

Caregiver Self-Assessment Questionnaire

How are you?

American Medical Association
Physicians dedicated to the health of America



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

