

## The Caregiver Indirect and Informal Care Cost Assessment Questionnaire

We will now ask you questions regarding your current work status and the time that you spend caring for your child, partner, relative, or friend. Please note that we from now on will refer to the person you care for as “relative”, although your relationship may be different.

### WORK STATUS

**1** Are you currently employed or self-employed (working for pay)?

- Yes  
 No → (skip to question 8)

**2** How many hours per week do you work (e.g. according to your employment contract)?

hours per week

**3** Are you currently working full-time?

- Yes → (skip to question 6)  
 No

**4** Did you reduce your working hours due to your relative's disease/condition (e.g. to care for him/her)?

- Yes  
 No → (skip to question 6)

**5** How many hours per week did you work before reducing your working hours?

hours per week

**6** During the last week, how many hours did you miss from work due to your relative's disease/condition?

*Include hours missed when you came in late or left work early because you e.g. accompanied your relative to doctor appointments, visited hospitals or clinics, or helped your relative dressing, grooming, eating, or take medications.*

hours per week

**7** During the last week, how much did your relative's disease/condition affect your productivity while you were working?

*If you were able to work as usual, choose a low number. If you were not able to work as usual (e.g. accomplished less than usual, could not concentrate or perform certain tasks as carefully as usual), choose a high number.*

Could work as usual   0   1   2   3   4   5   6   7   8   9   10   Could not work at all

→ **Go to question 9**

**8** **If not working:** Did you stop working because of your relative's disease/condition?

- Yes → How many hours per week did you used to work?  hours  
 No

**9** Are you compensated in any way for the time that you care for your relative?

*This include payment from e.g. the government or an insurance company to care for your relative.*

- Yes → How many hours per week are you paid to care for your relative?  hours  
 No

TURN PAGE

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### INFORMAL CAREGIVING

- 10** During the last week, how much time did you spend on household activities and tasks that you would not have had to perform if your relative was in good health, or if she/he could have done them independently?

*For example preparing food, cleaning, washing, ironing, sewing, shopping, and gardening.*

hours per week

- 11** During the last week, how much time did you spend helping your relative with her/his personal care?

*For example dressing/undressing, washing/showering/bathing, hair care, shaving and grooming, and going to the toilet.*

hours per week

- 12** During the last week, how much time did you spend providing practical support to your relative that would not have had to be performed if she/he were in good health, or if she/he could have done it independently?

*For example eating and drinking, moving inside or outside the house (including assistance with walking or using a wheelchair), visiting family or friends, accompany to healthcare visits (e.g. doctor appointments), filling prescriptions at the pharmacy, help taking medications, and taking care of financial matters (e.g. paying the bills or managing healthcare insurance).*

hours per week

- 13** During the last week, how much time did you spend on providing emotional support to your relative that would not have had to be provided if she/he were in good health?

*For example help to cope with pain, disability, and discomfort, anxiety, and worry.*

hours per week