

The University of Iowa
 College of Nursing
 Alzheimer's Family Role Trials Study
Family Perceptions of Care Tool (FPCT)

Family member's ID# _____
 (4-9)

Date: _____
 (10-13)

DIRECTIONS: Each of the statements in this questionnaire describes something about your family member's care or living environment. You are asked to indicate your own feelings about each statement in terms of the extent to which you agree or disagree. Highest agreement = 7 and highest disagreement = 1. Circle the number for each statement that best describes the extent to which you agree or disagree.

	<u>Strongly</u> <u>Disagree</u>							<u>Strongly</u> <u>Agree</u>	
	Col.								
1. I feel reassured about my family member's care after I visit.	1	2	3	4	5	6	7	(15)	
2. I could feel more welcomed by staff when I visit my family member.	1	2	3	4	5	6	7	(16)	
3. Staff listen to the problems or concerns I have about my family member.	1	2	3	4	5	6	7	(17)	
4. Staff are patient with my family member.	1	2	3	4	5	6	7	(18)	
5. Staff are caring in their interactions with my family member.	1	2	3	4	5	6	7	(19)	
6. Staff show affection through use of touch with my family member.	1	2	3	4	5	6	7	(20)	
7. Staff tend to treat my family member as a child.	1	2	3	4	5	6	7	(21)	
8. Staff provide for the privacy of my family member.	1	2	3	4	5	6	7	(22)	
9. Staff appear to be knowledgeable about Alzheimer's disease.	1	2	3	4	5	6	7	(23)	
10. Staff solicit my help in providing care for my family member.	1	2	3	4	5	6	7	(24)	
11. Staff provide support to help me deal with my feelings about my family member's situation.	1	2	3	4	5	6	7	(25)	
12. Other residents on the unit get upset with my family member's behavior and sometimes treat him or her with unkindness.	1	2	3	4	5	6	7	(26)	

	<u>Strongly</u> <u>Disagree</u>							<u>Strongly</u> <u>Agree</u>	
	Col.								
13. My family member is allowed to move about freely if she or he is physically able.	1	2	3	4	5	6	7		(27)
14. My family member gets enough exercise.	1	2	3	4	5	6	7		(28)
15. My family member should be encouraged to participate in more activities that help maintain abilities.	1	2	3	4	5	6	7		(29)
16. Enough activities are provided for my family member.	1	2	3	4	5	6	7		(30)

I AM SATISFIED WITH THE CARE MY FAMILY MEMBER RECEIVES:

17. In general.	1	2	3	4	5	6	7		(31)
18. From nursing staff.	1	2	3	4	5	6	7		(32)
19. From the physician.	1	2	3	4	5	6	7		(33)
20. From the social worker.	1	2	3	4	5	6	7		(34)
21. From the recreation staff.	1	2	3	4	5	6	7		(35)
22. From the dietician.	1	2	3	4	5	6	7		(36)
23. From physical therapy.	1	2	3	4	5	6	7		(37)
24. From occupational therapy.	1	2	3	4	5	6	7		(38)
25. From speech therapy.	1	2	3	4	5	6	7		(39)

I AM SATISFIED WITH THE FOLLOWING ASPECTS OF MY FAMILY MEMBER'S ENVIRONMENT:

26. Cleanliness.	1	2	3	4	5	6	7		(40)
27. Freedom from unpleasant odors.	1	2	3	4	5	6	7		(41)
28. Noise level.	1	2	3	4	5	6	7		(42)
29. Attractiveness of decor.	1	2	3	4	5	6	7		(43)
30. Safety for residents.	1	2	3	4	5	6	7		(44)
31. Opportunity for physical exercise.	1	2	3	4	5	6	7		(45)
32. Number of staff resources to provide care.	1	2	3	4	5	6	7		(46)
33. Opportunities for my family member to enjoy the outdoors and other diversions.	1	2	3	4	5	6	7		(47)
34. Adequate equipment resources to provide care.	1	2	3	4	5	6	7		(48)
35. Protection of my family member's personal belongings.	1	2	3	4	5	6	7		(49)
36. My role in providing my relative's care.	1	2	3	4	5	6	7		(50)

MY FAMILY MEMBER'S CARE COULD BE BETTER IN REGARD TO:	<u>Strongly Disagree</u>				<u>Strongly Agree</u>			Col.
	1	2	3	4	5	6	7	
37. Grooming and hygiene.	1	2	3	4	5	6	7	(51)
38. Medications used.	1	2	3	4	5	6	7	(52)
39. Use of restraints.	1	2	3	4	5	6	7	(53)
40. Sensory stimulation (e.g., artwork, music, colors).	1	2	3	4	5	6	7	(54)
41. Use of self care abilities.	1	2	3	4	5	6	7	(55)
42. Bowel and bladder function.	1	2	3	4	5	6	7	(56)
43. Control of behavior.	1	2	3	4	5	6	7	(57)
44. My input into the care provided.	1	2	3	4	5	6	7	(58)
45. I always feel informed about my family member's condition.	1	2	3	4	5	6	7	(59)
46. I feel that this living arrangement is the best that it could be for my family member.	1	2	3	4	5	6	7	(60)
47. My family member's personal belongings are sometimes taken/or used by other residents.	1	2	3	4	5	6	7	(61)
48. Staff sometimes talk too loud to my family member.	1	2	3	4	5	6	7	(62)
49. Staff too often get angry and/or speak sharply to my family member.	1	2	3	4	5	6	7	(63)
50. Staff do the best they can but are often too busy to give my family member the attention he or she should have.	1	2	3	4	5	6	7	(64)
51. If more resources were available, staff could provide care that would be more beneficial for my family member.	1	2	3	4	5	6	7	(65)

PLEASE ADD ANY OTHER COMMENTS ABOUT THE CARE OF YOUR RELATIVE THAT WE MAY NOT HAVE COVERED OR THAT YOU MAY WANT TO SAY MORE ABOUT ON THE BACK OF THIS SHEET. THANK YOU.

Research staff ID# _____
(66-67)