# Caregiver Self-Assessment Questionnaire

## How are you?

American Medical Association
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**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
2. Felt that I couldn't leave my relative alone.....❑Yes ❑No
3. Had difficulty making decisions .....❑Yes ❑No
4. Felt completely overwhelmed.....❑Yes ❑No
5. Felt useful and needed .....❑Yes ❑No
6. Felt lonely .....❑Yes ❑No
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
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
15. Been satisfied with the support my family has given me .....❑Yes ❑No
16. Found my relative's living situation to be inconvenient or a barrier to care .....❑Yes ❑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. _____
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. _____

Comments:
*(Please feel free to comment or provide feedback)*

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## 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: