

Relative's Reactions Questionnaire

1. How critical do you feel you are of the patient? That is, do you find yourself expressing disapproval of the patient's behaviors that are associated with his/her psychiatric problem? Please indicate your response by circling a number on this scale.

0	1	2	3	4	5	6
Not at all	Mildly		Moderately		Markedly	Extremely

2. What behaviors in the patient do you find yourself most critical of?

3. Do you believe your words or actions have an effect on the severity of the patient's symptoms? That is, can you influence the problem? Please indicate your response by circling a number on this scale.

0	1	2	3	4	5	6
No effect	Mild		Moderate		Marked	Strong Effect

4. When you're critical of the patient, do you think you are reacting mostly out of frustration, because you are upset? Please indicate your response by circling a number on this scale.

0	1	2	3	4	5	6
No, not at all	Slightly		Somewhat		Markedly	Yes, very much

5. When you are critical, are you mainly trying to help him/her change his/her behavior? Please indicate your response by circling a number on this scale.

0	1	2	3	4	5	6
No, not really	Slightly		Somewhat		Mainly	Yes, completely

6. To what degree do you see yourself as responsible for the patient's current anxiety/avoidance problems? Please indicate your response by circling a number on this scale.

0	1	2	3	4	5	6
Not at all		Slightly	Somewhat		Quite	Completely

7. How often do you find yourself feeling guilty about your role in the patient's problems? Please indicate your response by circling a number on this scale.

0	1	2	3	4	5	6
Never		Rarely	Sometimes		Frequently	Very often