

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      Occasionally      Rarely      Very rarely      Never

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

Frequently      Occasionally      Rarely      Very rarely      Never

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

Frequently      Occasionally      Rarely      Very rarely      Never

4. In our family, we talk about future caregiving plans for our loved one.

Frequently      Occasionally      Rarely      Very rarely      Never

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

Frequently      Occasionally      Rarely      Very rarely      Never

6. I need approval from family members about my caregiving.

Frequently      Occasionally      Rarely      Very rarely      Never

7. My family makes care decisions without spending too much time talking about options.

Frequently      Occasionally      Rarely      Very rarely      Never

8. I feel pressure to adopt my family's beliefs about healthcare.

Frequently      Occasionally      Rarely      Very rarely      Never

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

Frequently      Occasionally      Rarely      Very rarely      Never

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

Frequently      Occasionally      Rarely      Very rarely      Never

## **Instructions for scoring the Family Caregiver Communication Tool-Chronic Illness (FCCT-CI)**

### **Overview:**

The FCCT-CI 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-CI is a 10-item instrument completed by the primary family caregiver about their communication with family about the patient's chronic illness and values and beliefs about caregiving. The purpose of FCCT-CI is to conclude a specific caregiver type. Below are instructions for scoring the FCCT-CI.

Likert scale items range from 5=frequently to 1=never.

### **Scoring instructions for the FCCT-CI:**

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-CI is from 5 to 25, with higher scores indicating a stronger communication pattern.

### **Interpreting the FCCT-CI score:**

To determine a caregiver type, use the median score as the cut-off point between the two subscales (5-11 low; 12-25 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