



Young people's caring role questionnaire

Please can you fill out this form to help us understand the caring that you do and consider the support that may be helpful. This questionnaire is being trialled so we would really appreciate if you would tell us how easy it was to complete, there are some additional questions about this at the end.

Name:

Who do you help to look after or care for? *(Please tick as many boxes as apply to you)*

<input type="checkbox"/> Mum	<input type="checkbox"/> Brother/s or sister/s	<input type="checkbox"/> Other family members
<input type="checkbox"/> Dad	<input type="checkbox"/> Grandparent/s	<input type="checkbox"/> Friend or other

Why do you need to look after them? *(Please tick)*

<input type="checkbox"/> They have a physical disability. <i>(For example, they are unable to walk and use a wheelchair; they are deaf or blind; they may not have some limbs; difficulties with mobility and doing day to day tasks.)</i>	<input type="checkbox"/> Substance use <i>(For example, they drink alcohol or take other drugs – these may be illegal or sometimes prescribed by the doctor) where they find it difficult to stop. The alcohol and/ or drugs take priority in the home and how they behave, and feel can be unpredictable)</i>
<input type="checkbox"/> They have a learning disability. <i>(This may mean they may attend a special educational need school / may mean their learning ability is different from their peers.)</i>	<input type="checkbox"/> They have a long-term illness. <i>(For example, fibromyalgia, live with constant pain, have chronic fatigue, cardiovascular disease, cancer, epilepsy, or many others)</i>
<input type="checkbox"/> They have mental health problems. <i>(For example they can find life very challenging due having depression, anxiety, feel they can't go out; schizophrenia)</i>	<input type="checkbox"/> They are ill in another way
<input type="checkbox"/> They are neuro divergent. <i>(E.g. autistic, ADHD and may access additional support in or attend a special educational need school)</i>	<input type="checkbox"/> Sensory impairment <i>(When one of your senses; sight, hearing, smell, touch, taste and spatial awareness, is no longer normal.)</i>

Below are some jobs that young carers do to help. Please read each one and put a tick in the box to show how often you have done each of the jobs in the past month.

	Never/ Rarely	Some of the time	A lot of the time	Add any comments to explain more if you want
Household jobs:				
Clean your own bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean other rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking and preparing food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helping the person to eat/drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wash up/ dry dishes, use dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doing the laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decorate rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Take responsibility for shopping for food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help with lifting or carrying heavy things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dealing with money and finances:				
Help with financial matters such as dealing with bills, banking money, or collecting benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work part time to bring money in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Young carers questionnaire to help identify appropriate support

Looking after the cared for person:				
Interpret, sign or use another communication system for the person you care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help the person you care for to dress or undress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help the person you care for have a wash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Help the person you care for have a bath or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helping the person to use the toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Offering emotional support to cared for <i>(for example, giving parent a hug when they are down, listening to them when they are sad, do you try and make them laugh?)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helping give medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keep the person you care for company <i>(for example, sitting with them, reading to them, talking to them)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keep an eye on the person you care for to make sure they are alright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Take the person you care for out <i>(For example, for a walk to see friends or relatives)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Looking after siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Take siblings to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Look after siblings whilst another adult is near by	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Look after siblings on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If you do anything else to help the person you care for add below				



Young people's feedback

This questionnaire is being trialled so we would really appreciate if you would tell us how easy it was to complete.

How easy was this form to complete?

0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Very easy			Very hard		

Was there anything you didn't understand?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what did you not understand?	

Are there any changes or improvements that would make the questionnaire easier to use?

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