An examination of pet ownership among elderly caregivers and how it contributes to their well-being

Cynthia Ann Fiello

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AN EXAMINATION OF PET OWNERSHIP AMONG ELDERLY CAREGIVERS
AND HOW IT CONTRIBUTES TO THEIR WELL-BEING

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Cynthia Ann Fiello
June 2002
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Approved by:

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ABSTRACT

As the older population increases there is an increasing demand on family caregivers, most of them older themselves. As the demands increase there is a need for increased support for caregivers. Owning a pet may provide some of this support. This study looked at caregivers age 55 and older of brain-impaired adults and examined whether or not the social support provided by pets during the caregiving time contributes to their well-being. Data were collected from case records and through phone interviews with the clients of Inland Caregiver Resource Center.

Relationships among the variables were examined through the use of correlation analyses, independent t-tests, and chi-square tests. The results of this study show that the support provided by pets does contribute to the well-being of elderly caregivers, which in turn provides a basis for the use of pet ownership as an intervention with caregivers.
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TABLE OF CONTENTS

ABSTRACT ............................................................... iii
ACKNOWLEDGMENTS ................................................... iv
LIST OF TABLES ........................................................ vii
CHAPTER ONE: INTRODUCTION
   Problem Statement ............................................... 1
   Supporting Data ................................................... 2
   Care Recipients are: ............................................. 3
   Caregivers are: .................................................... 4
   Problem Focus ..................................................... 5
   Support as Framework ............................................. 6
   Purpose of the Study ............................................. 7
CHAPTER TWO: LITERATURE REVIEW
   Introduction ......................................................... 9
   Commonly Held View .............................................. 9
   Studies From the 1980’s ......................................... 10
   Studies From the 1990’s ......................................... 12
   Summary ............................................................ 21
CHAPTER THREE: METHODS
   Introduction ......................................................... 23
   Study Design ....................................................... 23
   Sampling ........................................................... 24
   Data Collection and Instruments ............................... 25
   Procedures ......................................................... 27
   Protection of Human Subjects ................................. 28
LIST OF TABLES

Table 1. Significant Findings from Independent t-test .................................. 33
Table 2. Summary of Correlation Analyses for all Variables ................................. 34
Table 3. Summary of Correlation Analyses for Social Support Variables ................. 37
CHAPTER ONE
INTRODUCTION

The contents of Chapter One present an overview of the project. The problem statement, supporting data, and problem focus are discussed followed by the purpose of the study.

Problem Statement

Being elderly is a time to reflect back on life. It is a time to rejoice in successes and put failures into perspective. It is also a time to deal with many losses. Vision, hearing, mobility, independence, social support, memory, health and friends may fade or disappear. A loss that is becoming more common as the population ages is the loss of a family member, but not through death. It is the loss of a loved one through a brain-impairment such as Alzheimer's disease or stroke. This can be one of the most difficult losses to deal with. Often an elderly person then has to provide the daily care for their loved one and they are faced with the loss of previously held roles and the addition of a new one, caregiver. How an elderly person is supported through this caregiving experience may impact the quality of their remaining years. As the older generation dramatically increases in the 21st century, it
is estimated that the 12.8 million current care recipients will increase to 14 million in 2020 and 24 million by 2060 (CRC Uniform Assessment Data Base, 1999). As the demands on family caregivers increase, the need for support for these caregivers will also increase.

Owning a pet may provide some of the support that an elderly caregiver needs to get through this demanding time. A pet can provide companionship and affection, lower blood pressure, guard against loneliness and depression, provide physical activity, and reduce stress. Numerous studies support the idea that pets can provide health benefits to the elderly. This study examined the benefits for elderly caregivers, a group that is aging and facing the challenges of providing care for a loved one.

Supporting Data

The California Caregiver Resource Centers provide services for the family caregivers of adults with organic brain impairment. A look at the data (Family Caregiver Alliance, 1999) compiled by this statewide system illustrates some of the challenges caregivers face in providing care.
Care Recipients are:

Older. The mean age of adults with brain impairment is 74.5 years. The range of ages is 18-104.

Both Genders. Males comprise 49% of the care recipients and females comprise 51%. Of these adults with brain impairments, 31% are suffering from Alzheimer’s disease, 23% from stroke, 21% from other degenerative dementia, and 10% from Parkinson’s disease.

Live at Home. Most (51%) adults with brain impairments live at home with only their spouse. Another 32% live with their spouse or relative only and 9% live alone. Only 8% have other living arrangements such as a SNF or residential board and care.

Need Help with Activities of Daily Living. Fifty-five percent of adults with brain impairment need help with 3-5 ADL’s. Thirty-one percent need help with 1-2 and 15% have no ADL impairment. ADL’s include eating, bathing, dressing, toilet use, and transferring.

Have Memory and Behavior Problems. The mean number of these problems for the adult with brain impairment is 8. The top 12 reported problems are forgetting recent events, forgetting the day, reduced concentration, repeated questions, appearing sad or depressed, losing things, appearing anxious, starting, but not
finishing a task, forgetting past events, arguing, waking caregiver up at night, and crying.

**Caregivers are:**

**Older.** The mean age for family caregivers is 60.5 years. The range of ages is 18-91 years with the largest percent (31.5) being 51-64. Additionally, 21.3% are 65-74 years and 20.9% are 75 and older. The remaining 26.3% are 18-50 years of age.

**Female.** Being a caregiver is a role held by females 76% of the time. They are the spouses to the adult with brain impairment in 48% of the cases and the adult children in 41% of the cases.

**Live with Care Recipient.** Seventy-eight percent of the caregivers in this system live with the brain-impaired adult. Overwhelmingly the caregivers report (94%) that they are the primary caregiver. They have been caring for their relative from 1-47 years with 4.5 being the mean.

**Receive Less Help than Needed.** Caregivers report that the help from their family and friends is far less than they need (34%). Thirty-two percent report that it is somewhat less than they need and only 16% report that it is about what they need. The mean number of hours per week that these caregivers provide care is 87.
Have Health Problems. Caregivers (66%) report that they have significant health problems. The top 3 are depression, high blood pressure, and arthritis. They report that their health is worse now than 5 years ago (41%), that they perceive the burden of caregiving as "quite a bit" to "extreme" (41%), and that they suffer from depression (59%).

Need Support. As an answer to the question "I have been able to develop ways to manage stresses of caregiving" (stress management), 73% indicated "not at all" and "somewhat." To "I feel I get the emotional support I need" (emotional support), 65% answered "not at all" and "somewhat." Additionally 36% feel "not at all" supported.

Problem Focus

Clearly, there are stresses associated with caregiving. As the statistics show, most caregivers are older themselves and they are providing care for their loved one in their home. With the aging population increasing, and a subsequent increase in elderly care recipients and elderly caregivers, studies such as this one, that are concerned with the psychological and physical health of elderly caregivers are very timely. If
a study suggested that pet ownership for elderly caregivers could be beneficial then social workers working with this population might use pets as part of an effective treatment plan. If it could be shown that pets contribute to the well-being of these elderly clients, then pet ownership could be a very useful intervention. Additionally, for the elderly population in general, further research into the benefits of pet ownership can contribute evidence to be used in creating and changing policies regarding pet ownership. Too often the elderly have to give up a pet in a move because senior communities and long-term care facilities do not understand the importance of pets for this population. Finally, the elderly and the population in general can benefit from education on pet ownership. With the increasing numbers of elderly, families and neighbors will benefit from increased knowledge about interventions that can support and maintain their loved ones’ well-being.

Support as Framework

It has been suggested that support is an attractive framework for understanding how the relationship between pets and their owners leads to health benefits (Collis & McNicholas, 1998). Depending on what they do for people,
there are many types of relationships that can be supportive. It has been further suggested that the effectiveness of support may be most noticeable during times of stress. The data from CRC show that an elderly caregiver who is providing care for a loved one with brain impairment is often experiencing stress. If pet ownership provides social support then these caregivers might show less reaction to the stressful events of caregiving, as evidenced by their physical and psychological well-being.

There are several hypotheses on how pets may provide social support. Interacting with a pet can offer an opportunity to provide nurturance. They are perceived as always available, predictable, and non judgmental; they can provide emotional support. They can provide tactile comfort and a reason to exercise. Pets can provide a sense of esteem for their owners by caring about the owner regardless of what others think. Pets can act as a social catalyst, enhancing person-to-person relationships. Finally, pets can be a consistent source of support since they are less apt to burnout (Collis & McNicholas, 1998).

