



**MENTAL HEALTH SERVICES**

**Caregiver Wellbeing Screen**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Today's date is:

Relationship to consumer:

Duration of care relationship:

Lives with consumer: Yes  No

**Instructions:**

Taking care of someone who is ill can have consequences for the caregiver and the rest of the family. This is perfectly normal. We would like you to indicate whether you are in agreement or disagreement with the following statements about your situation in the past month. There are no right or wrong responses. We ask you to reply as honestly as you can to enable us to understand what kind of services or support you may need.

		Totally Disagree	Somewhat Disagree	Somewhat Agree	Totally Agree
1	My caring role makes me feel tired and worn out	0	1	2	3
2	I am not coping well with my present situation	0	1	2	3
3	I am more cut off from my regular social activities than before	0	1	2	3
4	My care giving role has put a strain on my family relationships	0	1	2	3
5	I feel I will not be able to continue my care giving role for much longer	0	1	2	3
6	My care giving role has put a strain on my relationship with the person I care for	0	1	2	3
7	I feel that meeting the needs of the person I care for is not worth all the effort	0	1	2	3
8	Care giving takes up all my time	0	1	2	3
9	I do more than my share of caring compared to other family members or peers	0	1	2	3
10	I feel depressed	0	1	2	3
11	I feel I am losing control of my life because of my present situation	0	1	2	3
12	I have increased my intake of alcohol, cigarettes or other drugs	0	1	2	3

Count up all the answers and put this number in the total score box.

Return form to Carer Consultant who will contact you about your needs

**Total Score**

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