



Washington State's Personal Family Caregiver Survey

This Survey is for **unpaid family caregivers** and is used in conjunction with one-on-one consultation with a caregiver specialist from your local Family Caregiving Support Program (a part of the Area Agency on Aging).

If you have not done so, contact your local Family Caregiving Support Program to learn more about the Survey and how it fits into the support and resources they offer. Look for the Area Agency on Aging in the yellow pages under "Senior Services."

Today's Date _____

Name _____

Phone _____ Email _____

Address _____

County of Residence _____

1. Are you the person most responsible for caring for an adult, such as your spouse, partner, parent, relative or friend, (care receiver*)?

- Yes
- No

* Care receiver means any adult (18 years or older) who needs care or supervision by an unpaid caregiver. For example, a care receiver can be your spouse, partner, parent, adult child, friend, neighbor or other relative.

2. Who do you care for?

- | | | | |
|----------------------------------|--|--|---|
| <input type="checkbox"/> Wife | <input type="checkbox"/> Mother-in-law | <input type="checkbox"/> Brother | <input type="checkbox"/> Brother-in-law |
| <input type="checkbox"/> Husband | <input type="checkbox"/> Father-in-law | <input type="checkbox"/> Sister | <input type="checkbox"/> Daughter-in-law |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Son | <input type="checkbox"/> Son-in-law |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Daughter | <input type="checkbox"/> Non-relative |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Sister-in-law | <input type="checkbox"/> Other, please describe:
_____ |

3. Instructions: The following are thoughts and feelings people sometimes experience when caring for an adult. Read through each of the statements below and indicate how much you agree or disagree with each statement by making a check in the appropriate box.

	Strongly Disagree	Disagree	Disagree a Little	Agree a Little	Agree	Agree Strongly
a. The things I am responsible for do not fit very well with what I want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am not always able to be the person I want to be when I am with my care receiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is difficult for me to accept all the responsibility for my care receiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am having trouble accepting the way I relate to my care receiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I am not sure that I can accept any more responsibility than I have right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is difficult for me to accept the responsibilities that I now have to assume.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Instructions: The following are aspects of life that can change as a result of caregiving responsibilities. Please check the box that best reflects how you feel about each of the following statements (continued on page 3).

<i>My caregiving responsibilities have:</i>	Not at All	A Little	Moderately	A Lot	A Great Deal
a. Caused conflicts with my care receiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Decreased time I have to myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Created a feeling of hopelessness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Given my life more meaning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Increased the number of unreasonable requests made by my care receiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Kept me from recreational activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>My caregiving responsibilities have:</i>	Not at All	A Little	Moderately	A Lot	A Great Deal
g. Made me nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Made me more satisfied with my relationship with the care receiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Caused me to feel that my care receiver makes demands over and above what he/she needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Caused my social life to suffer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Depressed me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Given me a sense of fulfillment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Made me feel I was being taken advantage of by my care receiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Changed my routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Made me anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Left me feeling good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Increased attempts by my care receiver to manipulate me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Given me little time for friends and relatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Caused me to worry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Made me enjoy being with my care receiver more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Left me with almost no time to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Made me cherish my time with my care receiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Instructions: Please indicate how often have you felt the following during the past week?

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
a. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I could not "get going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate which of the following best describes your care receiver's memory.

- No Memory Problem.
- Memory or Cognitive Issue Suspected.
- Probable Alzheimer's disease or other dementia is suspected, but is not medically diagnosed.
- Yes, Alzheimer's disease or other dementia has been medically diagnosed.

7. Given your care receiver's CURRENT CONDITION, would you consider having him or her move to an out-of-home, long-term care setting?

- Definitely not.
- Probably not.
- Probably would.
- Definitely would.
- Does not apply-care receiver is in care facility.