Purpose of the Study

The purpose of this study was to look closely at the type of social support offered by pet ownership among
elderly caregivers of brain-impaired adults and how it affects their well-being. In other words: Does the social support provided by pet ownership contribute to the well-being of elderly caregivers?
CHAPTER TWO

LITERATURE REVIEW

Introduction

Chapter Two consists of a discussion of the relevant literature. Specifically, the view that is commonly held by most people is discussed followed by studies from the 1980's that have to do with pet ownership and the elderly. Finally, more recent studies from the 1990's are reviewed followed by a summary.

Commonly Held View

The common view seems to be that for the elderly there are health benefits with pet ownership. Placement of pets in the homes of seniors and pet therapy in long-term facilities is increasingly popular. It is perceived as good for the elderly person and the pet. A review of the literature on pet ownership and the elderly finds mixed results. A number of variables have been examined, ranging from loneliness to serum triglycerides. The studies have examined the psychological, physical, social, and behavioral effects of pets on the elderly and the research comes from a number of fields. They also use a number of approaches, including attachment theory and the concept of social support.
Studies From the 1980's

Before 1983 the published literature contained little evidence that could be used to document a measurable association between pets and health. Generalizations could not be made from these studies because of shortcomings. Between 1983 and 1989 more studies were undertaken, but quantitative studies that documented the role of pets in relationships were still rare (Garrity & Stallones, 1998).

In 1987, the National Institute of Health Office of Applied Medical Research workshop looked at the health benefits of pets. It found that two types of research predominated in the area of pets and older persons. One was large-scale epidemiological study focused on older persons living independently in the community. The other, and where most of the research was being done, was looking at the effects for older persons in long-term care settings. This National Institute of Health statement (1987) called for future research to “test explanatory models for understanding the health benefits of human/animal interactions in older persons.” It further stated that there was “a need to specify the meaning of pets in everyday life and to explore the ways in which the presence of companion animals can affect the health and
well-being of different segments of the older population (National Institute of Health Statement, 1987).

In 1989, Garrity, Stallones, Marx, and Johnson looked at pet ownership and attachment as factors supporting the health of the elderly. Participants answered telephone survey questions regarding pet ownership, life stress, social support, depression, and recent illness. This was a cross-sectional design and the sample was randomly selected from United States households. The relationships among stress, health, and social support were used as a research paradigm. They found that for the elderly in this sample pet ownership alone was not associated with either emotional or physical health status. But, strong attachment to a pet was associated with less depression. The influence of pet attachment on depression was statistically significant and was found to be a direct effect rather than a buffering effect. They also found that for the recently bereaved elderly with minimal confidant support, both strong attachment and pet ownership were associated with less depression.

Also in 1989, Lago, Delaney, Miller, and Grill reported the results of the Companion Animal Project. This project was a 7-year longitudinal study that followed rural community dwelling older persons to obtain
information on the meaning and patterns of pet ownership among the elderly. In years 2 and 3, participants were interviewed in their homes. In years 4 and 7, they were interviewed by telephone. Measures included social activities, perceived social support, perceived physical health, emotional health, morale, pet ownership, changes in pet ownership, and the Pet Relationship Scale. Data from this study suggested that the effects of pets on health could be indirect, achieved through improving morale which influences self-reported health and functioning levels. This is consistent with the buffering hypothesis of social support. The authors (1989) state that studies examining companion-animal relationships should begin to concentrate on a more focused direction, such as when the common stresses of aging occur.

Studies From the 1990's

In 1990, Miller and Lago examined whether attachment to companion animals was significantly related to the physical and psychological well-being of older women. This study drew on the attachment and social support literature. The sample was drawn from the above-mentioned Companion Animals Project. Measures included activity limitations, depression, pet attitudes, social support,
health/social service use, medication checklist, and current perceived health. The authors found that for this small sample of 53 women there was little support for the impact of the pet variables on their physical or psychological well-being. No relationship was found between feelings of depression and pet attachment.

Siegel, in 1990, examined the direct and indirect effects of pet ownership on the use of physician services among the elderly. The sample was 938 Medicare enrollees from a HMO located in Southern California. This was a 1-year study. Measures of chronic health problems and social networks were taken at baseline. Depression and life events were measured at baseline, 6 months, and 1 year. The use of physician services was measured every 2 months. Aspects of the pet relationship were assessed, including responsibility, time with pet, attachment to pet, and benefits. Results indicated that participants with pets reported fewer doctor contacts during the year than did non-owners. This was especially pronounced for those who initiated contact with their doctor. Also, pets seem to help their owners in times of stress. For those without pets the accumulation of stressful life events was associated with increased doctor visits, but not for those with pets. The stressful events that occurred most
frequently were loss events, such as death and major illness. This study found that pet ownership primarily influences social and psychological processes rather than physical health. This is consistent with the literature on the role that social support plays in buffering stress.

In 1991, a study by Verderber looked at what effect an individual’s residential environment and health status, well-being, and other background characteristics have on their preference for animals later in life. The theoretical base for this study was the functionalist-evolutionary view of human functioning in the environment and the environmental-press competence theory. The respondents lived independently or in congregate housing and were administered a survey that looked at past experiences with animals, present experience, relevance of pets at this time of their life, and the extent to which they felt that direct involvement would be important at this point in their lives. Results indicated that attitudes changed from wanting a direct involvement with pets to wanting a lower degree of sustained, yet indirect involvement. This study supported the hypothesis that elderly people who are autonomous and in supportive residential environments prefer direct involvement with animals. Those who see themselves as less
competent feel otherwise. The results also suggest that elderly people with a lifelong preference for animals will continue to seek contact with them as long as they are healthy enough and the environment is supportive.

A study by Miller, Staats, and Partlo in 1992 examined gender differences and life circumstances that differentiate older persons who get more uplifts or more hassles from pet interaction. It was part of a larger longitudinal program designed to increase hope and expected quality of life in independently living older persons. In this study participants filled out a questionnaire packet and were individually interviewed. Measures included the Hassles and Uplifts Scale associated with pets, social interactions, health, free time, and available money. In the interview, questions that related to social life, to quality of life, and to affect were asked. Findings indicated that pet interacters reported higher self-ratings of health, and felt that their health allowed them to do more than did non-interacters. Generally, persons with pets reported that they were a greater source of uplifts than hassles, and so experienced more benefits than costs from the relationship. However, the authors state that the answer to whether or not pets provide direct or indirect benefits to well-being cannot
be answered without taking into account each older person's situation in life.

Smith, Seibert, Jackson, and Snell (1992) investigated whether pets were determinants of housing choice for the elderly and if they had plans for the pet if they died or became disabled. The study was done by mail and interviews. The questionnaires asked about demographics, housing, needs for services, family structure and pet ownership. The interview elaborated on the information in the questionnaire. They found that the majority of pet owners thought the pet was an important or very important determinant of their housing choice. Pets are only one of the issues that the elderly use in making the decision to remain in their homes as long as possible though. In this study only about half of the pet-owners said they had plans for their pet in the event that they can no longer care for it.

In 1993, Rogers and Hart compared dog owners with non-owners in regards to their conversations while walking, their exercise levels, and their general social and psychological functioning. They hypothesized that pet dogs would be a focal point of conversation during walks. The participants came from six mobile home parks in Northern California. The dog owners walked with the dogs
and without and carried a tape recorder to record their conversations. After the first walk the participants were asked questions about the walk as well as questions from the Older Americans Resource Survey. The transcribed conversations of the walkers and passersby were analyzed. Results indicated that dog owners walked twice a day and non-owners once a day. The dog was a frequent focus of conversation during all the walks with dogs; all the owners talked to their dogs. The dog also played a central role as a focus of conversations with other people. In regards to the Older Americans Resource Survey, non-owners indicated deficits in well-being dealing with caretaking assistance when needed, number of days of recent sickness, rating of general health as compared with 5 years ago, and regular socializing with friends and relatives. This study suggests that for elderly owners a dog is a conversational companion.

Tucker, Friedman, and Tsai (1995) looked at data from a 70-year longitudinal study by Lewis Terman to examine whether health-prone older individuals are more likely to play with pets, the association between playing with pets and health, and whether frequency of playing with pets predicts mortality over a 13-year period. Measures included playing with pets, self-rated health and
health-related behaviors, social ties in 1977, childhood psychosocial characteristics, and education. They concluded from this study that frequency of playing with pets does not have a generally beneficial effect on health. They state that it appears that human-pet interactions may be most likely to have an effect for individuals with special needs, such as older individuals who are institutionalized or recovering from a major stressor. For the majority of older persons not in these special situations, interactions with pets may do little to predict or promote longevity.

