

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 doingYes No
- 2. Felt that I couldn't leave my relative alone.....Yes No
- 3. Had difficulty making decisionsYes No
- 4. Felt completely overwhelmed.....Yes No
- 5. Felt useful and neededYes No
- 6. Felt lonelyYes 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 timeYes No
- 9. Been edgy or irritableYes No
- 10. Had sleep disturbed because of caring for my relativeYes No
- 11. Had a crying spell(s)Yes No
- 12. Felt strained between work and family responsibilities.....Yes No
- 13. Had back painYes No
- 14. Felt ill (*headaches, stomach problems or common cold*)Yes No

- 15. Been satisfied with the support my family has given meYes No
- 16. Found my relative's living situation to be inconvenient or a barrier to careYes 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)
