

Smart Phone Applications

for people with brain injury

The Project

The project *Implementing and evaluating Smart Phone Applications technology across the NSW Brain Injury Rehabilitation Program (BIRP)* aims to:

Provide web-based resources for clinicians

Evaluate the efficacy of Smart Phone Apps for people with brain injury.

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This document:

[B7_During_the_trial_modified_carer_strain_index_V1_09Aug11.pdf](#)

It provides a brief description of the Modified Caregiver Strain Index (CSI) with a template of the questionnaire. Clinicians can use this document to determine if this questionnaire would be a helpful tool to compare the effectiveness of different assistive devices and then carry out the evaluation.

It is available from: www.TBIStaffTraining.info

More Project information and further documents:

www.TBIStaffTraining.info

The Modified Caregiver Strain Index

The Modified CSI is a thirteen-question tool that measures the caregiver's strain caused by their care giving duties. It evaluates a number of factors including employment, financial, physical, social and time related to strain experienced. A low score indicates a low level of strain, and a high score indicates a high level of strain. It is a quickly administered tool that can be re-used to monitor change over time. This allows an analysis of both the triggers for stress and potential areas for intervention for the care giver. The tool can be administered to any number of care givers involved with a client's care.

The response to each of the index's 13 statements receives a numerical score; yes, on a regular basis = 2; yes, sometimes = 1; and no = 0. The caregiver checkmarks the line that best describes her or his situation. The nurse tallies the marks in each column and multiplies by the corresponding value (2, 1, or 0). The nurse then adds these subtotals to obtain a total score. Scoring ranges from 0 to 26, with 0 indicating no caregiver strain and 26 indicating extreme strain.

Modified Caregiver Strain Index

Directions: Here is a list of things that other caregivers have found to be difficult. Please put a checkmark in the columns that apply to you. We have included some examples that are common caregiver experiences to help you think about each item. Your situation may be slightly different, but the item could still apply.

| | Yes, On a Regular Basis=2 | Yes, Sometimes =1 | No=0 |
|---|---------------------------|-------------------|-------|
| My sleep is disturbed (For example: the person I care for is in and out of bed or wanders around at night) | _____ | _____ | _____ |
| Caregiving is inconvenient (For example: helping takes so much time or it's a long drive over to help) | _____ | _____ | _____ |
| Caregiving is a physical strain (For example: lifting in or out of a chair; effort or concentration is required) | _____ | _____ | _____ |
| Caregiving is confining (For example: helping restricts free time or I cannot go visiting) | _____ | _____ | _____ |
| There have been family adjustments (For example: helping has disrupted my routine; there is no privacy) | _____ | _____ | _____ |
| There have been changes in personal plans (For example: I had to turn down a job; I could not go on vacation) | _____ | _____ | _____ |
| There have been other demands on my time (For example: other family members need me) | _____ | _____ | _____ |
| There have been emotional adjustments (For example: severe arguments about caregiving) | _____ | _____ | _____ |
| Some behavior is upsetting (For example: incontinence; the person cared for has trouble remembering things; or the person I care for accuses people of taking things) | _____ | _____ | _____ |
| It is upsetting to find the person I care for has changed so much from his/her former self (For example: he/she is a different person than he/she used to be) | _____ | _____ | _____ |
| There have been work adjustments (For example: I have to take time off for caregiving duties) | _____ | _____ | _____ |
| Caregiving is a financial strain | _____ | _____ | _____ |
| I feel completely overwhelmed (For example: I worry about the person I care for; I have concerns about how I will manage) | _____ | _____ | _____ |

[Sum responses for "Yes, on a regular basis" (2 pts each) and "yes, sometimes" (1 pt each)]

Total Score =

Thornton, M., & Travis, S.S. (2003). Analysis of the reliability of the Modified Caregiver Strain Index. *The Journal of Gerontology, Series B, Psychological Sciences and Social Sciences*, 58(2), p. S129. Copyright © The Gerontological Society of America. Reproduced by permission of the publisher.