



CAREGIVER SELF-ASSESSMENT QUESTIONNAIRE

Source: The items come from the 18-item Caregiver Self-Assessment Questionnaire. Public Domain

Reference: Epstein-Lubow G., Gaudiano B.A., Hinckley M, Salloway S., & Miller I.W. (2010) Evidence for the validity of the American Medical Association's caregiver self-assessment questionnaire as a screening measure for depression. *J. of the Amer. Geriatrics Soc.*, 58, 387-88

<http://www.ama-assn.org/ama/pub/physician-resources/public-health/promoting-healthy-lifestyles/geriatric-health/caregiver-health/caregiver-self-assessment.shtml>

Scale Description: Developed by the American Medical Association, the Caregiver Self-Assessment Questionnaire uses 18 items to identify an at-risk population of individuals who are feeling overwhelmed by caretaking demands.

Scoring and Algorithm

Note: For each assessment, there is an algorithm leading to one of three acuity ranges, Low, Moderate, or High. The logic for the user receiving specific feedback is included in the algorithms below.

Questions #1-16 have Yes/No answer choices.

Scoring for #1-#4, #6-#14, #16

Yes = 1

No = 0

Scoring for #5 and #15

Yes = 0

No = 1

Total Yes/No Score is sum of scores for #1-#16.

Algorithm

If Total Yes/No Score <3 **AND** Question # 4 = 0 **AND** Question #11 = 0 **AND** Question #17 < 6 **AND** Question #18 <6 - Caregiver Stress Feedback #1

If Total Yes/No Score = 3-9 **AND** Question # 4 = 0 **AND** Question #11 = 0 **AND** Question #17 < 6 **AND** Question #18 <6 - Caregiver Stress Feedback #2

If Total Yes/No Score > 9 **OR** Question # 4 = 1 **OR** Question #11 = 1 **OR** Question #17 > 5 **OR** Question #18 > 5 - Caregiver Stress Feedback #3



CAREGIVER STRESS ASSESSMENT

Caregivers are often so concerned for caring for their relative's needs that they lost sight of their own wellbeing. Please take just a moment to answer the following questions.

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 | 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. _____ | | |

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