Family Caregiver Feedback Survey - During Study Version

Study Title:
Participant ID:
Survey Date:
Study Week:

Instructions for Family Caregiver

Thank you for participating in this important research study. Your observations and feedback about your family member's experience during this trial are invaluable to understanding the treatment's effects. Please answer all questions honestly based on your observations over the past week.

Confidentiality: All responses will be kept strictly confidential and used only for research purposes.

Section A: Background Information

A1. Your relationship to the study participant:

[ ] Spouse/Partner
[ ] Parent
[ ] Adult child
[ ] Sibling
[ ] Other family member (specify): ___________

A2. How many days per week do you typically spend time with the participant?

[ ] 1-2 days
[ ] 3-4 days
[ ] 5-6 days
[ ] 7 days (daily)

A3. On average, how many hours per day do you spend with the participant?

[ ] Less than 2 hours
[ ] 2-4 hours
[ ] 4-8 hours
[ ] More than 8 hours

Section B: Observed Changes in Symptoms

B1. Over the past week, have you noticed any changes in the participant's primary mental health symptoms?

[ ] Significant improvement
[ ] Mild improvement
[ ] No change
[ ] Mild worsening
[ ] Significant worsening
[ ] Unsure

B2. If you noticed changes, please describe what you observed:

B3. Rate the participant's overall mental health this week compared to before the study began:

[ ] Much better
[ ] Somewhat better
[ ] About the same
[ ] Somewhat worse
[ ] Much worse

Section C: Daily Functioning and Behavior

C1. How would you rate the participant's ability to perform daily activities this week?

[ ] Excellent - performs all activities independently
[ ] Good - performs most activities with minimal help
[ ] Fair - needs moderate assistance
[ ] Poor - needs significant help
[ ] Very poor - unable to perform most activities

C2. Have you observed changes in the participant's:

Sleep patterns:

[ ] Much improved
[ ] Improved
[ ] No change
[ ] Worsened
[ ] Much worsened

Appetite/eating habits:

[ ] Much improved
[ ] Improved
[ ] No change
[ ] Worsened
[ ] Much worsened

Energy levels:

[ ] Much improved
[ ] Improved
[ ] No change
[ ] Worsened
[ ] Much worsened

Social interactions:

[ ] Much improved
[ ] Improved
[ ] No change
[ ] Worsened
[ ] Much worsened

C3. Has the participant been able to maintain their usual responsibilities this week?

[ ] Yes, completely
[ ] Yes, mostly
[ ] Somewhat
[ ] Not really
[ ] Not at all

Section D: Medication Adherence and Side Effects

D1. To your knowledge, has the participant been taking the study medication as prescribed?

[ ] Yes, always
[ ] Yes, most of the time
[ ] Sometimes
[ ] Rarely
[ ] No, never
[ ] I don't know

D2. Have you observed any side effects that you believe may be related to the study medication?

[ ] Yes
[ ] No
[ ] Unsure

D3. If yes, please describe the side effects you observed:

D4. How much do these side effects seem to bother the participant?

[ ] Not at all
[ ] A little
[ ] Moderately
[ ] Quite a bit
[ ] Extremely

Section E: Family Impact and Concerns

E1. How has the participant's involvement in this study affected your family?

[ ] Very positively
[ ] Somewhat positively
[ ] No impact
[ ] Somewhat negatively
[ ] Very negatively

E2. How hopeful do you feel about the participant's progress in this study?

[ ] Very hopeful
[ ] Somewhat hopeful
[ ] Neutral
[ ] Somewhat discouraged
[ ] Very discouraged

E3. Do you have any concerns about the participant's safety or wellbeing?

[ ] Yes

[ ] No

E4. If yes, please describe your concerns:

E5. How would you rate your overall satisfaction with the study team's communication and support?

[ ] Excellent
[ ] Good
[ ] Fair
[ ] Poor
[ ] Very poor

Section F: Quality of Life Assessment

F1. Compared to before the study, how would you rate the participant's overall quality of life this week?

[ ] Much better
[ ] Somewhat better
[ ] About the same
[ ] Somewhat worse
[ ] Much worse

F2. How would you rate the participant's mood this week?

[ ] Excellent
[ ] Good
[ ] Fair
[ ] Poor
[ ] Very poor

F3. Has the participant expressed any feelings about being in this study?

[ ] Very positive
[ ] Somewhat positive
[ ] Neutral
[ ] Somewhat negative

[ ] Very negative
[ ] They haven't expressed feelings about it

Section G: Additional Comments

G1. Is there anything else you would like to share about the participant's experience this week?

G2. Do you have any suggestions for improving the study or the care provided?

G3. Are there any questions you would like to ask the study team?

Emergency Contact Information

If you have immediate concerns about the participant's safety or wellbeing, please contact:

Study Coordinator (Name & Phone Number):
Principal Investigator (Name & Phone Number):
24-Hour Emergency Line (Name & Phone Number):

Thank you for completing this survey. Your feedback is crucial to the success of this research study.

Survey completed by: ____________________
Date: ____________________
Time: ____________________