In 1996, Dembicki and Anderson looked at whether pet ownership leads to better self-care, and at possible associations between pet ownership and eating, nutritional status, and specific cardiovascular risk factors. This cross-sectional study tested ten hypotheses and the participants were from rural congregate meal sites. Persons age 60 and above were visited at 26 sites during lunch. After the visits questionnaire packets were given out to those interested in participating in the study. The questionnaire packet consisted of 12 questionnaires on forty-four pages. The authors of this study concluded that there were few significant differences in diet, risk factors for cardiovascular disease, and nutritional status.
and no significant differences in number of exercise activities and amount of time spent walking between pet owners and non-owners. They did however find that dog owners walked significantly longer than non-owners and that pet owners had significantly lower serum triglycerides than non-owners. The more time these pet owners spent walking the lower their serum triglycerides.

Also in 1996, Fritz, Farver, Hart, and Kass looked at Alzheimer's patients' caregivers and the effect of association with companion animals on three measures of their psychological health. The caregivers studied were not just elderly; they ranged in ages from 25 to 91. The median age, however, was 66. The caregivers were selected from three regional caregiver resource centers in Northern California. The participants completed a self-administered questionnaire. Information was obtained on the household, pet ownership, and social activity. The psychological health of the caregivers was measured using three standardized instruments, the Alzheimer’s Caregiver Burden Interview, the Life Satisfaction Index-Z, and the Geriatric Depression Scale. Results indicated that there were no significant differences between pet owners and non-owners on any of the psychological measures. But, women less than 40 years of age who owned pets had
significantly lower burden scores than women in the same age group who did not own pets. The authors state that the results of this study neither support nor condemn the role of pets as deterrents of stress or as contributors to stress in caregivers of Alzheimer’s patients. They caution that the benefits and detriments of pets are largely dependent on the specific situation of the individual caregiver.

Raina, Walter-Toews, Bonnett, Woodward, and Abernathy (1998) in an one-year longitudinal study, examined the influence of companion animals on the physical and psychological health of older people. This study used the theoretical framework of attachment and social support to guide their research. The participants were community-based, non-institutionalized persons aged 65 and older. They were mailed a questionnaire that explained the objectives of the study and asked for their participation in the longitudinal study. Demographics such as age, sex, income, education, health status, and pet ownership were asked on this questionnaire. The subjects were then interviewed by telephone at baseline and then one year later. Measures included social network activity, chronic conditions, pet ownership, physical health and psychological well-being. Results indicate that pet
ownership has a statistically significant effect on the physical health of the older people in this study. Pet owners reported having relatively higher activities of daily living level during the 12 months of the study than did non-owners. The authors suggest that this relationship between pet ownership and activities of daily living may be because older pet owners become active or stay active, and so they maintain their physical health. They found that there was not a direct association between pet ownership and changes in psychological well-being, but they did find that pet ownership buffered the negative impact of lack of social support on psychological well-being.

Summary

From a review of the literature from 1987 and on, it appears that studies do point to the benefits of pet ownership. Several (Garrity et al., 1989, Miller & Lago, 1990, Raina et al., 1998, & Siegel, 1990) used social support as a framework. Only one (Fritz et al., 1998) examined the relationship between pets and caregivers and none looked specifically at the social support provided by pets as it relates to the well being of elderly
caregivers. Thus, a study such as this one, which looked at this relationship, was needed.
CHAPTER THREE

METHODS

Introduction

Chapter Three documents the steps used in developing the project. Specifically, the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis are discussed.

Study Design

The research question this study examined was: Does the social support provided by pet ownership contribute to the well-being of elderly caregivers? The purpose was to examine the support provided by the pets and then to describe the differences between pet owners and non-owners on measures of their well-being.

An initial questionnaire was sent to the caregivers served by Inland Caregiver Resource Center asking them if they owned a pet and if they were willing to take part in a telephone interview answering questions about their pet. Once these initial questionnaires were returned, the caregivers who identified themselves as pet owners and who were willing to participate were interviewed by phone. Data from the charts of the caregivers that identified themselves as owners and who were interviewed, and
caregivers that identified themselves as non-owners from the initial survey, were collected. Data collected from the files on non-owners were used as a data source for a comparison between pet owners and non-owners.

A possible limitation of this study was that the caregivers would be influenced by the questions asked during the interview. Often, but not always, elderly caregivers like to talk to someone who understands what they are going through. A concern was that some would share information about their pets during the interview that they thought the interviewer wanted to hear. However, the phone interview itself could be considered a positive intervention and that is one of the reasons it was chosen.

Sampling

The sample for this study was drawn from the active cases at Inland Caregiver Resource Center. ICRC is part of a statewide system that provides services to caregivers of brain-impaired adults. This was a logical agency to gather information on caregivers, as there are a variety of data on the caregivers that is obtained through interviews with the caregivers and the assessment tools used. At the time of data collection, there were about 425 active cases, meaning that at least one assessment had been completed.
The initial questionnaire asking about pet ownership was mailed to all current cases. The response rate was forty seven percent, which was 201 returned questionnaires. Of these, 103 indicated that they did not own a pet, 80 indicated that they did, and another 18 were unclear on a number of responses. Of the 80 caregivers that responded that they owned a pet, 50 met criteria for inclusion in this study, meaning that they owned a pet and were 55 years of age or older. During the interview process, five of them could not be contacted. That left 45 that responded yes to pet ownership and that were interviewed. From the 103 caregivers that responded that they did not own a pet, 45 were randomly chosen to be used as the comparison group, non-pet owners.

Data Collection and Instruments

A simple questionnaire asking about pet ownership (Appendix A) was mailed to identify pet owners, non-owners, and willing participants. This questionnaire also asked non-owners why they did not currently own a pet. This was done so they felt like there was a reason to send the questionnaire back, other than marking no, and for interest on the part of the researcher. Social support provided by pet ownership (the independent variable) was
assessed using the Pet Attitude Inventory for Pet Owners (Appendix B). These questions are all at the nominal and ordinal levels of measurement.

The Pet Attitude Inventory for Pet Owners was developed for use in community settings. It is intended to measure pet ownership attitudes and attachment levels and to answer questions related to the fields of medicine, psychology, social work, and aging. It has not been tested for reliability but has content validity. Its strengths are the ease of administration and the fact that it is for those living in their own homes. The questions are also appropriate for analysis with the SPSS (Wilson, Netting, & New, 1987).

Well-being (the dependent variable) was measured through information obtained on the assessment form (Appendix C), used by ICRC. This information is in the client records. Question six, which asks how the caregiver would rate their overall health, and question ten, which asks how burdened they feel in caring for their relative, and the depression score obtained on the CES-D tool were examined. The depression score is at a continuous level of measurement, and the other data is at the ordinal and nominal level.
Procedures

When the initial questionnaires asking about pet ownership (Appendix A) were returned they were grouped into 2 categories, pet-owners and non-owners. The pet owners were then grouped into those participants willing to take part in a telephone survey and those that were not. The pet owning participants that were willing to take part were divided into age categories. This study wanted to look at pet ownership among caregivers 55 and older. Those caregivers that were 55 and older were then reached by phone by the researcher and the Pet Attitude Inventory for Pet Owners (Appendix B) was administered. The telephone interview lasted from 20 to 45 minutes. The participants were given a chance to answer the questions on the form and to make additional comments. Each telephone survey form was given a number. Once the 45 telephone interviews were completed the data from the case records was collected. The demographics and measures of well-being were obtained from the files, transferred to another form and given a number to correspond to the telephone survey. Data collection from the files was also completed for non-owners. Since there were 103 forms returned indicating that they did not own a pet, the 45 that were chosen as a comparison group was determined by
taking every third file. Since the participants that were non-pet owners also had to be 55 and older, the cases chosen that were not 55 were returned and the process was completed again until there were 45 non-pet owners that were 55 and older. Again, each participant was given an identifying number.

