

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 wellbeing. Please take a moment to answer the following questions. Once you have answered the questions, go to page 2 to do a 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, <i>stomach problems or common cold</i>)	<input type="checkbox"/>	<input type="checkbox"/>
15. Been satisfied with the support my family has given me	<input type="checkbox"/>	<input type="checkbox"/>
16. Found my relative's living situation to be inconvenient or a barrier to care	<input type="checkbox"/>	<input type="checkbox"/>
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," and 10 being "very ill," please rate your current health compared to what it was this time last year	_____	

Comments: (Please free to comment or provide feedback)

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To Determine Your 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
- Your total “Yes” score = 10 or more; or
- Your score on Question 17 is 6 or higher; or
- Your score on Question 18 is 6 or higher.

Next Steps:

- Consider seeing a doctor for a check-up for yourself.
- Consider joining a caregiver support group.
- Check the internet for resources for seniors provided by the senior’s state and town/city.
- Call the senior’s local visiting nurse association (“VNA”) to talk about resources