

Caregiver Health, Wellness and Resilience

Caregiver Quick Check-up



Caregiver Physical Health

This section of the checkup explores your physical health, including your diet, exercise, sleep, care for existing conditions, doctor visits, etc.

1. I consider the food choices I make overall to be...	Terrible	Poor	Fair	Good	Excellent
2. I exercise _____ days in an average week.	0	1 - 2	3 - 4	5 - 6	7
3. Across one week, I average _____ hours of sleep per night.	0 - 2	2 - 4	4 - 6	6 - 8	8+
4. The importance I assign to my physical health is best described as...	Not Important	Somewhat Important	Moderately Important	Quite Important	Extremely Important
5. I consider my overall physical health to be...	Terrible	Poor	Fair	Good	Excellent
6. The degree to which my overall physical health has been negatively affected by my role as a caregiver is...	Not at All	Some	Moderately	Quite a Bit	Extremely

Caregiver Mental and Emotional Health

This section of the checkup explores your mental and emotional health, including questions that examine stress, guilt, respite, depression, resilience, coping skills, spiritual practices, etc.

1.	How would you describe your life's current stress level?	Not at all Stressful	Somewhat Stressful	Moderately Stressful	Quite Stressful	Extremely Stressful
2.	Describe the level of irritation, anger, or resentment you feel.	Not at all Angry	Somewhat	Moderately	Quite	Extremely Angry
3.	Describe the level of sadness/depression you experience (this includes feelings of hopelessness/worthlessness).	Not at all Sad	Somewhat	Moderately	Quite	Extremely Sad
4.	How much worry/anxiety do you feel for your life as a whole (not just the caregiving situation you are in)?	No/Very Little Worry	Some Worry	Moderate Worry	Quite a Bit of Worry	Extreme Worry
5.	How would you describe your ability and skills to cope and/or manage your thoughts and feelings?	Terrible	Poor	Fair	Good	Excellent
6.	The importance I assign to my mental/emotional health is best described as:	Not Important	Somewhat Important	Moderately Important	Quite Important	Extremely Important
7.	I consider my overall mental/emotional health to be...	Terrible	Poor	Fair	Good	Excellent
8.	The degree to which my overall mental/emotional health has been negatively affected/disrupted by my role as a caregiver is...	Not at All	Some	Moderately	Quite a Bit	Extremely

Caregiver Social and Family Health

This section of the checklist explores the health of your social interactions and family relationships.

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|---|----------------------|-----------------------|-------------------------|--------------------|------------------------|
| 1. How would you describe your level of loneliness/isolation in your caregiving role? | Not at all
Lonely | Somewhat | Moderately | Quite | Extremely
Lonely |
| 2. What is the quality of your current relationship with your significant other/spouse/partner. | | | | | |
| <ul style="list-style-type: none"> - Terrible--We constantly fight and bitterly disagree about decisions and issues. - Poor--We are not close, we disagree, but it is not constant/bitter. - Fair--We make it work, but it's neither warm nor cold. - Good--We are mostly aligned and work well together, but it's not overly warm. - Excellent--The relationship is incredibly warm and loving, we are almost always aligned. - N/A - No significant other/spouse. | | | | | |
| 3. What is the "average level" relationship you have with your family members? | | | | | |
| <ul style="list-style-type: none"> - Terrible--We constantly fight and bitterly disagree about decisions and issues. - Poor--We are not close, we disagree, but it is not constant/bitter. - Fair--We make it work, but it's neither warm nor cold. - Good--We interact well; we're mostly aligned, but it's not overly warm. - Excellent--The relationship is incredibly warm and loving, we are almost always aligned. - N/A - I do not have any family members. | | | | | |
| 4. Considering your total level of social interactions across all groups--family, co-workers, friends, and others--what amount of social interaction do you have? | Less than
I need | Just what
I need | More than
I need | | |
| 5. The importance I assign to my social and family health is best described as... | Not
Important | Somewhat
Important | Moderately
Important | Quite
Important | Extremely
Important |
| 6. I consider my overall social interactions/health to be... | Terrible | Poor | Fair | Good | Excellent |
| 7. The degree to which my overall social interactions/health has been negatively affected/disrupted by my role as a caregiver is... | Not at All | Some | Moderately | Quite a Bit | Extremely |

Caregiver Financial and Employment Health

This section of the checkup explores your financial/employment health, including how much time is spent in your caregiving role.

