

# 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 ...

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

### Comments:

(Please feel free to comment or provide feedback.)

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