The following questions are about how your life is being affected by your family member’s condition at the moment. Please mark one box for each of the 16 questions.

Please answer the following questions:

Your age:______
Your gender: Male / Female
Your relationship to the patient:______________________
Patient’s diagnosis:_________________________________

Part 1: Emotional

Because of my family member’s condition...

1. I feel worried
2. I feel angry
3. I feel sad
4. I feel frustrated
5. It is difficult to find someone to talk to about my thoughts
6. Caring for my family member is difficult

Part 2: Personal and Social Life

Because of my family member’s condition...

7. It is hard to find time for myself
8. My every day travel is affected
9. My eating habits are affected
10. My family activities are affected
11. I experience problems with going on holiday
12. My sex life is affected
13. My work or study is affected
14. My relationships with other family members are affected
15. My family expenses are increased
16. My sleep is affected

Please check that you have answered every question. Thank you.

For office use only  Score for part 1 (out of 12): ___  Score for part 2 (out of 20): ___  Total score (out of 32): ___