Caregiver Burden Assessment

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Protocol ID:	Research Participant #	UPN:	Evaluation Code	Nurse ID:	Institution:
ProtocolID	RPN	UPN	EvaluationCode	NurseID	Institution

Because this is a computer read form, please use **BLACK ink only.** Please solidly fill bubbles for choice responses.

Below is a list of statements that other caregivers have said are important. Please select one bubble per line to indicate your response as it applies to the **past 7 days**.

DO YOU HAVE...	A Lot Less	A Little Less	The Same	A Little More	A Lot More
1. time to yourself?	TimeSelf 1	2	3	4	5
2. stress in your relationship with your relative?	StressRelationship 1	2	3	4	5
3. personal privacy?	Privacy 1	2	3	4	5
4. attempts by your relative to manipulate you?	RelativeManipulate 1	2	3	4	5
5. time to spend in recreational activities?	RecreationActivities 1	2	3	4	5
6. unreasonable requests made of you by your relative?	UnreasonableRequest 1	2	3	4	5
7. tension in your life?	Tension 1	2	3	4	5
8. vacation activities and trips?	Vacation 1	2	3	4	5
9. nervousness and depression concerning your relationship with your relative?	Nervousness 1	2	3	4	5
10. feelings that you are being taken advantage of by your relative?	TakenAdvantage 1	2	3	4	5
11. time to do your own work and daily chores?	TimeChores 1	2	3	4	5
12. demands made by your relative that are over and above what she/he needs?	DemandsByRelative 1	2	3	4	5
13. anxiety about things?	Anxiety 1	2	3	4	5
14. time for friends and other relatives?	TimeForFriends 1	2	3	4	5

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