

Caregiver Self-Assessment Questionnaire

How are YOU?

Caregivers are often so concerned with caring for the relative's needs that they lose sight of their own well-being. Please take just a moment to answer the following questions. Once you have answered the questions, turn the page to do a self-evaluation.

During the past week or so, I have ...

- | | | | |
|--|--|---|--|
| 1. Had trouble keeping my mind on what I was doing.... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had back pain..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Felt that I couldn't leave my relative alone..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Felt ill (headaches, stomach problems or common cold)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had difficulty making decisions..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Been satisfied with the support my family has given me..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Felt completely overwhelmed..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Found my relative's living situation to be inconvenient or a barrier to care..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Felt useful and needed | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. On a scale of 1 to 10, with 1 being "not stressful" to 10 being "extremely stressful," please rate your current level of stress. | _____ |
| 6. Felt lonely..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. On a scale of 1 to 10, with 1 being "very healthy" to 10 being "very ill," please rate your current health compared to what it was this time last year. | _____ |
| 7. Been upset that my relative has changed so much from his/her former self..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. Felt a loss of privacy and/or personal time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 9. Been edgy or irritable..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 10. Had sleep disturbed because of caring for my relative..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11. Had a crying spell(s)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 12. Felt strained between work and family responsibilities... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Comments:

(Please feel free to comment or provide feedback.)

Self-Evaluation

To determine the score:

1. Reverse score questions 5 and 15.
For example, a “No” response should be counted as a “Yes” and a “Yes” response should be counted as a “No.”
2. Total the number of “yes” responses.

To interpret the score

Chances are that you are experiencing a high degree of distress if any of the below is true:

- If you answered “Yes” to either or both questions 4 and 11
- If your total “Yes” scores = 10 or more
- If your score on question 17 is 6 or higher
- If your score on question 18 is 6 or higher

Next Steps

- Consider seeing a doctor for a check-up for yourself
- Consider having some relief from caregiving (Discuss with your healthcare provider or a social worker the resources available in your community.)
- Consider joining a support group

Valuable resources for caregivers

HealthinAging.org
(800) 563-4916 | www.healthinaging.org

Caregiver Action Network
(202) 454-3970 | www.caregiveraction.org

Eldercare Locator
(a national directory of community services)
(800) 677-1116 | www.eldercare.gov

Family Caregiver Alliance
(800) 445-8106 | www.caregiver.org

Medicare Hotline
(800) 633-4227 | www.medicare.gov

National Alliance for Caregiving
(301) 718-8444 | www.caregiving.org

Local resources and contacts:

AGS/HiAF 7.24.2014

This questionnaire was originally developed and tested by the American Medical Association.
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