Protection of Human Subjects
An identifying letter (Appendix D) was mailed out with the initial questionnaire. An informed consent (Appendix E) was read to the participants before the questions were asked on the telephone survey. This included phone numbers to obtain more information on the study and a statement informing the participants that they could withdraw at any time. After the telephone survey, a debriefing statement (Appendix F) was read. It included where they could call (e.g. their family consultant at ICRC) if the interview had brought up additional issues for them that they felt needed to discuss. To protect the confidentiality of the participants no names were used on the telephone survey form. For the telephone survey and the collection of the data from the case records for the pet owners and non-owners, a numbering system was used. Data was input for analyses using only the number system.
Data Analysis

Data was input into the SPSS program. Frequencies on the demographics, measures of well-being, and variables from the Pet Attitude Inventory for Pet Owners were run. Correlation analyses and independent t-tests were run for all variables. Additionally, chi-square tests were run for certain variables where appropriate.

Summary

Chapter three reviewed the research design and methods that were used for this study. The study design was looking at the differences between pet owners and non-owners on measures of well-being. The sample for this study was drawn from the actives cases at Inland Caregiver resource Center. Data collection and the instruments, procedures, and protection of human subjects were discussed. Finally, data analysis, which included correlation analyses, independent t-tests, and chi-square tests, was briefly described.
CHAPTER FOUR

RESULTS

Introduction
Included in Chapter Four is a presentation of the results. First general results are discussed followed by results for pet owners versus non-owners. Finally, results for pet owners are discussed.

Results
Eligible participants were 90 caregivers from Inland Caregiver Resource Center. Sixteen (17.8%) were male and 74 (82.2%) were female. The mean age for all participants was 71 years (range, 55 to 89). The income level of the participants ranged from under $12,000 (2) to $40,000 or above (9). The remaining (79) were in the $12,000 to $40,000 range. Forty-three (47.8%) caregivers had completed high school or less, 44 (48.9%) had college experience, and 3 (3.3%) had post graduate experience. Twenty (22.2%) had been caring for their relative for 1-2 years, 31 (34.4%) for 3-5 years, 22 (24.4%) for 6-10 years, and 17 (18.9%) for 11 years or longer. Eighty of the caregivers (88.9%) lived with the care recipient while 10 (11.1%) did not, however, they were still considered the primary caregiver. The diagnosis of the brain-impaired
adult was divided into 3 categories with the largest number (47 or 52.2%) being Alzheimer's disease or dementia. Stroke accounted for 24 (26.7%) and 19 (21.1%) were categorized into other, which included Parkinson's disease, Multiple Sclerosis, Huntington's disease and traumatic brain injury. All of the above information came from the assessment form (Appendix C) that Inland Caregiver Resource Center completes for each client.

Well-being was measured by data obtained from the assessment form (Appendix C) also. Self-rate of health, perceived burden, and the depression score on the CES-D scale were chosen because they are important factors in caregiver health. Feelings of burden (which can be for many reasons, including inadequate social support), self-rating of health, and depression are factors that can lead to caregiver stress. Studies have shown that self-rate of health is accurate; if a caregiver reports that they are in poor health they probably are. Seven (7.8%) caregivers rated their health as excellent, 39 (43.3%) as good, 41 (45.6%) as fair, and 3 (3.3%) as poor. Seven (7.8%) reported that they felt not at all burdened in caring for their relative, 5 (5.6%) reported feeling a little burdened, 37 (41.1%) felt moderately burdened, 32 (35.6%) reported feeling quite a bit burdened, and 9 (10%)

31
felt extremely burdened. Depression scores ranged from 0 to .44 ($M = 18.51, SD = 10.97$) out of a possible 45, with a lower score indicating less depression.

**Pet Owners Versus Non-Pet Owners**

The mean age for pet owners was 71.1 and the mean age of non-pet owners was 70.4. Pet owners had a slightly higher income, the mean being in the $26,000 to $30,000 range while the non-pet owners mean range was in the $20,000 to $26,999 range. Pet owners also had a slightly higher education level. Non-pet owners had been caring for their relative slightly longer than pet owners. Non-pet owners almost always lived with the impaired relative while some pet owners did not. The diagnosis of the brain-impaired adult did not make any difference as to whether the caregiver owned a pet or not. On measures of well-being, pet owners felt a little less burdened (mean difference was .2000) than non-pet owners and their mean depression score was also slightly lower (18.02 for pet owners and 19.00 for non-pet owners, mean difference of .98). Pet owners rated their health better than non-pet owners (mean difference of .4000).

The means for the two groups (pet owners and non-owners) were compared for the above variables using
the independent t test. A statistically significant 
(p < 0.05) relationship was found only for the variables 
self-rate of health and lives with impaired person. The 
values are shown.

Table 1.
Significant Findings from Independent t-test

<table>
<thead>
<tr>
<th></th>
<th>t</th>
<th>df</th>
<th>Sig (2-tailed)</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>self-rate of overall</td>
<td>-2.864</td>
<td>88</td>
<td>0.005</td>
<td>-0.4000</td>
</tr>
<tr>
<td>health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>lives with impaired</td>
<td>2.036</td>
<td>88</td>
<td>0.045</td>
<td>0.1333</td>
</tr>
<tr>
<td>person</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results from the Chi-Square test for the variable 
lives with impaired person were $X^2 = 4.050$, $df = 1$, 
$p < 0.044$.

Correlation Analyses were run for all the variables 
on the demographics and measures of well-being. The 
significant results are summarized.

A statistically significant relationship was found 
between owning a pet and self-rate of health. This means 
that pet owners rated their health better, which is one of 
the main measures of well-being that this study examined.
For pet owners and non-owners, a statistically significant relationship was found between their self-rate of health and burden and their self-rate of health and depression. This means that as they rate their health better (1 being excellent) they rate their burden less (1 being not at all). Also, as caregivers rate their health better their depression scores are lower. There is a statistically significant relationship between burden and depression, as rate of burden goes up so do depression scores. Finally, there is a significant relationship between owning a pet and living with the impaired person. More pet-owning caregivers do not live with the impaired person than non-pet-owning caregivers.

Table 2.

Summary of Correlation Analyses for all Variables

<table>
<thead>
<tr>
<th></th>
<th>r</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income and education</td>
<td>.233</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Self-rate of health and burden</td>
<td>.360</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Self-rate of health and depression</td>
<td>.296</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Burden and depression</td>
<td>.278</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Owns a pet and self-rate of health</td>
<td>.292</td>
<td>&lt;.01</td>
</tr>
<tr>
<td>Owns a pet and lives with person</td>
<td>-.212</td>
<td>&lt;.05</td>
</tr>
</tbody>
</table>
Pet Owners

Forty-five pet owners were interviewed by phone and asked the questions on the Pet Attitude Inventory for Pet Owners. After the structured questions they were given a chance to talk further about their pet. These questions were asked to assess the social support that pets provide to the caregivers and also to assess their level of attachment to the pet. Mere pet ownership is not enough; there must be something more to the relationship, such as a chance to nurture, a reason to take a walk, or something to talk to.

Data obtained from the questionnaire indicated that most of the pet owners (40) grew up with pets. More than half (26) had one pet, but 10 caregivers had 2 pets, 7 caregivers had 3 pets, 1 had 4 pets, and 1 had 5 pets. If they had more than one pet they were asked to think of the one they were the most attached to and answer accordingly. However, most caregivers wanted to talk about all their pets. Twenty-one caregivers had their pets for 1-5 years, 14 had them 6-10 years, 6 for more than 10 years, and only 4 for less than a year.

The following data were obtained from the questions that examined the social support provided by pets. Thirty-four caregivers answered that they were very
attached to their pet and 11 indicated they were attached. Forty-three stated that they took the most care of the pet. Fifteen spent one hour or less with their pet, while 30 spent more than one hour with them. All 45 indicated that the time they spent in activities with the pet was enjoyable. Forty-three answered that touching their pet made them feel better. To the questions, when you physically feel bad and when you are feeling sad, forty-three also answered that their pet made them feel better. Again, 43 answered that they talked to their pet and 41 of these caregivers talk to their pet all the time. All 45 indicated that their pet responds to them.

Twenty-eight caregivers have met new people because of their pet and 42 talk with other people about their pet. Thirty-nine caregivers indicated that their pet gives them a lot of companionship. Thirteen caregivers said that owning their pet was a burden sometimes and 32 said it was never a burden. The two most important reasons for owning a pet were that they enjoy animals (24) and that they wanted some companionship (12).

