Caregiver Self-Assessment Questionnaire

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.... □Yes □No
2. Felt that I couldn't leave my relative alone.................. □Yes □No
3. Had difficulty making decisions.................................. □Yes □No
4. Felt completely overwhelmed................................... □Yes □No
5. Felt useful and needed ............................................ □Yes □No
6. Felt lonely......................................................... □Yes □No
7. Been upset that my relative has changed so much from his/her former self. □Yes □No
8. Felt a loss of privacy and/or personal time............... □Yes □No
9. Been edgey or irritable................................. □Yes □No
10. Had sleep disturbed because of caring for my relative... □Yes □No
11. Had a crying spell(s).......................... □Yes □No
12. Felt strained between work and family responsibilities □Yes □No
13. Had back pain.............................. □Yes □No
14. Felt ill (headaches, stomach problems or common cold)..... □Yes □No
15. Been satisfied with the support my family has given me........................ □Yes □No
16. Found my relative's living situation to be inconvenient or a barrier to care............. □Yes □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. ________________________
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.)

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