

FAMILY/CAREGIVER'S ASSESSMENT

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 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 |
| 2. Felt that I couldn't leave my relative alone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Had difficulty making decisions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Felt completely overwhelmed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Felt useful and needed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Felt lonely | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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 |
| 13. Had back pain | <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 |
| 15. Been satisfied with the support my family has given me | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 "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)*

Source: Patient Education and Discharge Planning Manual for Rehabilitation, Kelly B. Wascher(ed.), Aspen Publishers, Inc., 1995

FAMILY/CAREGIVER'S ASSESSMENT CONTINUED

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 are answered "Yes" to either or both Questions 4 and 11; or
- If your total "Yes" score = 10 or more; or
- If your score on Questions 17 is 6 or higher; or
- If your score on Questions 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.

Additional tools for caregiving or aging, visit www.CaregiversLibrary.org