Correlation analyses were run for the variables on the pet attitude questionnaire, which were measuring the social support provided by pets. The significant results are summarized.
Table 3.
Summary of Correlation Analyses for Social Support Variables

<table>
<thead>
<tr>
<th></th>
<th>(2-tailed test)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time spent with pet and how attached to pet.</td>
<td>$r = -.366$, $p &lt; .05$</td>
</tr>
<tr>
<td></td>
<td>$r = .517$,</td>
</tr>
<tr>
<td>Met new people and how attached to pet.</td>
<td>$p &lt; .01$</td>
</tr>
<tr>
<td>Met new people and time spent with pet.</td>
<td>$r = -.421$, $p &lt; .01$</td>
</tr>
<tr>
<td>How much companionship and how attached.</td>
<td>$r = .537$, $p &lt; .01$</td>
</tr>
<tr>
<td>Time spent with pet and would give it up.</td>
<td>$r = -.354$, $p &lt; .05$</td>
</tr>
<tr>
<td>Worry about pets future and met new people.</td>
<td>$p &lt; .05$</td>
</tr>
</tbody>
</table>

Results from the Chi-Square test for the variables, do you worry about pets future and have you met new people because of your pet, were $X^2 = 5.720$, $df = 1$, $p < .017$.
For the variables, how much time do you spend doing something with your pet and have you met new people because of your pet, the results were, $X^2 = 7.988$, $df = 1$, $p < .005$.

Summary

Chapter Four reviewed the results of this project starting with data obtained from pet owners and non-owners. Findings from data obtained that compares pet
owners with non-owners was then discussed followed by a discussion of data for pet owners.
CHAPTER FIVE
DISCUSSION

Introduction

Included in Chapter Five is a discussion on the findings from this project. Limitations of the findings, recommendations for social work practice, policy and research are also discussed. Finally, this chapter ends with conclusions.

Discussion

In this study a significant relationship was found between owning a pet and self-rate of health. There was no association found between perceived burden and owning a pet, nor between depression scores and owning a pet. However, there was an association between self-rate of health and burden, self-rate of health and depression, and burden and depression. So, caregivers that own a pet and rate their health better may also have less perceived burden and lower depression scores.

Some earlier studies seem to support the finding between self-rate of health and owning a pet. A study by Siegel (1990) found that elderly people with pets had fewer contacts with their doctors than did non-owners. In 1992, Miller et al. found that older persons that
interacted with pets reported higher self-ratings of health. Raina et al. (1998) found that pet ownership had a statistically significant effect on the physical health of the older people in their study. Pet owners had a relatively higher activities of daily living level than non owners.

There are a number of possibilities as to why a caregiver would report a higher rate of health than a non-owner. Perhaps pet owners are more physically active than non-owners, or maybe the pet provides their owner with enough social support to buffer the stresses that come with providing care, thus leading to a feeling of better health. This study cannot directly answer why caregivers that own a pet would report a higher rating of health, however, the 45 caregivers that were interviewed provided some interesting insights.

Common comments from pet-owning caregivers:

- "I get the closeness that I don't receive from my husband anymore."
- "He (pet) gives me something to care about and focus on."
- "When I am really uptight, I rub his chest and ears and it makes me feel better."
- "She (pet) provides a distraction."
• "The pet provides a calming effect, they know when I am stressed."

• He (pet) is company, I am never alone because he is always there."

• "They (pets) don't demand anything from me, just provide comfort."

• "He (pet) provides structure, and he is another heartbeat in the house."

A common theme was that the pets provided comfort from the stress and loneliness associated with caregiving. Many caregivers reported that their pet was a companion, brought stability into their life, and gave them a reason to go outside. Many caregivers also reported that their pet had a positive influence on the care receiver.

For pet owners this study did find a significant relationship between the time they spent with their pet and meeting new people. If a caregiver spends more time with their pet, perhaps that gives them more reasons to be around others, e.g., taking the pet to the groomer, on a walk, or along for a ride. An earlier study by Rogers and Hart (1993) found that dogs played a central role as a focus of conversations with other people when they were walking.
Limitations

A limitation of this study is the sample. Those caregivers that responded that they owned a pet and would take part in this study may have been in better health for other reasons besides owning a pet. This study did not look at how much social support these caregivers were receiving from other sources. The measures of well-being may be another limitation. Those chosen, self-rate of health, burden, and depression scores may not be the variables where the social support provided by a pet will demonstrate a measurable difference.

Recommendations for Social Work Practice, Policy and Research

For some caregivers owning a pet can be beneficial. If a caregiver believes the pet is good for them and they have the capabilities to provide for the pet, then it may be a useful intervention. No amount of research can determine that owning a pet is an intervention that should be used for all caregivers. It is based on the individual and their situation. However, based on studies, it is important for social workers to recognize that owning a pet may be a valuable source of support for some.
caregivers and use pet ownership as an intervention where appropriate.

Studies, such as this one that do point to the benefits of pet ownership have a wider implication for social work policy. Pet ownership is very important to many in the aging population, not just caregivers. Too often, a much-loved companion animal is not allowed in senior communities, assisted living, skilled nursing facilities, or adult day cares. Studies that continue to point to the benefits for caregivers and the older population can assist social workers in the aging field change and create new policies. Additionally, studies that demonstrate the importance of pets for older people can assist in the development of new programs, such as dealing with pet loss and placement of pets for older adults both in their homes and when they have to give a pet away.

In 1987 the National Institute of Health Office of Applied Medical Research workshop examined the health benefits of pets. One of the recommendations from this was to look at the ways pets can affect the health and well-being of different segments of the older population. Many studies were done from that point on that looked at some of the different ways pets contribute to the lives of older persons. Many of the authors of these studies
pointed to the need for research in a more focused direction for older persons, such as during some of the more stressful periods of aging. Caregiving could be considered such a stressful period. With the aging population increasing and the number of older people requiring care also increasing, further research that focuses on caregiving and pet-relationships is needed.

Conclusions
The purpose of this study was to look at the social support provided by pets to elderly caregivers of brain-impaired adults and to examine how it affected their well-being measured by self-rate of health, burden, and depression. This study did find a significant relationship between self-rate of health and owning a pet. The aging population is increasing. With that increase there is a subsequent increase in the number of caregivers. These caregivers need to be supported so they can continue to provide care. Based on this study, it may be possible for pet ownership to provide some of that support.
APPENDIX A

QUESTIONNAIRE
QUESTIONNAIRE

NAME ___________________________ DATE ________________

1. Do you currently own a pet?
   a. NO  (Please answer #2)
   b. YES  (Please answer #3)

2. Have you owned a pet in the past?
   a. NO
   b. YES

   If yes, what are your reasons for not having a pet now? (Circle all that apply)
   a. I am allergic to animals.
   b. I can't keep a pet at my present residence.
   c. I couldn't afford the cost of a pet.
   d. I couldn't physically handle the demands of taking care of a pet.
   e. I don't enjoy animals.
   f. I don't want to be bothered having to care for a pet.
   g. Other household members are allergic to pets.
   h. Other household members do not like animals.
   i. Other ________________________________

3. I own a pet and I would be willing to be interviewed over the phone. I am also at least 18 years of age.
   ______ YES   ______ NO

Thank you for taking the time to fill out this questionnaire and return it in the self-addressed stamped envelope.
APPENDIX B

PET ATTITUDE INVENTORY FOR PET OWNERS
Pet Attitude Inventory for Pet Owners

Thank you for indicating that you would participate in this study. I would like to remind you that I will be asking you questions about your relationship with your pet, I would like to know if owning a pet contributes to your well-being as a caregiver. The questions will take from 15 – 30 minutes. I would also like to remind you that if you have questions about this study, you may contact my research supervisor, Dr. Rosemary McCaslin. If, at the end of this survey, you feel that you need to discuss an issue related to caregiving, you should call your family consultant at ICRC. Do you understand the purpose of this study? Do you have any questions before we begin?

Now I will ask you some questions about pets.

1. Did you grow up with pets?
   1. Yes
   2. No

2. At what stage of your life did you have pets? (Circle all that apply)
   1. Childhood (1-12)
   2. Adolescence (13-18)
   3. Young Adulthood (19-30)
   4. Middle Age (31-61)
   5. Old Age (62 and older)

3. How many pets do you have now? (if only 1 pet, go to 5)
   _____ dogs
   _____ cats
   _____ birds
   _____ other

4. If you have more than one pet now, which are you the most attached to? (If they will not choose a favorite, ask which they have had the longest. The rest of the questions will be asked about this pet).
   1. dog
   2. cat
   3. bird
   4. other

5. What is the name of this pet?
   ________________________________________________________
6. Why did you give your pet this name?
   1. Don’t know
   2. First name that came to mind.
   3. It looked like its name.
   4. Named it after someone.
   5. To explain a characteristic it had.
   6. It already had this name.
   7. Other

7. Is _________ male or female?
   1. Male
   2. Female
   3. Don’t know

8. How long have you had this pet?
   1. Less than one year.
   2. 1-5 years.
   3. 6-10 years.
   4. More than 10 years.

