

Application of the Caregiver Indirect and Informal Care Cost Assessment Questionnaire (CIIQ) and the VR-12 in the Context of Spinal Cord Injury (SCI)

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Background & Objective

Background

- Care for individuals living with SCI includes support from informal caregivers (CGs)
- CIIQ = newer instrument
- VR-12 = not used in SCI caregiver population

Objective

Apply **VR-12** and **CIIQ** to SCI trial data to quantify:

- CG health outcomes
- Informal caregiving time
- Societal caregiving costs

Data source

Caregivers from the COMPANION trial (SCI)

- Assessed at baseline, 3 and 6 months



Methods – the VR-12

Veterans RAND 12-Item Health Survey

- 14-Item Questionnaire
- Measures health-related quality of life

Scoring Approach

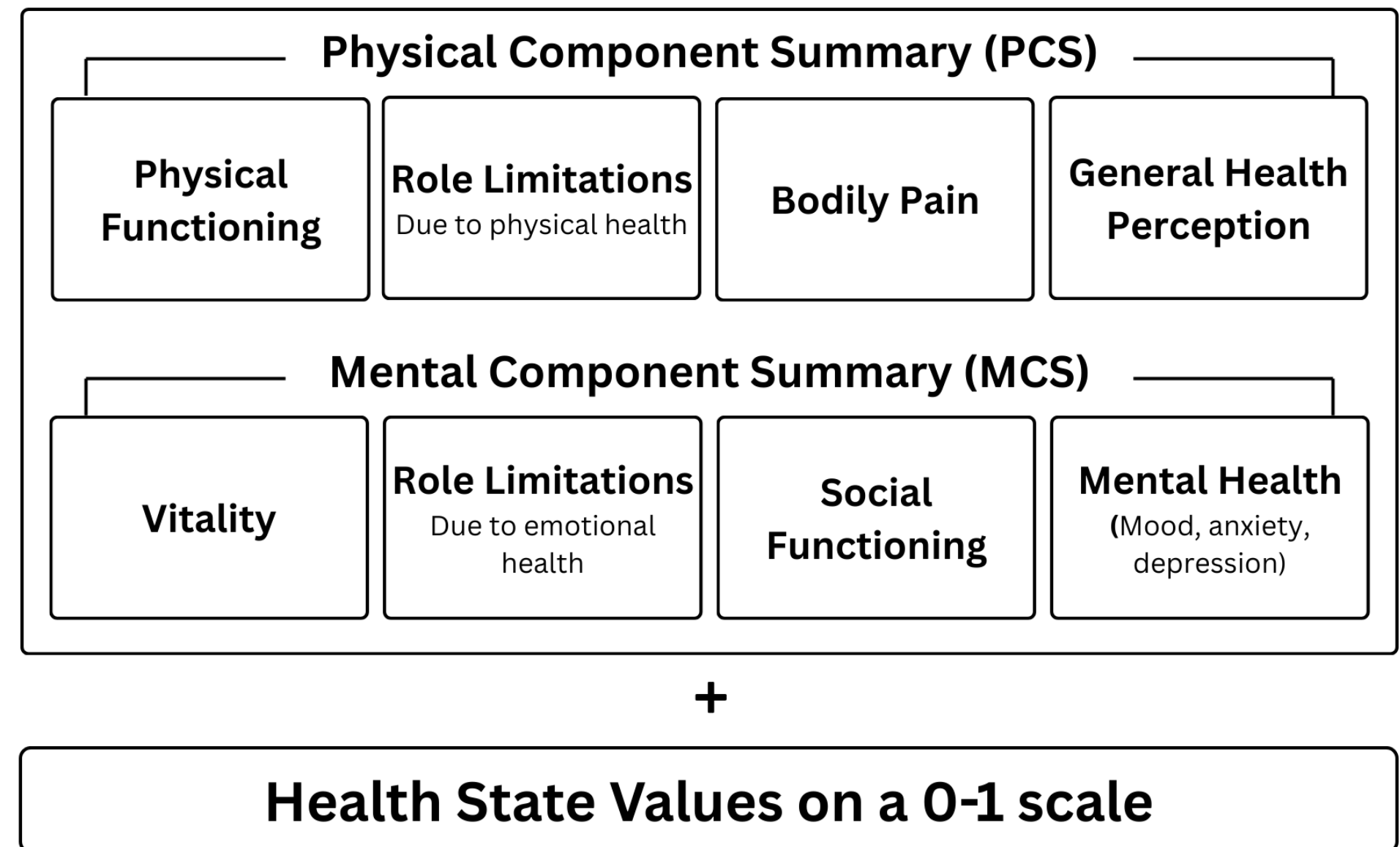
- Item responses → weighted scores

Health Domains

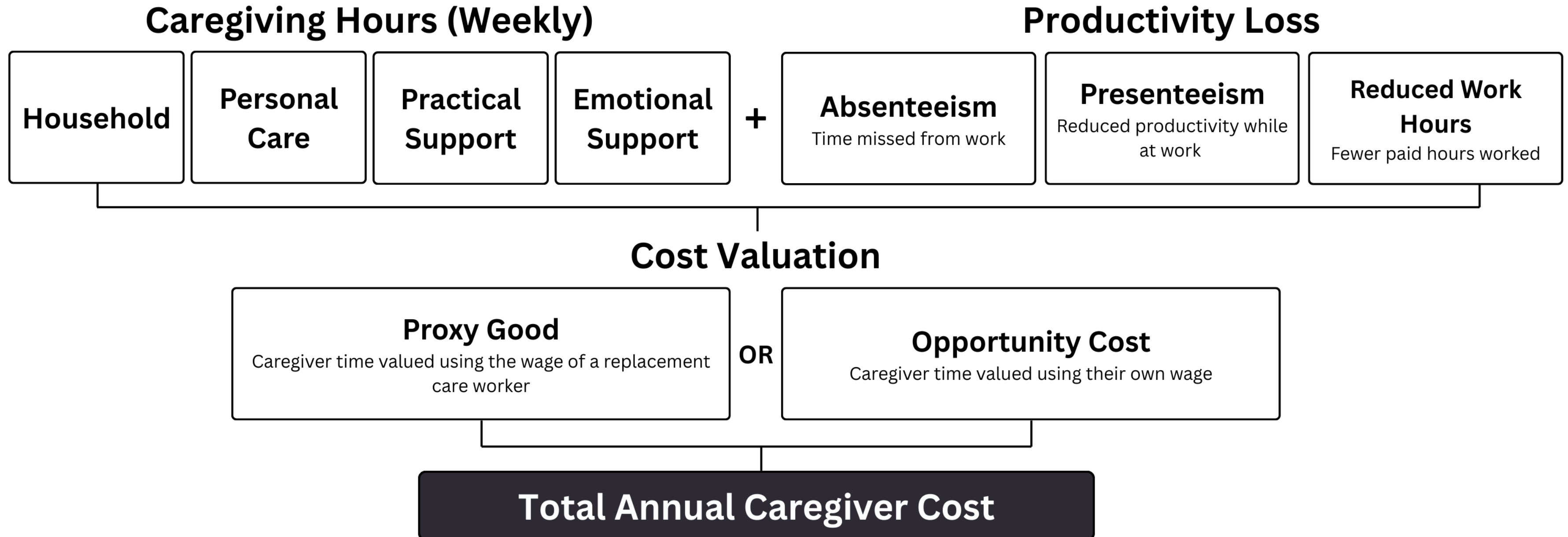
- PCS & MCS
 - Higher scores = better health
 - Norm-based (mean = 50)

VR-12 Questionnaire

Health Domains



Methods – the CIIQ



Results (work-in-progress)

