



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...

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