## 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'.

	no	some	a lot of	
a. I have				fulfilment from carrying out my care tasks.
b. I have				relational problems with the care receiver (e.g., he/she is very demanding or he/she behaves differently; we have communication problems).
c. I have				problems with my own mental health (e.g., stress, fear, gloominess, depression, concern about the future).
d. I have				problems combining my care tasks with my daily activities (e.g., household activities, work, study, family and leisure activities).
e. I have				financial problems because of my care tasks.
f. I have				support with carrying out my care tasks, when I need it (e.g., from family, friends, neighbours, acquaintances).
g. I have				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.

