member. Support in managing these negative emotions could be beneficial for students struggling to cope with family illness.

Most of the results of this study do not agree with previous literature surrounding familial illness in several ways. Literature has shown that respondents feel their daily lives are burdened due to having to take care of their ill family member (Golics et al. 2013). Results of this study showed a high level of disagreement across all four diseases when students were asked if they are responsible for the care of their family member and if they put off personal wants in order to take care of their family member. The only case where agreement was higher than neutrality and disagreement was for cardiovascular disease, where 44% of respondents agreed that they put off personal wants to take care of their ill family member. The majority of students also agreed that their ill family member is able to take their share of responsibilities, justifying the idea that most students do not need to put off wants or take on extra responsibility for family care. A possible reason for this could be that their ill family member is not sick to the point of being unable to take care of themselves or other responsibilities. Additionally, because these data were collected solely from students, obligations to school and/or work could prevent students from being able to dedicate time to taking care of family matters. Support in balancing caring for ill family members with having personal time is not a necessity for most students.

Finances have also been shown to be an issue for those dealing with illness in their immediate family (Golics et al. 2013 and Gabriel et al. 2014). Results across all diseases did not show strong trends where students agreed that they contributed personal finances to the care of their family member or to their family as a whole. There were low percentages of students that did put personal

finances towards the care of their family member in all four diseases, but most students were not in agreement. A possible reason for this could be that students are putting themselves through school by contributing to the payment of their own education. Chronic family illness (particularly cardiovascular disease and diabetes) could have resulted in decreased family finances long-term and students may not consider financing their education as a part of helping with family finances overall. Alternatively, most people in Massachusetts have healthcare, indicating that many students' families may have more insurance coverage than survey participants from other studies in different parts of the country. These conclusions would require additional socioeconomic information about survey participants and could be a potential future study.

Wilensky (2015) demonstrated that students felt that their family avoided discussing fears and concerns. This is consistent with results from dementia, though results from diabetes showed mostly disagreement and cardiovascular disease and cancer were tied with agreement and disagreement. Literature has also shown guilt to be a prevailing feeling towards family member illness (Golics et al. 2013). Results of this study indicated the opposite; more students felt neutral or disagreed that familial illness made them feel guilty across all four illnesses. These results could be dependent on various factors. If a family member has only been recently diagnosed, students and their families may need more processing time and therefore not be ready to discuss fears and concerns about the illness. If a family member has had the diagnosis long-term, it may be easier to discuss fears and concerns because enough time will have passed to

adjust to the diagnosis. A possible reason that more respondents from other studies felt more guilt about their family members' illness could be dependent on the setting. Golics et al. (2013) interviewed several family members accompanying patients during visits to the doctor or during visiting hours in hospital wards, so being in the moment focusing on the ill person could have caused respondents to feel more guilty. In this study, most students took the survey on paper in class, so they may not have felt as guilty due to being away from their family member at the time. A possibility for a future study could be examining people's attitudes towards cardiovascular disease, dementia, cancer, and diabetes with or without an ill family member or when they are not sick themselves. Support in expressing and dealing with fears and concerns and/or feelings of guilt could benefit students struggling, though results indicate most students likely do not need support or support within the family is sufficient.

## **Conclusion**

The unknown nature of how a patient's disease affects their families and home lives can prevent medical professionals from providing adequate support to patients and can cause researchers to be disconnected from the true purpose of the treatment. A clearer understanding of the emotional, mental, and physical effects a patient's disease has on family members can allow healthcare providers to better support their patients and their families, and help researchers gain more insight into the effect of a disease being researched while gaining a better sense of compassion. Most surveyed students at Salem State who have ill immediate

family members have close relationships with their family, feel negatively about the illnesses, and are not heavily responsible for family care aside from household chores. These results agree with previous literature that shows illness bringing families closer while also causing negative emotions. Most of these results disagree with previous studies where respondents are heavily responsible for family member care and financially burdened. Areas where support outside of the family is necessary for students in this study are few, though a key area where it could be helpful is in management of negative emotions caused by familial illness and possibly in addressing fears and concerns about the effects and outcomes of illness. Overall, this study demonstrates how the illness of an immediate family member can impact students and their families and explores the similarities and differences of the effects of illness among four specific ailments.

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## **Appendix**

### **Survey Instrument**

#### **How does patient illness affect young adult family members?**

My name is Samantha Chigas. This survey is being used for my honors thesis project: how does patient illness affect college-aged family members? The survey asks questions about family illness. Filling out this survey is completely voluntary. It should take about 10 minutes to complete. There are no right or wrong answers. You do not have to answer any questions that you do not want to. The risk is encountering questions that may make you uncomfortable. In this case, you may skip the question. You may benefit from taking the survey if you feel a personal relief talking about your family illnesses. An analysis of the results, and an explanation of the study will be available in the Salem State University Honors Department at the end of spring semester. If you have any questions about this research, you can contact me through Dr. Susan Case ([scase@salemstate.edu](mailto:scase@salemstate.edu)). This research project has been approved by the Institutional Review Board at Salem State University, Salem, MA. Thank you for your help.

This research project has been approved by the Institutional Review Board at Salem State University, Salem, MA from 11/4/2016. The IRB can be contacted at [irb@salemstate.edu](mailto:irb@salemstate.edu).

