

# Caregiver Self-Assessment Questionnaire

The first question seeks to determine when the Caregiver began to feel or recognize feelings of stress or being overwhelmed by the role they have assumed or been given. For some this might be a specific date when a parent, spouse or relative became ill. For others it may be a specific event that triggered the recognition of stress or overwork.

**I first began to feel the way I do now when...** \_\_\_\_\_ **Since then I have ...** \_\_\_\_\_

1. Had trouble keeping my mind on what I am doing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>To determine your score:</b>  1. Make sure that you scored questions 5 and 15 correctly (Note that the “yes” and “no” boxes are reversed.) 2. Total all the answers in the “Yes” column. 3. Total all the answers in the “No” column.
2. Felt 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"/> No	<input type="checkbox"/> Yes	
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	<b>To interpret your score:</b>
9. Been edgy or irritable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. Had my sleep disturbed because of caring for my relative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	There is a good chance you are experiencing a high degree of stress:  1. If you answered “Yes” to either or both questions 4 and 11; 2. If your total score in the “yes” column equals 10 or more; 3. If your score on question 17 is 6 or higher; 4. If your score on question 18 is 6 or higher.
11. Felt like or actually cried.	<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 or neck pains.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14. Felt ill ( <i>headaches, colds, stomach problems</i> ).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15. Been satisfied with the support my family gives me.	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
16. Found my relative’s living situation to be inconvenient or a barrier to care.	<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. →	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
18. On a scale of 1 to 10, with 1 being “very health” to 10 being “very ill,” please rate your current health compared to what it was this time last year. →	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
	↑	↑	
	<b>Total of 1<sup>st</sup> column</b>	<b>Total of 2<sup>nd</sup> column</b>	