

# Caregiving Issues: Patient name \_\_\_\_\_

The person who will help if the memory problem gets worse should complete this form.

Person Completing Form: \_\_\_\_\_

Relation to Patient \_\_\_\_\_ Telephone: \_\_\_\_\_

1. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?  
*Never Rarely Sometimes Quite frequently Nearly always*
2. Do you feel stressed between caring for your relative and trying to meet other responsibilities (work/family)?  
*Never Rarely Sometimes Quite frequently Nearly always*
3. Do you feel angry when you are around your relative?  
*Never Rarely Sometimes Quite frequently Nearly always*
4. Do you feel that your relative currently affects your relationship with family members or friends in a negative way?  
*Never Rarely Sometimes Quite frequently Nearly always*
5. Do you feel strained when you are around your relative?  
*Never Rarely Sometimes Quite frequently Nearly always*
6. Do you feel that your health has suffered because of your involvement with your relative?  
*Never Rarely Sometimes Quite frequently Nearly always*
7. Do you feel that you don't have as much privacy as you would like because of your relative?  
*Never Rarely Sometimes Quite frequently Nearly always*
8. Do you feel that your social life has suffered because you are caring for your relative?  
*Never Rarely Sometimes Quite frequently Nearly always*
9. Do you feel that you have lost control of your life since your relative's illness?  
*Never Rarely Sometimes Quite frequently Nearly always*
10. Do you feel uncertain about what to do about your relative?  
*Never Rarely Sometimes Quite frequently Nearly always*
11. Do you feel you should be doing more for your relative?  
*Never Rarely Sometimes Quite frequently Nearly always*
12. Do you feel you could do a better job in caring for your relative?  
*Never Rarely Sometimes Quite frequently Nearly always*
13. Have you talked with your loved one about treatment decisions at the end of life (for example, cardiac resuscitation)?  
*No Yes*