

ELDER CARE CLINIC **THE ZARIT BURDEN INTERVIEW** **CAREGIVER WORKSHEET**

These questions reflect how persons sometimes feel when they are taking care of another person. After each question, please circle the response the best describes how you feel. There are no right or wrong answers.

Question	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
1 Do you feel that your relative asks for more help than he/she needs?	0	1	2	3	4
2 Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	0	1	2	3	4
3 Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	0	1	2	3	4
4 Do you feel embarrassed over your relative's behaviour?	0	1	2	3	4
5 Do you feel angry when you are around your relative?	0	1	2	3	4
6 Do you feel that your relative currently affects your relationships with other family members or friends in a negative way?	0	1	2	3	4
7 Are you afraid what the future holds for your relative?	0	1	2	3	4
8 Do you feel your relative is dependent on you?	0	1	2	3	4
9 Do you feel strained when you are around your relative?	0	1	2	3	4
10 Do you feel your health has suffered because of your involvement with your relative?	0	1	2	3	4
11 Do you feel that you don't have as much privacy as you would like because of your relative?	0	1	2	3	4
12 Do you feel that your social life has suffered because you are caring for your relative?	0	1	2	3	4
13 Do you feel uncomfortable about having friends over because of your relative?	0	1	2	3	4
14 Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on?	0	1	2	3	4
15 Do you feel that you don't have enough money to take care of your relative in addition to the rest of your expenses?	0	1	2	3	4
16 Do you feel that you will be unable to take care of your relative much longer?	0	1	2	3	4
17 Do you feel you have lost control of your life since your relative's illness?	0	1	2	3	4
18 Do you wish you could leave the care of your relative to someone else?	0	1	2	3	4
19 Do you feel uncertain about what to do about your relative?	0	1	2	3	4
20 Do you feel you should be doing more for your relative?	0	1	2	3	4
21 Do you feel you could do a better job in caring for your relative?	0	1	2	3	4
22 Overall, how burdened do you feel in caring for your relative?	0	1	2	3	4
Total Score:					

Questionnaire completed by: _____ Date: _____

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Interpretation of Score:	0 to 21	little or no burden
	21 to 40	mild to moderate burden
	41 to 60	moderate to severe burden
	61 to 88	severe burden

The Zarit Burden Interview score and the date of completion should be recorded in the patient's record.

Name of patient: _____

Date of birth: (dd/mmm/yyyy)_____

PHN: _____

This form should NOT be scanned into the patient's permanent record.