

Caregiver HCN or ID: _____

Care recipient HCN or ID: _____

Caregiver Wellbeing Index ©

AA.1. Screener assessment Date: ____/____/____
DD MM YYYY

A. INFORMAL CAREGIVER – BACKGROUND INFORMATION

1. a. **Sex**

M Male

F Female

UN Not assigned male or female

☐

b. **Gender identity**

M Male

F Female

OTH Other gender identity

UNK Not known

NA Not applicable

☐

c. If the person responded to “Other” to **A2b (Gender Identity)** ask:

What best identifies your current gender identity? _____

2. **Your age in years is:**

1 Under 25

2 25 to 44

3 45 to 6

4 65 to 74

5 75 to 84

6 85 or more

☐

3. **Your Relationship to the Care Recipient**

Please select one of the following to describe your relationship to the person you are caring for.

1 Child or child-in-law

5 Sibling

2 Spouse

6 Other relative

3 Partner/significant other

7 Friend

4 Parent/guardian

8 Neighbour

☐

4. **Your primary language is:**

Please select the answer that best describes the language you are most comfortable using.

1 English

2 French

3 Other: Please Specify _____

☐

5. **You currently live:**

1 Alone

5 With parent(s) or guardian(s)

2 With spouse / partner only

6 With sibling(s)

3 With spouse / partner and other(s)

7 With other relative(s)

4 With child (not spouse / partner)

8 With nonrelative(s)

☐

Caregiver Wellbeing Index ©**Use the following chart to determine the Score Code for each item**

IF Response is	THEN Score Code is
0. Not in the last 3 days	0
1. Not in the last 3 days, but often feel that way	0
2. In 1-2 of last 3 days	1
3. Daily in the last 3 days	2

1. In the last three days, how often have you felt little interest or pleasure in the things you normally enjoy?

0. Not in the last 3 days

1. Not in the last 3 days, but often feel that way (NOTE: Use this code only if the caregiver indicates the feeling is present and active, but it was not observed in the last 3 days.)

2. In 1-2 of last 3 days

3. Daily in the last 3 days

Response (0-3) ☐Score code (0-2) ☐**2. In the last three days, how often have you felt anxious, restless, or uneasy?**

0. Not in the last 3 days

1. Not in the last 3 days, but often feel that way (NOTE: Use this code only if the caregiver indicates the feeling is present and active, but it was not observed in the last 3 days.)

2. In 1-2 of last 3 days

3. Daily in the last 3 days

Response (0-3) ☐Score code (0-2) ☐**3. In the last three days, how often have you felt sad, depressed, or hopeless?**

0. Not in the last 3 days

1. Not in the last 3 days, but often feel that way (NOTE: Use this code only if the caregiver indicates the feeling is present and active, but it was not observed in the last 3 days.)

2. In 1-2 of last 3 days

3. Daily in the last 3 days

Response (0-3) ☐Score code (0-2) ☐**4. In the last three days, how often have you felt overwhelmed by your relative/friend's illness?**

0. Not in the last 3 days

1. Not in the last 3 days, but often feel that way (NOTE: Use this code only if the caregiver indicates the feeling is present and active, but it was not observed in the last 3 days.)

2. In 1-2 of last 3 days

3. Daily in the last 3 days

Response (0-3) ☐Score code (0-2) ☐

FINAL SCORE = _____ (Sum of 'Score code')

