Caregiver Self-Assessment Questionnaire

How are YOU?

Caregivers are often so concerned with caring for the relative's needs that they lose sight of their own well-being. 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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1.	Had trouble keeping my mind on what I was doing	□Yes	□No	13.	Had back pain	□Yes	□No
2.	Felt that I couldn't leave my relative alone	□Yes	□No	14.	Felt ill (headaches, stomach problems or common cold)	□Yes	□No
3.	Had difficulty making decisions	□Yes	□No	15.	15. Been satisfied with the support my family has given me16. Found my relative's living situation to be inconvenient or a barrier to care		
4.	Felt completely overwhelmed	□Yes	□No			∟Yes	∐No
5.	Felt useful and needed	□Yes	□No	16.		□Yes	□No
6.	Felt lonely	□Yes	□No	17.	7. On a scale of I to I0, with I being "not stressful" to I0 being "extremely stressful," please rate your current level of stress.		
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	18.	On a scale of I to I0, with I being "very healthy" to I0 being "very ill," please rate		
9.	Been edgey or irritable	□Yes	□No		your current health compared to what it was this time last year.		
10.	Had sleep disturbed because of caring for my relative	□Yes	□No	Comments: (Please feel free to comment or provide feedback.)			
11.	Had a crying spell(s)	□Yes	□No	_	,		
12.	Felt strained between work and family responsibilities	□Yes	□No				





To determine the score:	
 Reverse score questions 5 and 15. For example, a "No" response should be counted as a "Yes" and a "Yes" response should be counted as a "No." Total the number of "yes" responses. 	
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 To interpret the score Chances are that you are experiencing a high degree of distress if any of the below is true: If you answered "Yes" to either or both questions 4 and 11 If your total "Yes" scores = 10 or more If your score on question 17 is 6 or higher 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 your healthcare provider or a social worker the resources available in your community.) 	
 Consider joining a support group Valuable resources for caregivers 	
HealthinAging.org (800) 563-4916 www.healthinaging.org	
Caregiver Action Network (202) 454-3970 www.caregiveraction.org	
Eldercare Locator (a national directory of community services) (800) 677-1116 www.eldercare.gov	
Family Caregiver Alliance (800) 445-8106 www.caregiver.org	
Medicare Hotline (800) 633-4227 www.medicare.gov	
National Alliance for Caregiving (301) 718-8444 www.caregiving.org	AGS/HiAF 7.24.2014

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