

**STAR-Caregivers
Pre-Treatment Problem Survey**

ID Number
401

Session Number
1

Session Date
01/13/13

Instructions: Please think of 1 – 3 behavior challenges that you would like help with. For each problem, rate how often it occurred **DURING THE PAST WEEK**, and how much it bothered or upset you when it happened. Use the following scales to rate the frequency of each problem and your reaction to it. Finally, please tell us what you did the last time the problem occurred to solve it.

Frequency Ratings:

- 0 = never occurred
- 1 = not in the past week
- 2 = 1 to 2 times in the past week
- 3 = 3 to 6 times in the past week
- 4 = daily or more often

Reaction Ratings:

- 0 = not at all
- 1 = a little
- 2 = moderately
- 3 = very much
- 4 = extremely

Problem 1: Mr. S. yells when wife tries to help him dress

Frequency

0 1 2 3 4

Reaction

0 1 2 3 4

How did you respond? Told him to "cut it out!"

Problem 2: Mr. S. won't let Mrs S. go to bathroom alone

Frequency

0 1 2 3 4

Reaction

0 1 2 3 4

How did you respond? Tried to ignore him until I was done

Problem 3: _____

Frequency

0 1 2 3 4

Reaction

0 1 2 3 4

How did you respond? _____