

2019

# TOPICS-MDS



## QUESTIONNAIRE

Caregiver,  
baseline and follow-up

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**Your experiences as a caregiver are valuable**

You are providing care or support to your partner, a family member, a friend or acquaintance who needs help because of mental health problems or complaints of old age. This list contains questions about what this care or support means for you. In this questionnaire, the person to whom you provide care or support, we refer to as 'your loved one'. We call the care and support you provide 'informal care'.

Your experiences are valuable. For you and for other caregivers.

Your answers will be used in research aimed at improving elderly care and informal care. The information this yields can contribute to changes in facilities, regulations or legislation for care and wellbeing.

**Instructions for filling in this questionnaire**

- Completing this questionnaire will take approximately twenty minutes.
- If you read 'your loved one', then the question refers to the person for whom you are a caregiver.
- Read each question through completely before selecting an answer.
- Some questions may appear to be 'repeated', but please answer all questions. They are intended to view your situation again from a different angle.
- When you are done, please check that you have not forgotten any questions.

### Date of birth, gender and postal code

Please fill in your details below:

Date of filling in the  
questionnaire:

Day      Month      Year

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Date of birth:

Day      Month      Year

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Gender:

Male                       Female

Postal code (4 numbers):

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### Personal information

- 1 What is the highest level of education that you have completed?
  - Fewer than 6 classes of primary school
  - 6 Primary school classes / lom-school / mlk-school
  - More than primary school / primary school with uncompleted further education
  - (Pre-)vocational secondary education (Ambachtsschool, vmbo)
  - Secondary vocational education (Mulo / mms / mavo / mbo)
  - University entrance level (Hbs / gymnasium / atheneum)
  - University / tertiary education / higher professional education (hbo)
  
- 2 Do you have children?
  - No
  - Yes

Have you ticked "Yes"? Please answer the next question. If not, go to question 4.

3 Do your children live in the same home as you?

No

Yes

4 Do you have paid work?

No

Yes, I work fulltime (36 hours on contract or more)

Yes, I work parttime, namely  hours **per week**

5 Do you do volunteer work? (please, do not include caregiving)

No

Yes, about  hours **per month**

### Date of birth, gender and postal code of your loved one

Please fill in the details of your loved one below:

6 Date of birth of your loved one:

Day      Month      Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
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7 Gender of your loved one:

Male

Female

8 Postal code of your loved one:  
(4 numbers)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Time spent on caring for your loved one**

The next questions are about the amount of time that you spend caring for your loved one. You will be asked to write down whether you have given your loved one assistance for various activities of daily life. With 'assistance', we mean that you have supported your loved one in the task or have taken over the task entirely.

Please fill in as accurately as possible the amount of time that you spend on all activities. Try to indicate as precisely as possible how much time you really spend caring for your loved one. There are questions further on in this questionnaire about how hard the care feels to you.

Complete the questions based on how the **previous week** has been. Choose another week if your time expenditure in the previous week has been very different to an average week, for example due to illness or vacation.

In the **past week**, have you had to help your loved one with the following due to his/her health problems ...

12 household tasks such as preparing food and drinks, cleaning the house, washing, ironing and sewing clothing, shopping for groceries or odd jobs in the house or the garden?

No

Yes, namely  hours in the past week

In the **past week**, have you had to help your loved one with the following due to his/her health problems ...

13 personal care (dressing and undressing, washing, combing, shaving), going to the toilet, moving around the house, eating, drinking or administering medication?

No

Yes, namely  hours in the past week

In the **past week**, have you had to help your loved one with the following due to his/her health problems ...

14 moving around outside the house, going on outings and visiting family or friends, contacts with healthcare (accompanying him/her for example to the general practitioner, the hospital, therapy), arranging assistance, devices and/or home modifications and organising financial and administrative matters?

No

Yes, namely  hours in the past week

15 Does your loved one receive help from other caregivers besides you?

No, I am the only caregiver

Yes, namely  hours per week

16 Can your loved one be left alone?

No, my loved one needs constant supervision

Yes, but my loved one can be left alone for one hour at most

Yes, my loved one can easily be left alone for a hours (or more)

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**How difficult the care is for you**

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17 On a scale of 0 to 10: How hard is it for you to care for your loved one at this moment?

0 indicates 'not difficult at all' and 10 'far too difficult'.

**0      1      2      3      4      5      6      7      8      9      10**

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18 If the caregiving situation stays as it is now, how long will you be able to cope with the care?

- Less than a week
- More than a week, but less than a month
- More than a month, but less than six months
- More than six months, but less than a year
- More than a year, but less than two years
- More than two years







**Quality of life for yourself**

The next question is about your 'quality of life'. This refers to what you think about your life. For example, whether you are satisfied with your life, whether you have enjoyment in your life and whether your life gives you satisfaction.

22 On a scale of 0 tot 10: how do you rate your life at this moment? 0 indicates 'completely unsatisfied' and 10 'completely satisfied'.

**0      1      2      3      4      5      6      7      8      9      10**

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**Closure**

If you have any comments, please write them down in the space below:

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This is the end of the questionnaire. Thank you very much for completing the questionnaire.