



Care Partner Pre-visit Screening Short form

Date of visit: _____

Patient name: _____

Care Partner name: _____

Please review the questions below and check the response that best reflects how you feel. Please note that the word relative below refers to the person with Parkinson's who you support.

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
1. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?					
2. Do you feel stressed between caring for your relative and trying to meet other responsibilities (work/family)?					
3. Do you feel strained when you are around your relative?					
4. Do you feel uncertain about what to do about your relative?					
5. Does the person you care for have strong urges that are hard to control such as gambling, shopping, binge eating, craving sweets, increased sex drive, hobbies or taking extra medications?					
6. Do you experience physical, sexual, verbal or emotional abuse, aggression or threats ?					
7. Do you feel that you or your family would benefit from additional support?					