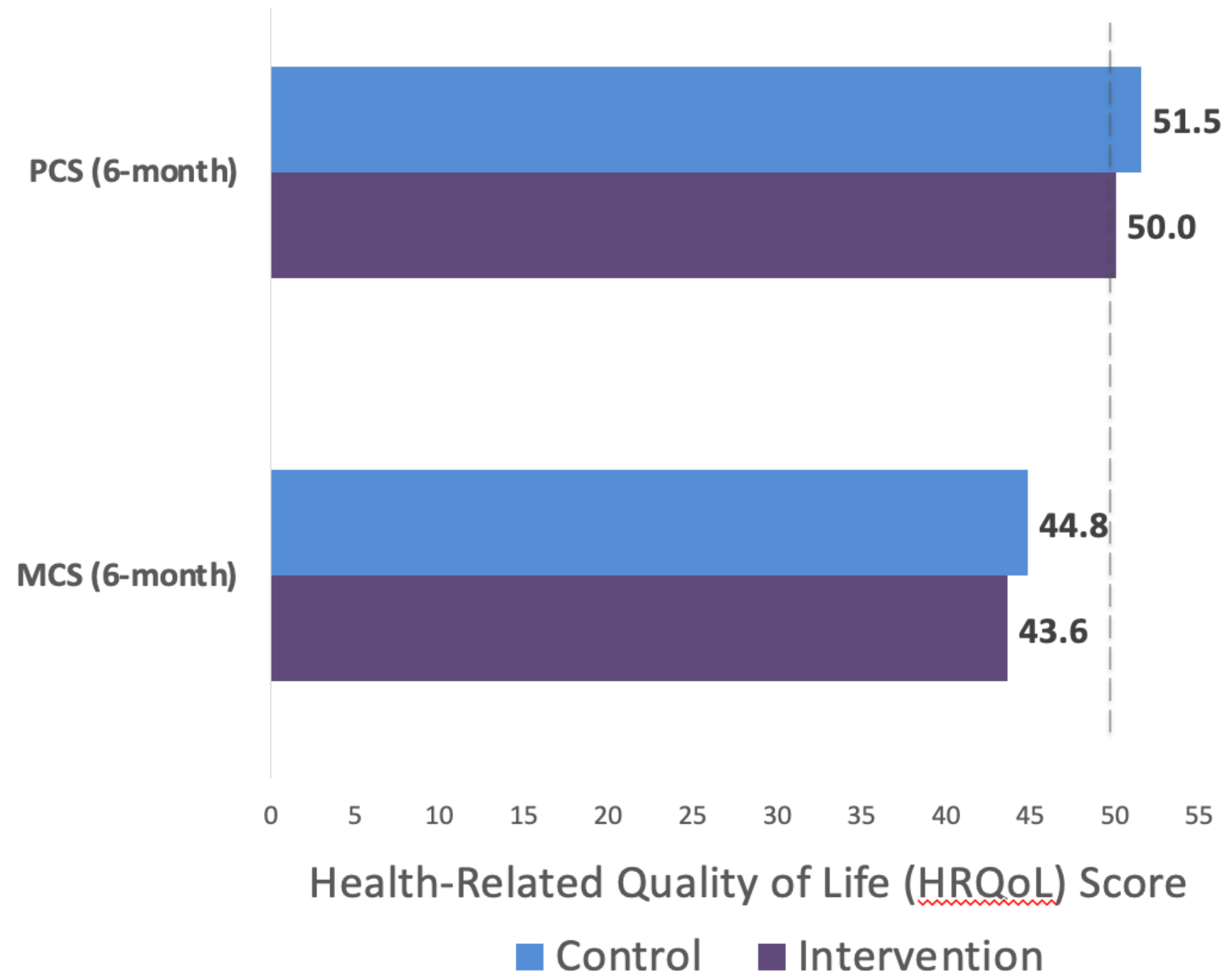
All outcomes reported from 6-month follow-up

CIHQ – Weekly Informal CG burden

- Mean unpaid caregiving:
 - **41 hrs** (int.), **37 hrs** (cont.)
- Mean productivity loss:
 - **3.7 hrs** (int.), **3.8 hrs** (cont.)

Estimated Annual Caregiving Cost

- Opportunity Cost:
 - **\$43K** (int.), **\$57K** (cont.)
- Proxy Good:
 - **\$53K** (int.), **\$64K** (cont.)



Summary & Contribution

Key Findings

- Substantial unpaid caregiving time in SCI
- Cost estimates sensitive to valuation method (opportunity cost vs proxy good)
- CG mental health below population norms

Contribution

- Clear application of VR-12 and CIIQ in trial data
- Demonstrates feasibility in SCI caregiver population

Next Steps

- Sensitivity analyses:
 - Valuation inputs (full-time vs part-time wage)
- Incorporate bespoke item:
 - Measured additional caregiver-related expenditures