9. How old is your pet now?
   1. Less than 1 year old.
   2. 1-5 years old.
   3. 6-10 years old.
   4. More than 10 years old.

10. How did you get this pet?
    1. Adopted from animal shelter/pound.
    2. Born to pet I had.
    3. Bought the pet.
    4. Gift to me.
    5. Stray.
    6. Other: ____________________________________

11. People have different attachments to their pets. How attached are you to your pet?
    1. Very attached.
    2. Attached.
    3. Not very attached.
12. How often does your pet stay inside your house or apartment?
   1. Always stays inside.
   2. Frequently inside.
   3. Seldom comes inside.

13. If your pet seldom or never comes inside, do you have a fenced-in yard?
   1. Yes
   2. No

14. Who usually takes the most care of your pet?
   1. Friend or relative not living in house.
   2. Other household member.
   3. Yourself.

15. How much time (on an average basis daily basis) do you spend doing something with or for your pet, such as grooming it, petting it, walking or feeding it.
   1. One hour or less.
   2. More than one hour.

16. Is the time spent in these activities?
   1. Enjoyable?
   2. Not enjoyable?
   3. Sometimes enjoyable, sometimes not?

17. Does touching your pet
   1. Make you feel better?
   2. Make no difference in how you feel?
   3. Make you feel worse?

18. When you physically feel bad, does your pet
   1. Make you feel better?
   2. Make no difference in how you feel?
   3. Make you feel worse?

19. When you are feeling sad, does your pet
   1. Make you feel better?
   2. Make no difference?
   3. Make you feel worse?
20. Do you worry about your pet's future if something happened to you?
   1. Yes
   2. No

21. If you were hospitalized, who would take care of your pet?
   1. Family
   2. Friend or neighbor
   3. No one
   4. Other ____________________________

22. If you could find someone who would care for your pet in a loving manner, would you give it up?
   1. Yes
   2. No
   3. Don't know

23. Do you talk to your pet? (If no, go to 25)
   1. Yes
   2. No

23a When do you talk to your pet?
   3. When I am upset
   4. When I am happy
   5. When there is no one else to talk to
   6. Other ____________________________

23b How often do you talk to your pet?
   1. A lot
   2. A little

23c Does your pet respond when you talk to it?
   1. Yes
   2. No

24. Do you confide in your pet? (If no go to 25)
   1. Yes
   2. No

24a Do you confide in your pet more easily than a person?
   3. Yes
   4. No
24b If yes, why?
5. Does not judge me
6. Does not talk back to me
7. Loves me regardless of what I say
8. No one else to talk to
9. Other __________________________

25. Have you met new people because of your pet? (For example, talking to neighbors when walking the dog)
1. Yes
2. No

26. Do you talk with other people about your pet? (For example, if someone is visiting your house is your pet a topic of the conversation?)
1. Yes
2. No

27. How much companionship does your pet give you?
1. A lot
2. A little
3. None

28. If your pet died, would you get another pet?
1. Yes
2. No
3. Maybe

29. Is owning your pet a burden?
1. Always
2. Sometimes
3. Never

30. If always or sometimes, why?
1. Costs too much
2. Is a nuisance
3. Hard to get to the vet
4. Tears things up
5. Other __________________________
31. What is your reason(s) for having pet (circle all that apply)
   1. I enjoy (love) animals
   2. I wanted a pet for protection
   3. I wanted some companionship
   4. I wanted something that I could take care of
   5. I wanted something to keep me busy
   6. I was given this pet
   7. Other __________________________________________

31a Which is the MOST important?
   __________________________ (number form above)

32. Is there anything else you would like to share with me about your pet or
    your relationship with your pet?

33. As a caregiver, do you feel your pet provides you with support? How
    does the care receiver feel about the pet?

We have finished. Thank you so much for taking part in this study. Do you
have any questions for me?
APPENDIX C

ASSESSMENT FORM
Below is a list of the ways you may have felt or behaved recently. For each statement, check the box that best describes how often you have felt this way during the past week:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or None of the Time</th>
<th>Some of the Time</th>
<th>Occasionally Time</th>
<th>Most of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I was bothered by things that don't usually bother me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I did not feel like eating; my appetite was poor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I felt that I could not shake the blues even with help from my family and friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I felt that I was just as good as other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I had trouble keeping my mind on what I was doing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. I felt depressed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. I felt that everything I did was an effort.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>h. I felt hopeful about the future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I thought my life had been a failure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. I felt fearful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. My sleep was restless.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. I was happy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. I talked less than usual.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. I felt lonely.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. People were unfriendly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. I enjoyed life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. I had crying spells.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. I felt sad.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s. I felt that people disliked me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t. I could not get &quot;going.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SRC: Revised 10/97

12

SRC: Reprinted November 1997
CAREGIVER COMMENTS

Please feel free to share with us any additional comments that you may have about your caregiving situation which might help us better assist you. If you choose to add some comments here, please use the accompanying self-addressed, stamped envelope to return this page to your CRC Family Consultant. Thank you for sharing your thoughts and concerns.

1. What is the ONE ISSUE that is causing you the most concern in caring for your relative?

2. In the past week, what kinds of things have you done to relieve the stress of caregiving?

3. Is there anything else that you would like to share with us about your situation which we have not covered?

Thank you for your time and consideration.

J.

What is the ONE ISSUE that is causing you the most concern in caring for your relative?
I. PROCEDURAL DATA

1. CRC Staff name: ___________________________ Code #: _____________

2. Date of initial assessment: ________/____/____

   M M D D Y Y

3. Please indicate which language was used to conduct this assessment (if not English): __________

4. Are you a long-distance caregiver for this relative?
   1. Yes
   0. No

5. Are you caring for more than one person?
   1. Yes (IF YES, ASK Q5A-SC.)
   0. No (IF NO, SKIP TO SECTION II.)

5a. If YES, what is his or her diagnosis?
   1. Stroke/CVA
   2. Degenerative disease/dementia
   3. Brain Injury
   4. Other brain-impairing condition (specify): ________________________
   5. Non brain-impairing condition (specify): ________________________

5b. What is his or her relationship to you?
   1. Spouse
   2. Adult/Child
   3. Parent
   4. Other (specify): ________________________

5c. What is his or her age? ________________________

II. INFORMATION ON THE ADULT WITH BRAIN IMPAIRMENT:

1. Relative with brain impairment's current marital status is:
   1. Married
   2. Separated
   3. Divorced
   4. Widowed
   5. Living together/domestic partners
   6. Never married
III. LEGAL/FINANCIAL/HEALTH INSURANCE INFORMATION:

1. Regarding legal issues (CIRCLE YES/NO FOR EACH ITEM)
   1. Does the relative with brain impairment have a legal guardian or conservator? 
      If YES, list name and telephone #: 
      YES    NO
      0

2. Does someone hold durable power of attorney for finances for the relative with brain impairment? 
   If YES, list name and telephone #: 
   YES    NO
   0

3. Does someone hold durable power of attorney for health care for the relative with brain impairment? 
   If YES, list name and telephone #: 
   YES    NO
   0

2. To what degree is your relative involved in making legal decisions for him/herself? 
   1. Very
   2. Moderately
   3. Not at all

3. Including the caregiver, what is the total number of persons living in the caregiver's household? 
   1. One (Caregiver)
   2. Two
   3. Three
   4. Four
   5. Five or more people

4. Relative with brain impairment's annual household income is (i.e., the total income of relative with brain impairment and all other persons in that person's household): 
   1. Under – $8,000
   2. $8,000 – $11,999
   3. $12,000 – $15,999
   4. $16,000 – $19,999
   5. $20,000 – $25,999
   6. $26,000 – $29,999
   7. $30,000 – $33,999
   8. $34,000 – $39,999
   9. $40,000 or above
   10. Caregiver did not answer

5. Source(s) of relative with brain impairment's total household income: (ASK & CIRCLE A RESPONSE FOR EACH ITEM)
   YES    NO
   1. Employment
   2. Income from investments
   3. Social Security
   4. SSI/SSP
   5. Private Pension
   6. Veteran's compensation or pension
   7. Other: (specify)
   8. Caregiver did not answer

SRC Revised 10/21

Reprinted November 1997
6. If the caregiver lives in a separate household, what is the caregiver's annual household income level?

