

Caregiver Self-Assessment Questionnaire

American Medical Association
Physicians dedicated to the health of America



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 | 15. Been satisfied with the support my family has given me <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 | 16. Found my relative's living situation to be inconvenient or a barrier to care <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had difficulty making decisions <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. _____ |
| 4. Felt completely overwhelmed..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 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. _____ |
| 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 | |

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](http://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.nfcares.org

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

Local Resources and Contacts:

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