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Nordic Council of Ministers'
Office in Estonia



**MTÜ Eesti
Omastehooldus**

Questionnaire of carer welfare and health

„Rohkem Sa hoolid Eestis, Lätis, Soomes“

MYCELF – More You Care in Estonia, Latvia, Finland

Aim of this questionnaire is to collect adequate information about the life quality and well-being of informal carers. The questionnaire consists on 6 subtopics and the estimated time for filling the form is 20 minutes. The results of three participating countries are analysed in comparison.

Estonia 2015

Emotional assistance, closeness

8. How long have You been a carer?
- less than a year
 - 1-5 years
 - 6-10 years
 - more than 10 years
9. Do You live with Your care recipient...?
- in the same household
 - in the same city/parish(municipality)
 - in different municipalities
10. Has the caring had negative impact on your/your family's economic situation?
- greatly
 - somewhat
 - not at all
11. Do You receive support and assistance from Your family members or friends to fulfill Your care responsibilities?
- greatly
 - somewhat
 - not at all
12. Do You care for Your close one willingly or unwinningly?
- willingly
 - I am obliged to
 - unwillingly
13. In a situation, where the cared for person needs constant and intensive care and assistance, would You be ready to temporarily give up Your work to fulfill the care responsibilities?
- yes
 - depends on the situation
 - no
14. In what kind of circumstances (in relation with the cared for person) would You be or have been away from Your daily work?

Describe shortly:

Work life

15. Do You work in ...?

- public sector
- private sector
- third sector(NGOs, associations, societies)

16. Are You ...?

- member of administration
- departmental manager
- regular employee

17. Have You talked about Your care responsibilities towards Your family member or close one at Your workplace?

- yes
- no

18. Have You received support and understanding at Your workplace in relation of Your care responsibilities?

- plenty of
- slightly
- not at all

19. There are different practices at workplaces when dealing with absence of employee with care responsibilities due to the cared for person's doctor's visit, unexpected illness etc.

Mark those, that You have been able to or can use. Multiple answers possible!

- Flexible working hours(i.e. Start late/early, end late/early)
- Collecting working hours(hours collected over the standard hours can be used based on the needs of the employee)
- You can leave some days from the Annual vacation unused for later usage
- Additional paid vacation day per month for parent of disabled child
- Part-time work
- Teleworking(working from home)
- Working based on the schedule or shifts
- Arrangement with administration
- Unpaid vacation
- Other opportunity

Which?

20. Is the health and welfare of employees an interest for employers at Your workplace?

- yes

- no

21. Have You thought about early retirement based on Your health status or other circumstances?

- yes
- no

22. If You answered „yes“, then to what degree it is related to Your care responsibilities and careload?

- a good deal of
- slightly
- not at all

23. How often do You feel that You would want to leave Your care responsibilities and focus on Your work?

- frequently
- seldom
- never

24. Have You experienced the following situations in Your work due to Your care responsibilities?

| | Yes | No |
|--|-----------------------|-----------------------|
| It is hard to complete the agreed upon working hours or activities | <input type="radio"/> | <input type="radio"/> |
| Have to work part-time | <input type="radio"/> | <input type="radio"/> |
| Have to give up on new challenges or career opportunities | <input type="radio"/> | <input type="radio"/> |
| Have to give up on worktrips or training courses | <input type="radio"/> | <input type="radio"/> |
| Could not take part in work-related events | <input type="radio"/> | <input type="radio"/> |
| Have to give up on overtime work | <input type="radio"/> | <input type="radio"/> |

- Name other situations

25. Determine, to what extent the situations described in the questions 23 and 24 have made You feel:

| | greatly | somewhat | slightly | not at all |
|----------|-----------------------|-----------------------|-----------------------|-----------------------|
| shame | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| offended | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| guilt | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Personal health and coping ability

26. How do You evaluate Your health status compared to Your peers?

- very good
- good
- average
- poor
- particularly poor

27. Stress is defined as a situation where a person feels tension, restlessness, fear, anxiety, falling asleep is difficult because various thoughts plague the head. Do You feel the stress?

