Caregiver Self-Assessment Questionnaire

Distributed by:

Physicians dedicated to the health of America

American Medical Association

National

Caregivers



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□Yes | □No | 15. Been satisfied with the support my family has given me□Yes □No | | |
|---|--|-----|--|--|--|
| 2. | Felt that I couldn't leave my relative alone□Yes | □No | 16. Found my relative's living situation to be inconvenient or a barrier | | |
| 3. | Had difficulty making decisions□Yes | □No | to care□Yes □No 17.On a scale of 1 to 10, | | |
| 4. | Felt completely overwhelmed□Yes | □No | with 1 being "not stressful" to 10 being "extremely stressful," please rate your current | | |
| 5. | Felt useful and needed□Yes | □No | level of stress | | |
| 6. | Felt lonely Yes | □No | 18.On a scale of 1 to 10, with 1 being "very healthy" to 10 being "very | | |
| 7. | Been upset that my relative has changed so much from his/her former self□Yes | □No | ill," please rate your current health compared to what it was this time last year | | |
| 8. | Felt a loss of privacy and/or personal time□Yes | □No | (Please feel free to comment or provide feedback) | | |
| 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 | · | | |

For additional tools for caregiving or aging, visit www.CaregiversLibrary.org



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:



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