

We would like to form an impression of your caregiving situation. Please tick a box to indicate which description best fits your caregiving situation at the moment.

Please tick only one box per description: 'no', 'some' or 'a lot of'.

- I have no some a lot of fulfillment from carrying out my care tasks.
- I have no some a lot of relational problems with the care receiver (e.g., he/she is very demanding or behaves differently; we have communication problems).
- I have no some a lot of problems with my own mental health (e.g., stress, fear, gloominess, depression, concern about the future).
- I have no some a lot of problems combining my care tasks with my own daily activities (e.g. household activities, work, study, family, leisure activities).
- I have no some a lot of financial problems because of my care tasks.
- I have no some a lot of support with carrying out my caretasks, when I need it (e.g., from family, friends, neighbours, acquaintances).
- I have no some a lot of problems with my own physical health (e.g., more often sick, tiredness, physical stress).

How happy do you feel at the moment? Please place a mark on the scale below that indicates how happy you feel at the moment.

**completely
unhappy**

**completely
happy**

