

YOUNG CARERS

QUESTIONNAIRE

	Yes Quite a lot	Sometimes once or twice a week	No Never
I help to care for a family member (parent or siblings)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do household jobs in my home (cook, shopping, pay bills etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I help my parent/s wash themselves, help in & out of bed or give them medication etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I help support parent/s who have drugs or alcohol issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take my family member to the doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am not always able to go out with my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it hard at school, because I worry about a family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I lose sleep, because I worry about my parent/s illness or disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes have to miss school because of my parent/s illness or disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes help my parent/s when they are sad or upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends sometimes get angry when I can't come out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends do not sleep over at my house a lot and I don't sleep at my friends house because I am needed at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes feel upset and sometimes cry about my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes feel angry and frustrated because of my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes I feel like I am missing out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel embarrassed about my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I have nobody to talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent/s need more support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please count the number of ticks for answers 'YES' and 'SOMETIMES' - add them together and check below.

1-6

Possibly a young carer.

You need not to be a young carer but need support or signposting to another service.

7-13

You are more than likely a young carer, don't worry!

We will do all we can to help you and your family.

12-18

You are definitely a young carer, Don't worry we are only here to help.

Please don't hesitate to ring to young carers team on 01254 692709. We will carry out an assessment which will help us to identify what support you and your family need.

Thank you for completing this Questionnaire.

Name:

Age:

School:

Contact Number:

FOR MORE INFORMATION

t 01254 244700 **e** youngcarers@canw.org.uk

www.canw.org.uk

Registered Charity No: 222533



CANW
Child Action Northwest