



Date	Family caregiver	Counselor	ID number/case number
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Resilience and Strain Questionnaire for Caregivers (RESQ-CARE)

- for use in professional counseling -

Dear family caregiver,

Caregiving changes one's everyday life, but this role can impact family caregivers differently. Some recover quickly from the demands associated with caregiving. Others are at risk of developing physical or mental health problems. This depends on various factors, but particularly one's own resilience and the care-related burden.

The aim of this questionnaire is to evaluate the ratio of these factors. Based on your answers, we can better align the counseling with your current situation.

Please think back over the last four weeks when responding. Your answers will be treated confidentially.

Information about me

Age	Years
Gender	<input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Male
Relationship to the person I care for (I am their ...)	<input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Other:
Living situation	<input type="radio"/> With the person I care for <input type="radio"/> Alone <input type="radio"/> With my own family/partner <input type="radio"/> Other:
Highest educational attainment	<input type="radio"/> High school graduate <input type="radio"/> No schooling/education <input type="radio"/> Still in school <input type="radio"/> Other:
Occupation	<input type="radio"/> Retired <input type="radio"/> In training/studying <input type="radio"/> Full-time employment <input type="radio"/> Not in employment <input type="radio"/> Part-time employment
Start of caregiving (I have been caregiving for ...)	weeks/months/years





Time spent on caregiving (I provide care for ...)	hours per week
Support received for caregiving	<ul style="list-style-type: none"><input type="radio"/> No support<input type="radio"/> Supported by relatives, acquaintances, neighbors<input type="radio"/> Professional support<ul style="list-style-type: none"><input type="radio"/> In-home care service<input type="radio"/> Care on an hourly basis<input type="radio"/> Day care or night care<input type="radio"/> 24-hour care<input type="radio"/> Assisted living<input type="radio"/> Community home for senior citizens or shared care<input type="radio"/> Care home<input type="radio"/> Other:

Information about the person I care for

Age	Years
Gender	<input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Male
Illnesses, impairments	<ul style="list-style-type: none"><input type="radio"/> Cardiovascular disease, e.g., heart attack, stroke<input type="radio"/> Chronic physical illness, e.g., rheumatism, arthrosis<input type="radio"/> Mental/neurological illness, e.g., dementia, Parkinson's disease, depression<input type="radio"/> Other:
Support needs	<ul style="list-style-type: none"><input type="radio"/> Mobility<input type="radio"/> Communication and mental abilities, e.g., memory, understanding<input type="radio"/> Mental health problems, e.g., sadness, aggressiveness, restlessness<input type="radio"/> Self-care, e.g., washing, getting dressed, household tasks<input type="radio"/> Medical care, e.g., use of medication, visiting the doctor, using physical/medical aids<input type="radio"/> Organizing everyday life and social contacts
Living situation	<input type="radio"/> At home, alone <input type="radio"/> Care home <input type="radio"/> At home with family/partner <input type="radio"/> Other:
Care level (if applicable)	





My strength-givers

1. My inner attitude

	Strongly agree	Agree	Disagree	Strongly disagree
1. I voluntarily and deliberately chose to take on the caregiving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Through 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 about support services.	<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, e.g., hobbies, sport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I use support for the caregiving, e.g., from family members, friends, professional support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I receive supportive feedback for the care I provide.	<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. I experience joy in my everyday life, e.g., when I pursue pleasant activities.	<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. He/she needs support in everyday life that is difficult for me to provide, e.g., with getting dressed, washing, eating or mobility.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The person I care for shows difficult behaviors that are burdensome for me, e.g.: He/she rejects help, is aggressive, has difficulty sleeping, lacks drive.	<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.: He/she is irritable, less compassionate, more negative, less mentally fit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I experience a lot of conflict and arguments with the person I care for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. General burdens of my living situation	Strongly agree	Agree	Disagree	Strongly disagree
16. Besides the caregiving tasks, I am additionally burdened in my everyday life, e.g., due to my own health, worries about other family members, reconciling caregiving, family and job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I suffer from physical complaints on a daily basis, e.g., pain, shortness of breath, heart palpitations, dizziness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I am worried about my financial situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I neglect my own health, e.g., I do not take care of my nutrition, getting enough sleep or attending medical check-ups.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel like I cannot keep up with the many demands in my everyday life. This can express itself, e.g., in a lack of drive, sleep problems, joylessness or irritability.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I would also like to mention that:

Thank you for filling out the questionnaire!