   1. Under $8,000
   2. $8,000–$11,999
   3. $12,000–$15,999
   4. $16,000–$19,999
   5. $20,000–$25,999
   6. $26,000–$29,999
   7. $30,000–$35,999
   8. $36,000–$39,999
   9. $40,000 or above
   10. Caregiver did not answer

7. If the caregiver lives in a separate household, please circle the source(s) of caregiver's total household income: (ASK & CIRCLE YES/NO FOR EACH ITEM)

   1. Employment
   2. Income from investments
   3. Social Security
   4. SSI/SSP
   5. Private Pension
   6. Veteran's compensation or pension
   7. Other: (specify) ______________________
   8. Caregiver did not answer

8. Relative with brain impairment's and caregiver's general health care payment mechanism(s) (ASK & CIRCLE EACH ITEM YES/NO FOR RELATIVE AND CAREGIVER):

   Impaired Relative:          Caregiver:  
   YES  NO  YES  NO
   1. Medicare Part A (hospitalization) 1 0 1 0
   2. Medicare Part B (physician services) 1 0 1 0
   3. Medi-Cal 1 0 1 0
   4. Private insurance (e.g., Blue Cross) 1 0 1 0
   5. Health Maintenance Organization:  
      (imp.rel.) ____________________________ 1 0 1 0
      (caregiver) ____________________________
   6. Veteran's Administration 1 0 1 0
   7. Out-of-Pocket 1 0 1 0
   8. Family helps to pay 1 0 1 0
   9. Worker's Compensation 1 0 1 0
   10. Other:  
        (imp.rel.) ____________________________ 1 0 1 0
        (caregiver) ____________________________

SRC: Revised 10/97

59
IV. **FUNCTIONAL LEVEL OF ADULT WITH BRAIN IMPAIRMENT:**

Ask caregiver if their relative has experienced problems with the following activities during the PAST WEEK and if so, was this upsetting to the caregiver? PLEASE ANSWER ALL THE QUESTIONS BELOW.

<table>
<thead>
<tr>
<th>PROBLEMS WITH:</th>
<th>YES</th>
<th>NO</th>
<th>EXTREMELY</th>
<th>MODERATELY</th>
<th>NOT AT ALL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Eating</td>
<td></td>
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<tr>
<td>2. Bathing/showering</td>
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<td>3. Dressing (choosing/putting on appropriate clothing)</td>
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<td>4. Grooming (brushing hair, teeth)</td>
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<td>5. Using the toilet</td>
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<tr>
<td>6. Incontinence of bowel or bladder (circle one or both)</td>
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<td>7. Transferring from bed/Chair (CIRCLE ONE)</td>
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<td>a. Can do by self/independently</td>
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<tr>
<td>b. Needs some assistance</td>
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<tr>
<td>c. Uses lift</td>
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<tr>
<td>d. Needs complete assistance</td>
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<td>8. Requires supervision and/or reminders to perform personal care tasks</td>
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<td>9. Preparing meals</td>
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<td>10. Staying alone must be supervised</td>
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<td>11. Taking medications</td>
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<td>12. Managing money or finances</td>
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<tr>
<td>13. Performing household chores</td>
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<td>14. Using the telephone</td>
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<td>15. Mobility: (CIRCLE ALL THAT APPLY)</td>
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<td>a. Can walk unassisted</td>
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<tr>
<td>b. Able to walk with supervision</td>
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<td>c. Needs assistive device</td>
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<td>d. Needs physical help from a person</td>
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<td>e. Unable to walk (nonambulatory)</td>
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<td>16. Wandering</td>
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</tbody>
</table>
V. REVISED MEMORY AND BEHAVIOR PROBLEMS CHECKLIST:

The following is a list of problems adults with brain impairment sometimes have. Please indicate if any of these problems have occurred DURING THE PAST WEEK. If so, how much has this bothered or upset you when it happened?

<table>
<thead>
<tr>
<th>PROBLEMS WITH</th>
<th>YES</th>
<th>NO</th>
<th>EXTREMELY</th>
<th>MODERATELY</th>
<th>NOT AT ALL</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asking the same question over and over.</td>
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<tr>
<td>2. Trouble remembering recent events: (e.g., items in the newspaper or on TV).</td>
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<td>3. Trouble remembering significant past events.</td>
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<td>4. Losing or misplacing things.</td>
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<td>5. Forgetting what day it is.</td>
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<td>6. Starting, but not finishing, things.</td>
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<td>7. Difficulty concentrating on a task.</td>
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<td>8. Destroying property.</td>
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<td>9. Doing things that embarrass you.</td>
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<td>10. Waking you or other family up at night.</td>
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<td>11. Talking loudly and rapidly.</td>
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<td>12. Appears anxious or worried.</td>
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<td>13. Engaging in behavior that is potentially dangerous to self or others.</td>
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<td>14. Threats to hurt oneself.</td>
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<td>15. Threats to hurt others.</td>
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<td>16. Aggressive to others verbally.</td>
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<td>17. Appears sad or depressed;</td>
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<tr>
<td>18. Expressing feelings of hopelessness or sadness about the future (e.g., &quot;Nothing worthwhile ever happens; I never do anything right.&quot;).</td>
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<td>19. Crying and tearfulness.</td>
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<tr>
<td>20. Commenting about death of self or others (e.g., &quot;Life isn't worth living; I'd be better off dead.&quot;).</td>
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<td>21. Talking about feeling lonely</td>
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<tr>
<td>22. Comments about feeling worthless or being a burden to others.</td>
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<tr>
<td>23. Comments about feeling like a failure or about not having worthwhile accomplishments in life.</td>
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<tr>
<td>25. Unable to communicate.</td>
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</tbody>
</table>

*Excluded from scoring.*
VI. DRIVING

1. Does your relative still drive?
   1. Yes
   0. No *(IF NO, SKIP TO SECTION VII)*

1a. If YES, is this a problem for you?
   1. Very
   2. Moderately
   3. Not at all

1b. If YES, do you know the Department of Motor Vehicles (DMV) and medical reporting guidelines?
   1. Yes
   0. No

VII. CAREGIVER INFORMATION:

1. Are you (caregiver) currently employed?
   1. Full-time (35 hours/week or more)
   2. Part-time (less than 35 hours/week)
   3. Leave of absence
   4. Not employed

2. Has your employment status changed because of caregiving duties? *(CIRCLE ALL THAT APPLY)*
   0. No change in job status
   1. Changed job
   2. Reduced salary
   3. Reduced number of work hours
   4. Quit job

3. What is your current marital status?
   1. Married
   2. Separated
   3. Divorced
   4. Widowed
   5. Living together/domestic partners
   6. Never married

4. What is your highest level of education?
   1. Less than high school
   2. Some high school
   3. High school graduate
   4. Some college coursework
   5. College graduate
   6. Post-graduate degree

5. How long have you been caring for your relative?
   1. Less than one year
   2. 1-2 years
   3. 3-5 years
   4. 6-10 years
   5. 11 years or longer
VIII. CAREGIVER'S PERCEPTION OF HIS/HER CAREGIVING ROLE:

1. Here are some thoughts and feelings that sometimes people have about themselves as caregivers. How much does each statement describe your thoughts and feelings?
   (FOR EACH ITEM, PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES THE CAREGIVER'S THOUGHTS AND FEELINGS.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very much</th>
<th>Somewhat</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I believe that I know a great deal about my relative's condition.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>B. I know where and how to request help from others when I need it.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C. I feel confident that I know how to manage a difficult situation.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>D. I believe that, all in all, I am a capable caregiver.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>E. I have been able to develop ways to manage the stresses of caregiving.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>F. I feel I get the emotional support I need.</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

2. Think of all the daily ups and downs you face as a caregiver and the ways you deal with the difficulties of caregiving. Putting these things together, how do you feel?
   (FOR EACH ITEM, PLEASE CIRCLE ONE NUMBER.)

<table>
<thead>
<tr>
<th>Competent</th>
<th>Support</th>
<th>Self-confident</th>
<th>Supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very much</td>
<td>Somewhat</td>
<td>Not at all</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
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<td>3</td>
<td>2</td>
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</tbody>
</table>

OPTIONAL QUESTION ON INTIMACY:

3. Often caregivers experience changes in intimate relationships. Has your physical/intimate relationship been affected by your spouse/partner's condition?
   1. Yes
   2. No
   (IF NO, SKIP TO SECTION IX.)

