



# EDY-CARE ASSESSMENT TOOL

**ERASMUS+ PROGRAMME PROJECT**  
**"INNOVATIVE SCHOOL EDUCATION METHODOLOGIES AND TOOLS**  
**FOR GUARANTEEING SOCIAL INCLUSION OF YOUNG CARERS"**  
**(EDY-CARE) N° KA2 2017-1-SE01-KA201-034583**



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**Dear pupil,**

**This questionnaire is about things you do in your everyday life and how you feel about them.**

**Please read each question and put a tick in the box which indicates your answer.**

**There are no right or wrong answers, we just want to know what you do and how you feel about it.**

## 1. ARE YOU A GIRL OR A BOY?

- Boy
- Girl

## 2. WHAT YEAR WERE YOU BORN?

All families are different (for example, not everyone lives with both their parents, sometimes people live with just one parent, or they have two homes or live with two families) and we would like to know about yours.

## 3. PLEASE ANSWER THIS QUESTION FOR THE HOME WHERE YOU LIVE ALL OR MOST OF THE TIME and tick the people who live there. (Multiple answers are possible)

- Mother
- Father
- Stepmother (or father's girlfriend/partner)
- Stepfather (or mother's boyfriend/partner)
- I live in a foster or children's home
- Someone or somewhere else (eg. siblings, grandparents).  
Please write it down:

## 4. WOULD YOU SAY YOUR GENERAL HEALTH IS...?

- Excellent
- Good
- Fair
- Poor

**5. HERE IS A PICTURE OF A LADDER. THE TOP OF THE LADDER 10 IS THE BEST POSSIBLE LIFE FOR YOU AND THE BOTTOM 0 IS THE WORST POSSIBLE LIFE FOR YOU.**

**IN GENERAL, WHERE ON THE LADDER DO YOU FEEL YOU STAND AT THE MOMENT?**

Tick the box next to the number that best describes where you stand.

- 10 Best possible life
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0 Worst possible life



**6. HOW PRESSURED DO YOU FEEL BY THE SCHOOLWORK YOU HAVE TO DO?**

- Not at all
- A little
- Some
- A lot

**7. BELOW ARE SOME JOBS THAT YOUNG PEOPLE DO TO HELP.** Think about the help you have provided over the last month. Please read each one and put a tick in the box to show how often you have done each of the jobs in the last month.

	Never	Some of the time	A lot of the time
a. Clean your own bedroom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Clean other rooms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Wash up dishes or put dishes in a dishwasher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Decorate rooms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Take responsibility for shopping for food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Help with lifting or carrying heavy things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Help with financial matters such as dealing with bills, banking money, collecting benefits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Work part-time to bring money in.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Interpret, sign, or use another communication system for the person you care for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Help the person you care for to dress or undress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Help the person you care for to have a wash.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Help the person you care for to have a bath or shower.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Keep the person you care for company e.g., sitting with them, reading to them, talking to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Keep an eye on the person you care for to make sure they are alright.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Take the person you care for out e.g., for a walk or to see friends or relatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Take brothers and sisters to school (or pick them up). *EDITED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Look after brothers or sisters whilst another adult is near by.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Look after brothers or sisters on your own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please note that the question p has been edited by the project partners, with the addition of the text in brackets.

**8. HOW DID IT HAPPEN THAT YOU CAME TO DO ALL THESE THINGS, APART FROM YOUR SCHOOL ACTIVITIES AND YOUR HOBBIES?**

**9. WHO IS IT YOU PROVIDE HELP TO?** (Multiple answers are possible)

- Step Mother
- Father
- Step father
- Brothers/Step Brothers. If yes, how many: \_\_\_\_\_
- Sisters/Step Sisters. If yes, how many: \_\_\_\_\_
- Grandparents. If yes, how many: \_\_\_\_\_
- Other adult relative (please specify): \_\_\_\_\_
- Family friend. If yes, how many: \_\_\_\_\_
- Other (please specify): \_\_\_\_\_
- I do not provide care for anybody

**10. WHY DOES THE PERSON(S) YOU CARE FOR NEED YOUR HELP?**

**11. WHICH OF THESE STATEMENTS BEST DESCRIBES YOU?** (Tick all that apply to you) **I AM CARING FOR SOMEONE THAT ...**

(Multiple answers are possible)

- has problems with misuse of alcohol, prescription drugs, illegal drugs or other substances
- has problems because of old age or ageing
- has psychological problems
- has physiological problems
- has long-term health issues
- with a physical disability
- with a learning disability
- with a life limiting condition
- with a mental health illness
- who is too young to be left alone (e.g. brother or sisters)
- has no special circumstances (is not ill)
- from the lesbian, gay, bisexual or transgender community
- from a travelers community
- from a rural community
- from an ethnic minority community

