

Caregiver Self-Assessment



Perform this self-assessment at regular intervals to identify your risk factors and shed light on your needs. There is great value in assessing yourself:

- Become more self-aware now and over time
- Measure your reactions to various aspects of caregiving
- Tease out the areas of greatest concern to you
- Acknowledge and validate your role, experiences and feelings
- Put into words an experience that you may have been unable to define, e.g., “How do I balance my needs with the needs of my partner?”

Share the results of your self-assessment with family, friends or others close to you so they can better understand the scope of caregiving (emotional, physical, fiscal, social). This might lead them to become more engaged in caring for the person with Parkinson’s or support you in other ways.

INTERPRETATION:

- 12–24** You are doing an excellent job taking care of yourself.
- 25–36** You have room for improvement. Examine the areas where you struggle, and seek help from family, friends or health care professionals to make some changes.
- 37–48** You are doing a poor job taking care of yourself and are at moderate risk for personal health problems. Talk to your health care provider or others who can help you create and stick to a plan to take better care of yourself.
- 48–60** You are at extremely high risk for personal health problems. It is important for you to talk to your personal health care provider as soon as possible. Remember, you can only provide good care for someone else if you take good care of yourself.

Adapted from “Checklist for Caregivers: Do You Take Care of Yourself?” Bass, D.S. 1990, *Caring Families: Supports and Interventions*, p. 35, National Association of Social Workers.

FILLED OUT BY:

DATE:

Rate each item below from 1 (almost always) to 5 (never) according to how much of the time each statement applies to you. Write the date above so you can track your wellbeing over time.

- 1 = ALMOST ALWAYS
- 2 = FREQUENTLY
- 3 = OCCASIONALLY
- 4 = RARELY
- 5 = NEVER

1. I exercise on a regular basis.	1 2 3 4 5
2. I make and keep preventive and necessary medical and dental appointments.	1 2 3 4 5
3. I have a job or regular volunteer activity that is gratifying.	1 2 3 4 5
4. I do not use tobacco products.	1 2 3 4 5
5. I do not use alcohol or drugs.	1 2 3 4 5
6. I get an adequate amount of sleep each day.	1 2 3 4 5
7. I have a hobby or recreational activity I enjoy and spend time doing.	1 2 3 4 5
8. I eat at least two to three balanced meals a day.	1 2 3 4 5
9. I have at least one person in whom I can confide (tell my problems, discuss my successes).	1 2 3 4 5
10. I take time to do things that are important to me (e.g., church, garden, read, spend time alone).	1 2 3 4 5
11. I do not have problems with sleeplessness or anxiety.	1 2 3 4 5
12. I have personal goals and am taking steps to achieve them.	1 2 3 4 5

TOTAL SCORE:

Add the numbers, and compare to the scale on the left