Caregiver Self-Assessment Questionnaire

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 ...................☐ 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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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)
1-800- 677-1116
www.aoa.gov/elderpage/locator.html

Family Caregiver Alliance
1-415- 434-3388
www.caregiver.org

Medicaid Hotline
Baltimore, MD
1-800-638-6833

National Alliance for Caregiving
1-301-718-8444
www.caregiving.org

National Family Caregivers Association
1-800 896-3650
www.nfcacares.org

National Information Center for Children and Youth with Disabilities
1-800-695-0285
www.nichcy.org

Local Resources and Contacts: