

Caregiver Geriatric MMAS-8 (CG-MMAS-8)

Preface

You help take care of an older adult (like a parent, grandparent, or loved one) who needs regular care or medications. We'd like to know how things have been going for you. There are no right or wrong answers — just your honest experience from the past 2 weeks.

1.	Do you sometimes forget to give or remind them to take their medication or do					
	their care routine?					
	□ Yes	□ No				
2.	People sometimes miss giving care for reasons other than forgetting. In the past					
	2 weeks, were there any days you didn't follow through on their care or					
	medications?					
	□ Yes	□ No				
3.	Have you	ı ever skipped a	dose or changed	something i	n their care because the	y
	felt worse or didn't want it, without talking to a doctor?					
	□ Yes	□ No				
4.	When the daily routine is disrupted or busy, do you sometimes forget to give or					
	organize	their care?				
	□ Yes	□ No				
5.	Did you p	orovide or supe	vise the treatmer	nt the last tin	ne it was needed?	
	□ Yes	□ No				
6.	When the person you're caring for seems to be doing better, do you sometimes					
	give less care or stop the treatment?					
	□ Yes	□No				
7.	Do you ever feel tired or overwhelmed by keeping up with their care needs every					ry
	day?					
	□ Yes	□No				
8.	How often do you struggle to manage or keep up with their treatment or					
	medicati	on schedule?				
	□ Never	□ Rarely	□ Sometimes	□ Often	□ Always	