- never
- rarely
- to some extent
- frequently
- constantly

28. How does the current life moment feel with Your cared for person?

- easy
- bearable
- difficult
- extremely difficult

29. The following questions make an attempt to explain the issues related to the burden of care and your inner contradictions.

| | never | rarely | frequently | constantly |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Do You feel that You do not have enough time for Yourself due to the care responsibilities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Is it stressful for You to cope with care responsibilities in addition to taking care of Your family and fulfilling Your work responsibilities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do You feel irritated when being with cared for person? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do You feel that the cared for person is impacting negatively Your relationships with other family members and friends? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do You feel tired in the company of the cared for person? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do You feel that Your health has suffered due to the care load? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do You feel that the care load limits Your freedom of choice? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do You feel that Your socializing is limited due to the care load? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do You feel that You have lost control over Your life due to the illness of Your family member or close one? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do You feel insecure towards Your cared for person? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Do You feel that You have to improve Your caring skills?

30. To what extent are the following items important to You taking account Your coping ability?

| | very important | important | Not so important | unimportant |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| hobbies | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| friends | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| information and experience groups available through NGOs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| faith and spiritual assistance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| counselling (psychotherapy) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| "one day at a time" – mentality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| working, work environment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| family | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Something else, what?

Social services

31. How satisfied are you with the services offered to the cared for person?

| | very satisfied | satisfied | not satisfied | not using | have not heard |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Home care (LMS) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support person | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal assistant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Daycare | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Physical therapy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Respite care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Private paid services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| NGO services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social transport | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Educational services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rehabilitation services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| LMS – local municipality service | | | | | |

Other services, name?

Health

What type of changes have the illness of close person or care responsibility brought into Your daily life?

32. How do You evaluate Your health status?

- very good
- satisfactory
- poor
- very poor

33. How do You evaluate Your health status compared to the last year?

- better than last year
- similar
- worse than last year
- much worse than last year

34. Do You have permanent health issues or disabilities that limit Your daily life?

- no
- yes, which?

35. Do You take medications daily?

- not using medication
- yes; how many different medications regularly?

36. Is there something that worries You about Your health status?

- no
- yes, what?

37. What is Your mood?

| | yes | no |
|---|-----------------------|-----------------------|
| Are You happy with Your life? | <input type="radio"/> | <input type="radio"/> |
| Have you had to give up some activity or hobby? | <input type="radio"/> | <input type="radio"/> |
| Do You think Your life is meaningless? | <input type="radio"/> | <input type="radio"/> |
| Do You often feel sad? | <input type="radio"/> | <input type="radio"/> |
| Are You usually in a good mood? | <input type="radio"/> | <input type="radio"/> |
| Do You fear that something bad may happen to You? | <input type="radio"/> | <input type="radio"/> |
| Are You satisfied with Your life? | <input type="radio"/> | <input type="radio"/> |
| Do You feel often helplessness? | <input type="radio"/> | <input type="radio"/> |
| Is now a good time to live? | <input type="radio"/> | <input type="radio"/> |
| Do You feel that You are not fit for nothing? | <input type="radio"/> | <input type="radio"/> |
| Do You think You are full of eagerness? | <input type="radio"/> | <input type="radio"/> |
| Do You find Your situation hopeless? | <input type="radio"/> | <input type="radio"/> |
| Do You think that other people are doing better than You? | <input type="radio"/> | <input type="radio"/> |

38. What type of changes do You wish for in Your life?

Background information

39. Gender

- Female
- Male

40. Your age?

41. Highest level of education You have completed?

- Primary education
- Lower secondary education
- Vocational education
- Secondary education
- Vocational secondary education
- Bachelor's degree
- Master's degree
- Doctoral degree

42. Describe one conflict situation between You and the person You are caring for. How did You solve the situation? Are You happy with the solution?