



DWIJ 2019

(Caregiver's Form)

Name:

Age: yrs. M/F

Date:

Address:

Contact No:

Name of the patient (P):

Relationship with him/her:

He / She is under the care of Dr. _____

Family members

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

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

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

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

When did P's illness start? Month Year.

Who noticed changes in P? If you, what was your first reaction?

If someone else noted it first and you then learned about It what was your reaction after knowing?

Did you have any information about this illness? How?

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

What were your thoughts about future of this illness?

Now what are your thoughts about future of this illness?

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

When did you come to know this is mental illness?

Immediately / after few months / after few years.

What were different modes of treatments used?

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

To which treatment out of above did you support?

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

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

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

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

Did you feel comfortable talking about it?

Not at all / little awkward / very comfortable.

Today do you feel comfortable talking about it?

Not at all / little awkward / very comfortable.

Did you meet any other patient who had same illness as your P?

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

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

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

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

What has this illness taught you?

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

Do you feel you have lost something in this journey?

To be endorsed by the Psychiatrist:

Signature, Seal.

Name of the psychiatrist:

How long do you know this patient? _____ yrs.

What is the diagnosis? _____.

This caregiver is primary / secondary caregiver.

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

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

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

If yes,

How frequently?

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

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