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 ...

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 edgy 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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AMERICAN MEDICAL ASSOCIATION
**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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