

# Caregiver self-assessment questionnaire

## How are YOU?

Caregivers are often so concerned with caring for their 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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|--|---|
| <p>1. Had trouble keeping my mind on what I was doing ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Felt that I couldn't leave my relative alone ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Had difficulty making decisions ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Felt completely overwhelmed ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Felt useful and needed..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Felt lonely..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Been upset that my relative has changed so much from his/her former self ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Felt a loss of privacy and/or personal time ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. Been edgy or irritable..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. Had sleep disturbed because of caring for my relative ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Had a crying spell(s)..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Felt strained between work and family responsibilities..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>13. Had back pain..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Felt ill (<i>headaches, stomach problems or common cold</i>)..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Been satisfied with the support my family has given me..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. Found my relative's living situation to be inconvenient or a barrier to care..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.<br/>_____</p> <p>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. _____</p> |
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### Comments:

*(Please feel free to comment or provide feedback.)*

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## Self-evaluation

To determine the score:

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

## To interpret the score

Chances are that you are experiencing a high degree of distress:

- If you answered "Yes" to either or both questions 4 and 11; or
- If your total "Yes" score = 10 or more; or
- If your score on question 17 is 6 or higher; or
- 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 the doctor or a social worker the resources available in your community.)
- Consider joining a support group

## Valuable resources for caregivers

Eldercare Locator

*(a national directory of community services)*

(800) 677-1116

***www.eldercare.gov***

Family Caregiver Alliance

(415) 434-3388

***www.caregiver.org***

Medicare Hotline

(800) 633-4227

***www.medicare.gov***

National Alliance for Caregiving

(301) 718-8444

***www.caregiving.org***

National Family Caregivers Association

(800) 896-3650

***www.nfcacares.org***

National Information Center for Children and Youth with Disabilities

(800) 695-0285

***www.nichcy.org***

## Local resources and contacts:

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