

Family Caregiver Communication Tool

Directions: Family can be your partner and/or children. Family can also be the family you were born into, like your parents/guardians and brothers and sisters. As primary caregiver for your loved one, think about the family that is connected to you and your loved one (patient). How many people are in this family? ____

1. I talk with my family, which can include online and text messages, about my loved one's illness.

Frequently (4) Occasionally (3) Rarely (2) Very rarely (1) Never (0)

2. After a medical appointment, I contact family members to share details of the visit.

Frequently (4) Occasionally (3) Rarely (2) Very rarely (1) Never (0)

3. Family members ask me about my loved one's illness.

Frequently (4) Occasionally (3) Rarely (2) Very rarely (1) Never (0)

4. My family talks about death and dying with our ill loved one.

Frequently (4) Occasionally (3) Rarely (2) Very rarely (1) Never (0)

5. My family talks about what might happen if treatment doesn't work.

Frequently (4) Occasionally (3) Rarely (2) Very rarely (1) Never (0)

6. My family lets me know that they expect me to take care of my loved one and that I am to do most of the caregiving.

Frequently (4) Occasionally (3) Rarely (2) Very rarely (1) Never (0)

7. When I am stressed from caregiving, I prefer to hide this from family members.

Frequently (4) Occasionally (3) Rarely (2) Very rarely (1) Never (0)

8. My family hides their opinion about the quality of my caregiving.

Frequently (4) Occasionally (3) Rarely (2) Very rarely (1) Never (0)

9. My family tries to act as though my loved one is not ill.

Frequently (4) Occasionally (3) Rarely (2) Very rarely (1) Never (0)

10. My ill loved one lets me know that he/she expects me to provide care and do most of the caregiving.

Frequently (4) Occasionally (3) Rarely (2) Very rarely (1) Never (0)

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Instructions for scoring the Family Caregiver Communication Tool (FCCT)

Overview

The FCCT is a valid and reliable instrument for obtaining information about the frequency, range, and congruence of communication within the patient's family. It is composed of two subscales: conversation and conformity. The FCCT is a 10-item instrument completed by the primary family caregiver about their communication with family about the patient's illness and values and beliefs about caregiving. The purpose of FCCT is to conclude a specific caregiver type. Below are instructions for scoring the FCCT.

Scoring instructions for the FCCT

A family caregiver type is computed as follows:

1. Add items 1-5 to calculate the score for conversation.
2. Add items 6-10 to calculate the score for conformity.

The maximum range of scores for each subscale of the FCCT is from 0 to 20, with higher scores indicating a stronger communication pattern.

Interpreting the FCCT score

To determine a caregiver type, use the median score as the cut-off point between the two subscales (0-11 low; 12-20 is high) and interpret the score as follows:

Conversation low, Conformity low – Lone Caregiver

Conversation low, Conformity high – Carrier Caregiver

Conversation high, Conformity low – Partner Caregiver

Conversation high, Conformity high – Manager Caregiver

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