1. As objectively as you can, select which statement best describes the amount of time you spend as a caregiver:
 - I spend entirely too much time as a caregiver and my life is out of control because of it.
 - I spend more time than I likely need to spend as a caregiver and would like to reduce those hours.
 - I think I spend just about the right amount of time as a caregiver--it's in balance and I am satisfied.
 - I should spend more time than I do as a caregiver and would like to increase those hours.
 - I spend entirely too little time as a caregiver--and have a strong desire to spend more time.

2. As objectively as you can, select which statement best describes the amount of money you spend on this caregiving situation:
 - I spend entirely too much money on this caregiving situation and my finances and financial future are in great danger. I need an intervention to help.
 - I spend more money than I likely should be spending on this caregiving situation and would like to reduce that spend.
 - I think I spend just about the right amount of money on this caregiving situation; I'm satisfied.
 - I should spend more money on this caregiving situation than I do, and I'd like to increase that spend.
 - I spend entirely too little money on this caregiving situation and have a strong desire to spend more.

3. Choose the statement below that best characterizes how you think about your employment and your caregiving responsibilities:
 - My caregiving responsibilities have affected 0-5% of my work life.
 - My caregiving responsibilities have affected 5-25% of my work life.
 - My caregiving responsibilities have affected 25-50% of my work life.
 - My caregiving responsibilities have affected 50-75% of my work life.
 - My caregiving responsibilities have affected 75-100% of my work life.

4. The degree to which my overall financial/employment condition/health has been negatively affected/disrupted by my role as a caregiver is...

Not at All	Some	Moderately	Quite a Bit	Extremely
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Health of the Caregiving Landscape

This section of the checkup explores the health of your “Caregiving Landscape.” The health of the care situation you are managing, including your recipient of care’s health, their housing, and the collaboration of others--as it has a direct impact on your health. The below questions explore areas of that Landscape at a general level.

For each question/condition, think about the recipient of care--not yourself as the caregiver:

1. The physical health, including mobility, of my care recipient is....	Terrible	Poor	Fair	Good	Excellent
2. The mental and emotional health of my care recipient (including their cognitive/thinking abilities) is....	Terrible	Poor	Fair	Good	Excellent
3. The health of my care recipient’s relationships with their family and other social connections is....	Terrible	Poor	Fair	Good	Excellent
4. My care recipient’s sense of identity and purpose is....	Terrible	Poor	Fair	Good	Excellent
5. The financial and legal health of my care recipient is....	Terrible	Poor	Fair	Good	Excellent
6. The condition of my care recipient’s housing and transportation is....	Terrible	Poor	Fair	Good	Excellent
7. The availability, balance, and quality of my care recipient’s external services and outside help is....	Terrible	Poor	Fair	Good	Excellent
8. The degree to which my care recipient’s situation is planned, monitored, and coordinated is....	Terrible	Poor	Fair	Good	Excellent

DEMOGRAPHICS

(Optional -- Please fill out all fields that you are comfortable sharing with us; we will use this information to guide course and service creation.)

- Name: _____
- Age: _____
- Gender: Male Female Non-Binary Prefer Not to Say
- Address: _____ City: _____ State: _____ Zip Code: _____
- Level of Education: High School Some College Associate's Bachelor's Master's PhD
- Employment: Part-Time Full-Time Self-Employed No Work
- Number of Children: _____ Ages: _____ Do they live with you? _____
- Recipient of Care Gender: Male Female Prefer Not to Say
- Recipient of Care Age: _____
- Recipient of Care Relationship -- The recipient of care is my: Mother Father Grandmother Grandfather
Brother Sister Aunt Uncle Son Daughter Other
- Do you live with the recipient of care? Yes No If Yes: Your Home Other: _____