

## CAREGIVER SURVEY

Rank these statements on how true they are for you as a caregiver.  
(Using a scale of 0 to 4 with 0 = Never and 4 = Nearly Always)

### SECTION 1

- \_\_\_ I don't have enough time for myself.
- \_\_\_ I am over-taxed by my responsibilities.
- \_\_\_ I have lost control over my life.
- \_\_\_ I am uncertain about what to do for my relative\*.
- \_\_\_ I should do more to help my relative\*.
- \_\_\_ I could do a better job caring for my relative\*.

\_\_\_ **Total points for Section 1**

### SECTION 2

- \_\_\_ My relative\* needs help all the time.
- \_\_\_ My relative\* depends on me to help him/her complete daily tasks.
- \_\_\_ I fear what may happen to my relative\* in the future.
- \_\_\_ I fear there will not be enough money to care for my relative\*.
- \_\_\_ I wish someone else would take over my caregiving responsibilities.
- \_\_\_ I feel a sense of strain when I'm with my relative\*.

\_\_\_ **Total points for Section 2**

### SECTION 3

- \_\_\_ I sometimes feel anger toward my relative\*.
- \_\_\_ I am sometimes embarrassed by my relative\*.
- \_\_\_ I feel uncomfortable about having friends over.
- \_\_\_ Caring for my loved one has a negative impact on my social life.
- \_\_\_ Caregiving has a negative impact on my relationships with other family and friends.
- \_\_\_ Caregiving has affected my health.
- \_\_\_ Being a caregiver impacts my privacy.

\_\_\_ **Total points for Section 3**

\_\_\_ **Total points from all (3) Sections.**

### INTERPRETATION

**no or minimal burden** 0 – 20

**mild to moderate burden** 21 – 40

**moderate to severe burden** 41 – 60

**severe burden** 61 – 88

*\*Relative is the person(s) you are caring for at work or at home.*

*Adapted from The Family Practice Handbook, [www.fpnotebook.com](http://www.fpnotebook.com)*



## CONTACT

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