Subject	ID				

PERCEIVED CHANGE SCALE

Now here are some questions about how things have been for you this past month. For each item, please tell me if you felt things have: gotten much worse, gotten somewhat worse, stayed the same, improved somewhat, improved a lot.

In the past i	month:	Gotten much worse	Gotten somewhat worse	Stayed the same	Improved somewhat	Improved a lot
	r ability to understand your ehavior:	1()	2()	3()	4()	5()
2. Has you caregiving	r ability to manage day to day ng:	1()	2()	3()	4()	5()
3. Have yo overwhe	ur feelings of being lmed:	1()	2()	3()	4()	5()
	r sense of control over your roblems:	1()	2()	3()	4()	5()
	r ability to handle new ng problems:	1()	2()	3()	4()	5()
6. Have yo relaxed:	ur feelings of being calm or	1()	2()	3()	4()	5()
7. Have yo	ur feelings of being upset:	1()	2()	3()	4()	5()
8. Has you	r energy level:	1()	2()	3()	4()	5()
9. Have yo angry:	ur feelings of being	1()	2()	3()	4()	5()
	ur feelings that things en going your way:	1()	2()	3()	4()	5()
11. Has you night:	r ability to sleep through the	1()	2()	3()	4()	5()
12. Have yo rested:	ur feelings of being	1()	2()	3()	4()	5()
13. Has you for your	r ability to have time self?	1()	2()	3()	4()	5()

Citation: Gitlin, L. N., Winter, L., Dennis, M. P. & Hauck, W. (2006). Assessing perceived change in well-being of family caregivers: Psychometric properties of the perceived change index (PCI) and responses patterns. *American Journal of Alzheimer's Disease and Other Dementias*, 21(5), 304-311.

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