**12. WHICH OF THESE STATEMENTS BEST DESCRIBES YOU?** (Tick all that apply to you)

(Multiple answers are possible)

- I do a lot of things in my household because my mother/father works long hours.
- I do a lot of things in my household because it's just my mother and me.
- I do a lot of things in my household because it's just my father and me.
- I do a lot of things in my household because I want to do it myself.
- I do a lot of things in my household because I do them the way I like it.
- I do a lot of things as we share the household tasks among family members.
- I do a lot of things in my household because my parents care for someone who need a lot of help.
- I do a lot of things in my household because my parents have to work a lot to finance my school and this is my way of repaying them.
- I do a lot of things in my household because parents give my allowance for doing things in the household.
- I do a lot of things in my household because my parents work far away.
- I work (part-time) in order to help my family.
- I go with my parents because I have to translate/interpret for them.
- I do a lot of things because my parents can't do it by themselves.
- I take care of my siblings because my parents work.



**13. HOW DOES THIS MAKE YOU FEEL? CAN YOU DESCRIBE IN YOUR OWN WORDS?**

**13. HOW DOES THIS MAKE YOU FEEL?** Thick all that apply to you.

Stressed	Not at all <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	A lot <input type="checkbox"/>
Helpful/Useful	Not at all <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	A lot <input type="checkbox"/>
Depressed	Not at all <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	A lot <input type="checkbox"/>
Responsible	Not at all <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	A lot <input type="checkbox"/>
Tired	Not at all <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	A lot <input type="checkbox"/>
Satisfied	Not at all <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	A lot <input type="checkbox"/>
Guilty if I <do not do it	Not at all <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	A lot <input type="checkbox"/>
Fulfilled	Not at all <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	A lot <input type="checkbox"/>
Anxious	Not at all <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	A lot <input type="checkbox"/>
Happy	Not at all <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	A lot <input type="checkbox"/>

**14. HAVE YOU TALKED TO SOMEONE ABOUT THIS SITUATION?**

- Yes. If yes, describe how it went? \_\_\_\_\_
- No. If no, why didn't you? \_\_\_\_\_
- Not relevant to me

## 17. HERE ARE SOME ADDITIONAL QUESTIONS ABOUT HOW YOU DID AT SCHOOL DURING LAST WEEK, MONTH, SEMESTER.

Numbers only! If your answer is «never», write «0»

	How many times in the last		
	week	month	semester
a.	How many times you have been absent from school because of help you give/provide to your family?		
b.	How many times you have late for school because of help you give/provide to your family?		
c.	How many times you felt very tired and unable to concentrate on the lesson because of help you give/provide to your family?		
d.	How many times you haven't had enough time to prepare properly for a test because of help you give/provide to your family?		
e.	How many times you haven't been able to do your homework because of help you give/provide to your family?		

## 18. NOW, FOCUS ON THE LAST SEMESTER.

Numbers only! If your answer is «never», write «0»

	How many times in the last semester
a.	Because of help you give/provide to your family you haven't been able to attend additional activities offered by school?
b.	Because of help you give/provide to your family you haven't been able to attend school trips/excursions during?
c.	Because of help you give/provide to your family you haven't been able to attend activities in off school time?

You're nearly done, just a few more questions about you and your family.

## 19. IN WHICH COUNTRY WERE YOU BORN?

indicate the resident country here

XXX

YYY

ZZZ

Another country (fill out): \_\_\_\_\_

## 20. IN WHICH COUNTRY WAS YOUR MOTHER BORN?

indicate the resident country here

XXX

YYY

ZZZ

Another country (fill out): \_\_\_\_\_

## 21. IN WHICH COUNTRY WAS YOUR FATHER BORN?

indicate the resident country here

XXX

YYY

ZZZ

Another country (fill out): \_\_\_\_\_

## **22. DOES YOUR FATHER HAVE A JOB?**

- Yes
- No (see next question)
- Don't know
- Don't know or see father

## **23. IF YOUR ANSWER TO Q22 IS NO, WHY DOES YOUR FATHER NOT HAVE A JOB?** Please tick the box that best describes the situation.

- He is sick, or retired
- He is looking for a job
- He takes care of others, or is full-time at home
- I don't know

## **24. DOES YOUR MOTHER HAVE A JOB?**

- Yes
- No (see next question)
- Don't know
- Don't know or see father

## **23. IF YOUR ANSWER TO Q22 IS NO, WHY DOES YOUR MOTHER NOT HAVE A JOB?** Please tick the box that best describes the situation.

- She is sick, or retired
- She is looking for a job
- She takes care of others, or is full-time at home
- I don't know