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 ...

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

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