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*