

How are you?

Caregiver Self-Assessment Questionnaire

Caregivers are often so involved in meeting the needs of their charges that they lose sight of their own wellbeing. Please take a moment to answer the following questions and do the self-evaluation.

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

Yes No

- | | | | |
|-----|---|--------------------------|--------------------------|
| 1. | Had trouble keeping my mind on what I was doing. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Felt that I couldn't leave my relative alone. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Had difficulty making decisions. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Felt completely overwhelmed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Felt useful and needed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Felt lonely. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Been upset that my relative has changed so much from his/her former self. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Felt a loss of privacy and/or personal time. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Been edgy or irritable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Had sleep disturbed because of caring for my relative. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Had a crying spell(s). | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Felt strained between work and family responsibilities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | Had back pain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Felt ill (headaches, stomach problems or common cold). | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Been satisfied with the support my family has given me. | <input type="checkbox"/> | <input type="checkbox"/> |

Caregiver Self-Assessment Questionnaire (cont'd)

Yes No

16. Found my relative's living situation to be inconvenient or a barrier to care.

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. _____

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. _____

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 "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.