CarerQol-7D

We would like to form an impression of your caregiving situation.

Please tick a box to indicate which description best fits your caregiving situation at the moment.

*Please tick only one box per description: ‘no’, ‘some’ or ‘a lot of ’.*

1. I have

no

some

a lot of

1. I have
2. I have
3. I have
4. I have
5. I have
6. I have

fulfilment from carrying out my care tasks.

relational problems with the care receiver (*e.g., he/she is very demanding or he/she behaves differently; we have communication problems*).

problems with my own mental health (*e.g., stress, fear, gloominess, depression, concern about the future*).

problems combining my care tasks with my daily activities (*e.g., household activities, work, study, family and leisure activities*).

financial problems because of my care tasks.

support with carrying out my care tasks, when I need it (*e.g., from family, friends, neighbours, acquaintances*).

problems with my own physical health (*e.g., more often sick, tiredness, physical stress*).

CarerQol-VAS

How happy do you feel at the moment?

*Please place a mark on the scale below that indicates how happy you feel at the moment.*

completely unhappy completely happy

0 1 2 3 4 5 6 7 8 9 10