If you agree to participate, please continue. If you do not wish to participate, please exit now. If you have any questions about this research, you can contact me through Dr. Susan Case ([scase@salemstate.edu](mailto:scase@salemstate.edu)). Thank you for your help.

**General questions**

1. Do you **currently** have an immediate family member(s) (parent, sibling, grandparent) who is (are) affected by the following conditions:

Cardiovascular disease, dementia, diabetes, cancer?

- a. Yes
- b. No

2. If you have a parent(s) affected, check all conditions that person(s) has

- a. Cardiovascular disease
- b. Dementia
- c. Cancer
- d. Diabetes

2b. If you selected Cancer as an answer, what kind of cancer is your parent affected by? \_\_\_\_\_

3. If you have a sibling(s) affected, check all conditions that person has

- a. Cardiovascular disease
- b. Dementia
- c. Cancer
- d. Diabetes

3b. If you selected Cancer as an answer, what kind of cancer is your sibling affected by? \_\_\_\_\_

4. If you have a grandparent(s) affected, check all conditions that person has

- a. Cardiovascular disease
- b. Dementia
- c. Cancer
- d. Diabetes

4b. If you selected Cancer as an answer, what kind of cancer is your sibling affected by? \_\_\_\_\_

5. How long has your family member(s) been ill with the condition(s) you circled above in years? Circle all that apply

<b>Parent #1</b>	<b>Parent #2</b>	<b>Sibling #1</b>	<b>Sibling #2</b>	<b>Sibling #3</b>	<b>Grand parent #1</b>	<b>GP #2</b>	<b>GP #3</b>	<b>GP #4</b>
a. 0-2	a. 0-2	a. 0-2	a. 0-2	a. 0-2	a. 0-2	a. 0-2	a. 0-2	a. 0-2
b. 3-6	b. 3-6	b. 3-6	b. 3-6	b. 3-6	b. 3-6	b. 3-6	b. 3-6	b. 3-6
c. 7-10	c. 7-10	c. 7-10	c. 7-10	c. 7-10	c. 7-10	c. 7-10	c. 7-10	c. 7-10
d. 10+	d. 10+	d. 10+	d. 10+	d. 10+	d. 10+	d. 10+	d. 10+	d. 10+

6. How old are you now?

- a. 18-19
- b. 20-21
- c. 22-23
- d. 24+

7. How old were you when your family member(s) became ill in years?

Circle all that apply

<b>Parent #1</b>	<b>Parent #2</b>	<b>Sibling #1</b>	<b>Sibling #2</b>	<b>Sibling #3</b>	<b>Grand parent #1</b>	<b>GP #2</b>	<b>GP #3</b>	<b>GP #4</b>
a. 0-4	a. 0-4	a. 0-4	a. 0-4	a. 0-4	a. 0-4	a. 0-4	a. 0-4	a. 0-4
b. 5-10	b. 5-10	b. 5-10	b. 5-10	b. 5-10	b. 5-10	b. 5-10	b. 5-10	b. 5-10
c. 11-14	c. 11-14	c. 11-14	c. 11-14	c. 11-14	c. 11-14	c. 11-14	c. 11-14	c. 11-14
d. 15-18	d. 15-18	d. 15-18	d. 15-18	d. 15-18	d. 15-18	d. 15-18	d. 15-18	d. 15-18
e. 19+	e. 19+	e. 19+	e. 19+	e. 19+	e. 19+	e. 19+	e. 19+	e. 19+

8. Have you and your family ever found support outside of each other (e.g. support groups, therapy, faith communities, etc.)
- a. yes
  - b. no
  - c. if yes to support groups, what group was it?
- 

**Family member questions**

5. Answer the following questions based on the family member(s) you selected above as well as your family as a whole

	Strongly agree	Agree	Neither disagree nor agree	Disagree	Strongly disagree
This person takes his/her share of family responsibilities					
This person expects too much of me					
Having an ill family member has brought my family closer					
This person really trusts me					
In times of crisis, we can turn to each other for support					
My family avoids					

discussing our fears and concerns					
My family express feelings to each other					
Family members go their own way most of the time					
Our family is good at solving problems together					
We argue a lot					
My family is happy most of the time					
The mood in my family is usually sad and blue					
Money is tight due to the care required for my family member					

**Individual questions**

6. Check the box that corresponds with the feeling that does or does not apply to the way you feel as a result of your family member(s)' illness

	Strongly agree	Agree	Neither disagree	Disagree	Strongly disagree
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			nor agree		
Stressed					
Inspired					
Nervous					
Strong					
Proud					
Guilty					
Upset					
Irritable					
Determined					

7. Answer the following questions based on your individual experience with your ill family member(s).

	Strongly agree	Agree	Neither disagree nor agree	Disagree	Strongly disagree
I contribute my personal finances to the care of my family member					
I contribute my personal finances to my family as a result of the care required by my ill family member					
I am responsible for bringing my family member to					

doctor appointments					
I am responsible for household chores					
I put off things I want to do in order to care for my family member					
Responsibility for the care of my family member falls on me					
When my family has a problem, I have to solve it					
My family expects me to do more than my share					