

# APPLIQue

## **Carer's Questionnaire**

### **Please read these instructions first**

On the following pages you will find some comments made by carers about their experiences and relationships with their partners.

Please read each statement carefully and decide whether it applies to you and your caring situation **at the moment**.

If it **does** apply to you, tick the box marked **True**

If it **does not** apply to you, please tick the box marked **Not True**.

Please read each statement carefully and decide whether it applies to you and your caring situation **at the moment**

1. I never have time to sit down

True

Not True

2. I often get irritable

True

Not True

3. Organising shopping is very difficult

True

Not True

4. There is no conversation between us

True

Not True

5. I have little freedom to do what I want to do

True

Not True

6. This situation wears me down

True

Not True