   3a. If YES, how much has this bothered you?
       1. Extremely
       2. Moderately
       3. Not at all
### IX. CAREGIVER HEALTH:

1. Do you have any significant health problems?
   - Yes: (IF YES, ASK Q1A.)
   - No: (IF NO, ASK Q2.)

1a. IF YES, please indicate which of the following health problems you have: (CIRCLE ALL THAT APPLY)
   1. Allergies
   2. Arthritis
   3. Asthma
   4. Cancer
   5. Colitis
   6. Diabetes
   7. Heart trouble
   8. High blood pressure
   9. Stomach and duodenal ulcer
   10. Stroke

11. Depression
   11a. IF YES, have you ever received help to deal with your depression? (specify):
   1. Yes
   2. No

   11b. IF YES, was it helpful? __________________________
   1. Yes
   2. No

   11c. IF YES to 11a, (i.e., depression) have you ever had thoughts of suicide? (IF YES, follow Suicide Protocol.)
   1. Yes
   2. No

11d. IF YES, do you have a plan? __________________________
   1. Yes
   2. No

12. Any other serious physical or mental condition? (specify):

2. Do you use drugs or alcohol? (IF YES, CIRCLE DRUGS, ALCOHOL OR BOTH):
   - Yes
   - No (IF NO, SKIP TO QUESTION 3.)

2a. IF YES, has your consumption of drugs or alcohol increased due to caregiving?
   - Yes
   - No

---

**SRC Revised 1/97**
3. **How often in the past 6 months have you had a medical examination or received treatment for physical health problems from a physician, physician's assistant, or nurse?**

4. **If you have received medical care in the past six months, are you still receiving this care?**

5. **Do you feel that you need medical care or treatment beyond what you are presently receiving but have not been able to obtain it?**

6. **How would you rate your overall health at the present time?**

7. **Is your health now better, about the same, or worse than it was 5 years ago?**

8. **How much do your health troubles stand in the way of your doing the things you want to do?**

9. **How much do your health troubles stand in the way of your assuming a greater role in caregiving?**

10. **Overall, how burdened do you feel in caring for your relative?**
X. CAREGIVER'S CURRENT HELP SITUATION:

To help us better understand your situation, we would like to know the type of help that you are currently receiving from other relatives, friends, and/or service providers.

For each type of help listed, indicate whether a relative, friend, or service provider is involved. (CHECK ALL THAT APPLY). If no help is given by anyone, write "NONE" diagonally across the whole grid.

<table>
<thead>
<tr>
<th>TYPE OF HELP</th>
<th>R</th>
<th>F</th>
<th>SP</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arranging services/benefits (case management)</td>
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<tr>
<td>Behavior management</td>
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<tr>
<td>Counseling</td>
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<td>Day-care (for relative)</td>
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<td>Housekeeping/maintenance</td>
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<td>In-home nursing care</td>
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<td>Managing finances/legal help</td>
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<td>Meals</td>
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<td>Personal care of relative</td>
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<td>Respite (time away from relative)</td>
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<td>Shopping/errands</td>
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<tr>
<td>Social/recreation activities (for relative)</td>
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<tr>
<td>Support group</td>
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<td>Transportation</td>
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<tr>
<td>Other: (specify)</td>
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<tr>
<td>Other: (specify)</td>
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CRC Reprinted November 1997
XI. FORMAL/INFORMAL ASSISTANCE

NOTE TO FAMILY CONSULTANTS: PLEASE READ THESE QUESTIONS TO THE CAREGIVER AS THEY ARE WRITTEN HERE.

1. How many HOURS A WEEK do YOU provide care, assistance, supervision or companionship to your relative? (Be specific. Do not include hours of sleep or respite. Not to exceed 168 hours)
   ______ HOURS per WEEK

2. On the average, how many HOURS PER WEEK do family or friends help YOU care for your relative?
   ______ HOURS per WEEK

3. Think of the help you get, from all your family and friends in looking after your relative. Is that help:
   1. Far less than you need
   2. Somewhat less than you need
   3. About what you need
   4. You don't need help
   5. You get no help
APPENDIX D

SURVEY LETTER
July 25, 2001

Dear Caregiver:

My name is Cyndi Fiello and I am a student at California State University, San Bernardino. I am working on my Master's in Social Work. I just completed my first year field placement at Inland Caregiver Resource Center. In the time I spent at ICRC I met many caregivers and learned that caregiving can be heartbreaking and demanding, but at the same time rewarding. I am writing to ask you if you will take part in a research project that I am conducting.

I will be examining the benefits of pet ownership and how it contributes to the well-being of caregivers. During the time of caregiving, pets often provide companionship. With your assistance I would like to find out more about the role of pets in your life; without your assistance this study will not be possible.

I would very much appreciate your filling out the enclosed questionnaire. The purpose of the questionnaire is simply to identify pet owners and non-owners. In addition, if you own a pet and would be willing to participate in a telephone survey, please mark the bottom of the form. The telephone survey will take 15-30 minutes of your time and will ask questions regarding your relationship with your pet.

Your participation in this study is completely voluntary and all results will be kept confidential. If you do chose to take part in the telephone survey, you may stop the interview or withdraw at any time. If you are interested in obtaining the results of this study, call ICRC next summer and leave a message for me.

Whether or not you own a pet, I would appreciate your sending back the completed questionnaire in the enclosed self-addressed stamped envelope. If you have any questions about this project, please call my Cal State research advisor, Dr. Rosemary McCaslin at (909) 880-5507. Thank you very much for your cooperation.

Sincerely,

Cyndi Fiello
APPENDIX E

ORAL INFORMED CONSENT
ORAL INFORMED CONSENT.

The study in which you are about to participate is designed to examine the relationship elderly caregivers have with their pets, and whether or not that relationship contributes to the caregiver's well-being. I (Cynthia Fiello) am conducting this study under the supervision of Dr. Rosemary McCaslin, professor of Social Work. The Institutional Review Board of California State University San Bernardino has approved this study.

In this study you will be asked questions about your relationship with your pet. It takes about 20 minutes to complete the interview. In most of the questions I ask you will choose a response, in the others you will be free to give any answer you like. With your help in this study, it may be easier to understand the positive and negative aspects of owning a pet, and how that contributes to your health while being a caregiver.

Please be assured that I will hold any information that you provide in strict confidence. At no time will your name be reported along with your responses. All data from this study will be reported in group form only. At the conclusion of this study, you may receive a report of the results. At any time during this study, if you have questions about this study, you may contact my project supervisor, Dr. Rosemary McCaslin, at (909) 880-5507.

Please understand that your participation in this research is totally voluntary and that you are free to withdraw at any time during this study without penalty, and to remove any data at any time during this study.

Do you acknowledge that you have been informed of, and understand, the nature and purpose of this study, and that you freely consent to participate?

Participant acknowledged yes ____________________ DATE __________

Researcher's Signature __________________________ DATE __________
The following debriefing statement will be read to the participants at the end of the phone interview.

Thank you for taking part in this project. Your cooperation will help add to the knowledge about the relationship between caregivers and their pets. Do you have any questions you would like to ask me? If you would like to find out the results of this study please call ICRC and leave a message for me and I will contact you. Also, if any of the questions you answered in the survey have brought up additional concerns for you about your caregiving role or other issues, please contact your family consultant at ICRC.
APPENDIX G

LETTER
November 17, 2000.

To Whom It May Concern:

The Inland Caregiver Resource Center is a private, non-profit social service agency providing services and support to family caregivers of adults with brain-impairing conditions (Alzheimer's, Parkinson's, Stroke, Traumatic Brain Injury, etc.). We provide a number of services and programs to family caregivers, including Information & Referral, Family Consultation, Respite Care and Short-Term Counseling.

Inland Caregiver Resource Center has been a field placement site for first-year MSW students from California State University, San Bernardino for a number of years. This current school year, for the first time, we worked with a second year MSW student who completed her Research Project using some of our clients.

Ms. Cyndi Fiello has just completed her first-year MSW internship here at Inland Caregiver Resource Center. She has requested to carry out her Research Project here at ICRC, focusing on pets and caregivers. She has our permission to work with our clients and have access to necessary records in the completion of her research.

We found Ms. Fiello to be a motivated and conscientious intern, and we look forward to being her host agency for the Research Project. Please do not hesitate to contact me if you have any questions.

Sincerely,

Cathy Andre, M.S.W., L.C.S.W.
Assistant Director
REFERENCES


