



Date	Code	Counselor
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Resilience and Strain Questionnaire for Caregivers (RESQ-CARE)

Dear family caregiver,

Caring for somebody in need changes one's everyday life. Family caregivers deal with this new situation in different ways. While there are some who recover from stress quickly, the majority of family caregivers are at risk of developing physical and/or mental health problems themselves due to the additional stress. This risk depends on various factors, but especially on one's own resilience, social support, and care-related burden.

The aim of this questionnaire is to find out how your current situation is influenced by these positive or negative factors. Based on your answers, we would like to be able to offer you optimal advice/support that is tailored to your needs. For this purpose, it is important that you answer the questions based on your current situation. Please look back over the last four weeks when responding. Your answers will be treated confidentially.

My personal information

Age	Years	
Gender	<input type="radio"/> Female <input type="radio"/> Male	<input type="radio"/> Other
Relationship to the person I care for (I am the ...)	<input type="radio"/> Spouse <input type="radio"/> Parent	<input type="radio"/> Child <input type="radio"/> Other:
Living situation	<input type="radio"/> Together with the person I care for <input type="radio"/> Alone	<input type="radio"/> With one's own family, partner <input type="radio"/> Other:
Highest educational attainment	<input type="radio"/> Primary school <input type="radio"/> High school <input type="radio"/> University	<input type="radio"/> Postgraduate <input type="radio"/> No qualifications
Occupation	<input type="radio"/> Retired <input type="radio"/> Part-time <input type="radio"/> In training/studying	<input type="radio"/> Unemployed <input type="radio"/> Full-time
Time spent on caregiving	hours/week	

Information on the person I care for

Age	Years	
Gender	<input type="radio"/> Female <input type="radio"/> Male	<input type="radio"/> Other
Illnesses	<input type="radio"/> Stroke <input type="radio"/> Cancer <input type="radio"/> Parkinson's disease	<input type="radio"/> Dementia <input type="radio"/> Other(s):
Living situation	<input type="radio"/> Lives at home	<input type="radio"/> Lives in an institution





My strength-givers

1. My inner attitude

	Strongly agree	Agree	Disagree	Strongly disagree
1. I voluntarily and deliberately chose to take on the role of being a caregiver. For example, if the person I care for had other support options, I would still have chosen to take on this role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Through the demands of caregiving, I am discovering new, positive sides of myself, of the person I care for, and/or of our relationship with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I recover quickly from stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel competent in the care I provide. For example, I have gathered information about the condition of the person I care for and support services available to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am able to rely on my abilities in difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. My sources of energy

	Strongly agree	Agree	Disagree	Strongly disagree
6. Despite the increased demands, I manage to pursue my own interests (such as hobbies, sport).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I involve other people in the care I provide (e.g., family members, friends, community support services, or private support services).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I receive positive feedback for the care I provide my care recipient (e.g., from the person I care for, a family member, friend, or healthcare professional).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I have people I can always rely on.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. In my day-to-day life, I experience feelings of joy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My strength-sappers

3. Difficulties in managing the person I care for

	Strongly agree	Agree	Disagree	Strongly disagree
11. The person I care for has physical limitations and needs assistance with activities of daily living which is difficult for me to provide, such as getting dressed, washing, mobility, eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The person I care for shows behaviors which are challenging for me to cope with (e.g., care recipient does not want support, shows aggressive behavior, has difficulty sleeping, and/or shows a lack of interest in most things).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I cannot leave the person I care for alone for an hour.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





14. The person I care for has changed for the worse due to their condition (e.g., is more irritable, more negative, less compassionate, has mentally declined).

15. I experience a lot of conflict and arguments with the person I care for.

4. General challenges

Strongly agree Agree Disagree Strongly disagree

16. I am burdened by other stressors in everyday life outside of my caregiving role (e.g., my own health and well-being, worries about other family members, finding balance with caregiving-family-work).

17. I experience physical health challenges on a daily basis (e.g., pain, shortness of breath, unwanted weight change, heart palpitations, dizziness, or problems with my muscles, joints, or bones).

18. I am worried about my financial situation.

19. I neglect my own health and well-being (e.g., missing medical appointments, experiencing a lack of sleep, eating poorly).

20. I feel like I cannot keep up with the many demands in my everyday life.

I'd like to add the following comments:

Many thanks for filling out the questionnaire!

