



DWIJ 2017

(Caregiver's Form)

1. Name :

2. age : yrs. M/F

Date :

3. Address :

4. Contact No:

5. Name of the patient (hence forth called P) :

(age) :

6. Relationship with him/her :

7. He / She is under the care of Dr. _____

8. Family members

No.	Name	age	occupation	Relationship with pt. 0 -3

0 : Not at all , 1 : somewhat close . 2 : quite close . 3 : Very close .

9. Since the illness started how long you have been with P. ?

All the time / 75 to 50 % of time / 50 to 20 % of time / > 20 %

10. When P's illness started ? Month Ye

11.. Who notices changes in P ? If you , what was your first reaction ?

12. If someone else , what was your reaction after knowing ?

13.Did you have any information about this illness ? How ?

14.Did you make any efforts to collect any information ? What ?

15.What were your thoughts about future of this illness ?

16.Now what are your thoughts about future of this illness ?

17.For these symptoms who took the initiative to take P to doctor ?

18. When did you come to know this is mental illness ?

Immediately / after few months / after few years.

19.What were different modes of treatments used ?

Psychiatrist / psychologist / homeopathy / Ayurved / some godman, baba, peer / family deity , mannat etc. / other than above .

20.To which treatment out of above did you support ?

21. Who were the people who took efforts to see that P takes medicines ?

22. Who supported you in taking care of your P ? How ?

23. What were the reactions of the family members when P refused to take medicines ?

24. Apart from mental health professionals & immediate family did you talk to any other person about this illness ? In what context ?

25.. Did you feel comfortable talking about it ?
Not at all / little awkward / very comfortable.

26. Today do you feel comfortable talking about it ?
Not at all / little awkward / very comfortable.

27.. Did you meet any other patients who had same illness as your P ?

28. Did you talk to that person ? if yes . How did you feel while talking ?

29. Can you share some of your experience when you were very stressed due to your P's behavior ?

30. Can you share some experience when you felt very proud of your P ?

31. Did you talk to your P about your stress any time ? If yes , what was the conversation like ?

32. What has this illness taught you ?

33. When you look back to this journey what do you feel ?

34. Do you feel you have lost something in this journey ?

Name & Signature :

To be endorsed by the Psychiatrist :

Signature , Seal .

Name of the psychiatrist :

How long do you know this patient ? _____ yrs.

What is the diagnosis ? _____.

This caregiver is primary / secondary caregiver.

According to you how comfortable is the patient with this caregiver ?

Very much / somewhat / not much / not at all .

Did he regularly accompany patient during follow up ? yes / No.

If yes ,

How frequently ?

Always / at least 50 % of the time / less than that / seldom.

According to you how much of his/her caring has contributed to patient's today's progress ? Significantly / not much / not at all .

