

Patient Name: _____

MRN: _____

Date: _____



Brief Assessment Scale for Caregivers (BASC) of the Medically Ill

Please check off to what extent you have had any of the following feelings in the past month because of taking care of _____

Because of _____'s illness, how much have you:	Not at all	A little	Some	A lot
1. Worried about _____ even when you are not with him/her.				
2. Been depressed because of _____'s illness.				
3. Been upset about not having enough time for yourself because of caring for _____.				
4. Been overwhelmed by the responsibility of caring for _____.				

Please rate your distress during this past month:	Not at all distressed	A little distress	Some distress	A lot of distress	Does not apply
5. Distress over seeing _____ in so much pain or discomfort.					
6. Distress at not having enough time to do your job, other responsibilities and chores.					
7. Distress about making decisions about hospitalizing _____.					
8. Distress over talking about what medical procedures _____ would want or would not want if his/her heart or breathing were to stop.					
9. Distress of seeing how much _____'s illness has changed your relationship.					
10. Distress at having strained relationships with other family members over taking care of _____.					

Please rate whether you agree or disagree with each of these statements as it applies to you in your care of _____ this month:	Agree a lot	Agree a little	Disagree a little	Disagree a lot	Does not apply
11. Taking care of _____ has drawn the two of us closer together.					
12. Taking care of _____ has brought meaning to my life.					
13. Taking care of _____ has drawn other members of our family closer together.					
14. Taking care of _____ makes me feel good about myself.					