YC-QST-20

Young Carers: Questionnaire and Screening Tool (Identifying and Recognising Young Carers)

1. Do you live with a relative (parent, grandparent, brother, sister or other family member) who is ill or disabled?

   Yes ☐
   No ☐
   Don’t Know ☐

2. What is their relationship to you (mother, father, brother, sister, grandparent, other)?

   ____________________________________________

3. How long has your relative been ill or disabled? __________________________

4. Do you know what type of illness or disability they have?

   Yes ☐
   No ☐
   Don’t Know ☐

4a. If yes, what is this? __________________________________________

5. Has your relative’s illness or disability been diagnosed by a Doctor or other health professional?

   Yes ☐
   No ☐
   Don’t Know ☐

6. Does your relative receive help from health, social care services or any other organisation for their illness or disability?

   Yes ☐
   No ☐
   Don’t Know ☐

6a. If so, what kind of help do they receive?

   ____________________________________________
7. Has anyone from health, social care services or any other organisation talked to you about your relative’s illness or disability and how it affects you and your family?

   Yes □
   No □
   Don’t Know □

7a. If not, would you like this?

   ________________________________

7b. If yes, has this helped you at all?

   Yes □
   No □
   Don’t Know □

8. Have you talked to your relative about their illness or disability?

   Yes □
   No □
   Don’t Know □

8a. If not, why not? ________________________________

8b. If yes, has this helped you at all?

   Yes □
   No □
   Don’t Know □

9. Do you provide any practical help in the house because of your relative’s illness/disability (such as cooking, cleaning, helping with chores)?

   Yes □
   No □
   Don’t Know □

9a. If yes, what type of help do you provide? ________________________________

   ________________________________
10. Do you provide any nursing-type help for your relative (such as helping to wash or dress them, give medication, helping them to move)?

Yes ☐
No ☐
Don’t Know ☐

10a. If yes, what type of help do you provide? ________________________________

11. Do you provide any emotional help to your relative (such as sitting with them, trying to make them laugh, cheer them up, talking to them about their problems)?

Yes ☐
No ☐
Don’t Know ☐

11a. If yes, what type of help do you provide? ________________________________

12. Does anyone else in your house provide help for your relative who is ill or disabled?

Yes ☐
No ☐
Don’t Know ☐

12a. If yes, who does this? ________________________________

12b. If not, why not? ________________________________

13. How long have you been helping/caring for your relative?

_____________________________________________

14. Approximately, how many hours a week do you spend helping to look after your relative at home? ________________________________
15. Has caring for your relative affected the amount of time you have for yourself (for example, going to school, doing homework, spending time with friends, hobbies)?

Yes ☐
No ☐
Don’t Know ☐

16. Would you like someone to help you understand more about your relative’s illness or disability?

Yes ☐
No ☐
Don’t Know ☐

17. Is there any other kind of help or support you would like?

Yes ☐
No ☐
Don’t Know ☐

18. Please tell us what kind of support or help you would like ____________________________


About Yourself:

19. What is your age? __________________

20. Are you: Male ☐ Female ☐