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## Caregiver Self-Assessment Questionnaire (American Medical Association)

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### *How are you?*

Caregivers are often so concerned with caring for their relative's needs they lose sight of their own well-being. Please take 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                          | 11. Had crying spell(s) <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                             | 12. Felt strained between work and family responsibilities <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 3. Had difficulty making decisions <input type="checkbox"/> Yes <input type="checkbox"/> No  | 13. Had back pain <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 4. Felt completely overwhelmed <input type="checkbox"/> Yes <input type="checkbox"/> No  | 14. Felt ill (headaches, stomach problems or common cold) <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. Felt useful & needed <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  |
| 6. Felt lonely <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                      |
| 7. Been upset that my relative has changed so much from his/her former self <input type="checkbox"/> Yes <input type="checkbox"/> No | On a scale of 1 of 10, with 1 being "not stressful" to 10 being "extremely stressful," please rate your current level of stress:<br>_____                      |
| 8. Felt a loss of privacy and/or personal time <input type="checkbox"/> Yes <input type="checkbox"/> No                              | On a scale of 1 to 10, with 1 being "very healthy" and 10 being "very ill," please rate your current health compared to what it was this time last year: _____ |
| 9. Been edgy/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                   |  |

## **SCORING:**

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 social worker the resources available in your community.)
- Consider joining a support group.
- Consider attending a “Powerful Tools for Caregiving” class-series.
- Call the Snohomish County Family Caregiver Resource Line at 425-290-1240 or 1-800-422-2024.

