

Caregiver Geriatric Behavioral Snapshot – 8 items (CG-BSA-8™)

You help take care of an older adult (parent, grandparent, or loved one) who needs regular care or medications. We want to know about your experience in the past week. There are no right or wrong answers—please respond honestly. Your answers provide a snapshot of how you manage caregiving responsibilities.

1.	Missed (Care	
	In the past week, have there been times when you forgot to provide or remind the older adult about		
	their medication or daily care routine?		
	□No	\square Yes, once	☐ Yes, more than once
2.	Planned but Missed Care		
	In the pa		here days when you intended to provide care or medication but didn't follow
	□No	\square Yes, once	☐ Yes, more than once
3.	Symptom-Driven Adjustment		
	Have you ever skipped a dose or changed their care because they felt worse or resisted, without consulting a healthcare provider?		
	□No	☐ Yes, once	☐ Yes, more than once
4.	Contextual Lapse When the daily routine was disrupted, busy, or unpredictable, did you sometimes forget to provide o organize their care?		
	□No	\square Yes, once	\square Yes, more than once
5.	Recent Compliance		
	For the l □ No	ast scheduled o □ Yes, once	r needed care instance, did you provide or supervise it as planned?
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6.	Intentional Reduction		
	When the older adult seemed to be doing better, did you sometimes reduce care or stop treatment without professional guidance?		
	□No	☐ Yes, once	☐ Yes, more than once
7.	Burden Perception		
	Did you feel tired, overwhelmed, or frustrated by the daily demands of providing care?		
	□No	☐ Yes, once	☐ Yes, more than once
8.	Consistency / Memory		
	In the past week, did you have difficulty keeping track of or remembering the schedule for		
		ions or other ca	
	□ No	\square Yes, once	☐ Yes, more than once

Please speak with your healthcare provider if you have questions about your medications or if there are things making it difficult to take them as prescribed. Adherence is a journey, not a test—your answers help illuminate the path.